



## First Aid for Babies and Children – Learner Guide

### The primary survey for children/babies: DRAB

If you ever find yourself in an emergency situation where a child or baby is ill or injured then you will need to perform a primary survey.

The primary survey is a quick way to assess casualties. It can easily be remembered by the letters DRAB. If you ever find yourself in an emergency situation then all you need to remember is DRAB and you will be able to systematically assess your patient and decide what to do.

#### **D: Danger**

Check to see if there are any dangers to yourself or the casualty. Try and make the scene as safe as possible, remember YOU are the most important person.

If the area is too dangerous then stay back and call the emergency services.

#### **R: Response**

For children: shout loudly in both ears and tap them on the shoulders

For babies/infants: flick the bottom of the foot

If you do not get a response, then the child / baby is unconscious. So what exactly does this mean?

“complete or near-complete lack of responsiveness” or “unaware of both self and external surroundings”

The difference between being asleep and being unconsciousness is that an unconscious child / baby will not wake up.

A key principle is that being unconsciousness is a medical emergency which requires immediate first aid intervention.

When someone goes unconscious, they lose muscle tone. This means they go all ‘floppy’ – like a rag doll. The tongue (a muscle) can block their airway when it loses muscle tone. This is known colloquially as “swallowing your own tongue”.

In addition, loss of control over their stomach muscles can cause stomach contents (vomit) to travel back up to the throat which can block the airway

A variety of medical conditions and traumatic injuries can cause someone to become unconscious. However at this stage do not worry too much about trying to find out why they are unconscious, your immediate aim is to open their airway.

## A: Airway

The airway is a series of tubes which carries air from your mouth & nose to your lungs. It can become blocked by the tongue and regurgitation of stomach contents. This will stop the casualty from breathing and can quickly cause death.

**For children:** You need to open the airway by tilting the head backwards and lifting the chin with two fingers as demonstrated in the picture below.

**For babies:** You should ensure the baby's head is in the 'neutral' position. This means the head is not tilted forwards or backwards, instead the baby should be looking at the ceiling. Then use your finger tips to lift the chin. See the photo below for an example of an open airway



## B: Breathing

Keep your hands on the child / baby's head & chin. Place your cheek above their mouth and look at their chest. Look, listen and feel for regular breathing for up to 10 seconds. You are assessing for normal breathing. The occasional gasping or snoring sound is not regular breathing and should be treated as no breathing.

Once you've assessed whether the child / baby is breathing normally you can perform the appropriate first aid treatment.

### Unconscious and breathing children/babies: the recovery position

If the child / baby is breathing then you need to protect their airway by placing them in the recovery position. The recovery position involves rolling the casualty onto their side with their head tilted back. By doing this, the tongue is kept clear of the airway and any vomit is able to drain and not obstruct the child or baby's airway.

**Children:** For children, the recovery position technique is the same as for adults.



## Babies / infants

Hold the baby on their side with the head tilted downwards. Ensure you have fully supported the head.



## Unconscious and not breathing children/babies: CPR

If the baby / child is not breathing, you should call an ambulance and start rescue breaths and chest compressions immediately.

You do not need to check for a pulse, as this often wastes valuable time. If a public defibrillator (AED) is available, then it should be sent for immediately.

## Children

1) First deliver five rescue breaths

Open the child's airway using the head tilt / chin lift technique. Pinch the nose and deliver five rescue breaths. Each breath should only last around a second, be cautious not to over inflate the child's lungs.

2) Then give thirty chest compressions

Place the palm of one hand in the centre of the child's chest on the breastbone (sternum). Give thirty chest compressions at a rate of 100 – 120 minute

3) After thirty chest compressions, deliver another two rescue breaths

4) Repeat the cycle of thirty chest compressions to two rescue breaths (30:2)

<https://youtu.be/aamJ2UApBF8>



## Babies

1) First deliver five rescue breaths

Ensure the baby's head is in the neutral position. Cover their mouth and nose with your mouth and deliver five rescue breaths.

Each breath should only need a 'puff' of air from your cheeks.

2) Then give thirty chest compressions

Use two fingers to compress the baby's chest on the breastbone (sternum) at a rate of 100 – 120 chest compressions per minute.

3) After thirty chest compressions, deliver another two rescue breaths

4) Repeat the cycle of thirty chest compressions to two rescue breaths (30:2)

<https://youtu.be/hOtvVIB8ULo>



## Choking

Choking is a common cause of death in children and babies. Children aged under five years old are most at risk. It is vital to know the first aid steps to help a choking child or baby

### Children

1. Give up to five back blows

Hit the child using the palm of your hand in the centre of their back. Your aim is to create vibrations to dislodge the object from the airway

2. Give up to five abdominal thrusts

Stand / kneel behind the child. Place a fist just above their belly button. With your other hand, grasp the fist and pull sharply inwards and upwards

3. Repeat the cycle of five back blows and five abdominal thrusts until help arrives

<https://www.youtube.com/watch?v=EYxPDzAWrRU>

### Babies

A baby who is choking will be distressed and may be unable to cry, cough or breathe.

1. Give up to five back blows

Lay the baby face down across your thigh or forearm (ensure the head is supported). Give up to five firm blows using the palm of your hand in between the baby's shoulder blades.

2. Give up to five chest thrusts

Turn the baby over so that they are on their back. Using two fingers, deliver five firm chest thrusts inwards and upwards towards the head.

3. Repeat the cycles of back blows and chest thrusts until further help arrives

[https://youtu.be/nBsUyDiF\\_4U](https://youtu.be/nBsUyDiF_4U)

## Meningitis

Meningitis is a serious infection of the membranes with cover the brain and spinal cord (known as the meninges). Meningitis is especially common in babies and young children so it's important to know the signs and symptoms of this disease.

### Signs and symptoms of meningitis

- Fever
- Vomiting and refusing to feed
- Irritability / confusion
- Drowsy / floppy / unresponsive
- Rapid breathing rate
- Unusual high-pitched or moaning cry
- Pale, blotchy skin, and a red rash that doesn't fade when a glass is rolled over it
- Stiff neck
- Avoid bright lights (photophobia)
- Seizures

Most people are aware of the rash with accompanies meningitis. The rash which occurs is a non-blanching rash, this means if you roll a glass over it the rash doesn't disappear. This is sometimes known as the 'glass tumbler test'.

**IMPORTANT:** A rash only develops once meningitis is advanced and in some cases may not occur at all. If you are concerned then do not wait for a rash to appear. If you see a rash then you should seek emergency medical attention (call an ambulance).

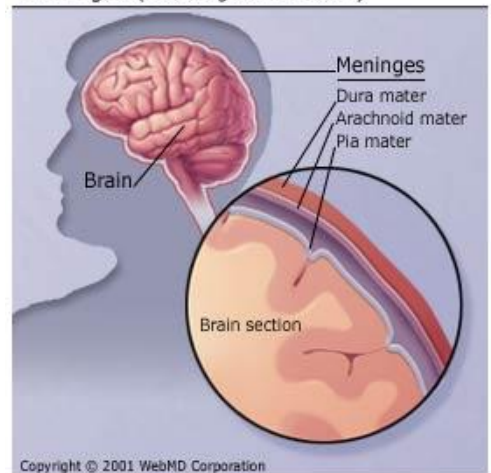
### First aid steps

Meningitis is a life-threatening medical condition which requires hospital treatment. If you suspect meningitis then do not delay in calling for emergency help.

Meningitis video

<https://youtu.be/z-TqBEEBO1c>

Meninges (Coverings of the Brain)



## Asthma in children

### What is Asthma?

The body has a system of tubes (known as airways) to carry air from our mouth/nose to our lungs. The largest of these is our trachea (known as windpipe). This then splits into two bronchi which then split into a network of tiny bronchioles. This network of bronchioles delivers air to the tiny sacs where gas exchange takes place (known as alveoli).

Asthma is an inflammatory condition of the smallest airways – the bronchioles. These tiny tubes can become inflamed and secrete excessive amounts of mucous causing severe difficulty in breathing. This is known as an asthma attack. The cause of asthma is thought to be a combination of environmental and genetic factors.



An asthma attack is normally triggered by something, whether it be an allergen (e.g: pollen, dust, vehicle emissions, soot etc.) or an environmental condition such as cold air. Normally, an asthma attack is characterised by the following symptoms:

- A wheezing sounds when breathing
- Difficulty in breathing
- Unable to complete a full sentence
- Hyperventilation
- Anxiety and panic
- Reducing levels of consciousness

Remember not all of these signs and symptoms may be obvious.

The casualty may wear a bracelet on their wrist/ankle/neck with details of their asthma. Also, they may carry their medication with them.

### First aid for an asthma attack

Step 1: Sit the child down in the position they find most comfortable for their breathing.

Step 2: Find their medication, which is normally an inhaler (possibly with a spacer device) containing a drug such as Salbutamol.

Step 3: Assist the child to use their medication. They should have been trained in how to administer the inhaler. Most children should use a device known as a spacer with their inhaler. A spacer makes it easier for the child to take the medication.

Step 4: Provide reassurance and help calm the person's breathing if they are hyperventilating.

If the medication does not have any effect, the casualty starts to become drowsy/exhausted or if they have forgotten their medication then you should call an emergency ambulance immediately.

If the casualty becomes unconscious, then open their airway by tilting their head back and check for normal breathing. If they are breathing then roll them onto their side to protect their airway. If they are not breathing then commence cardiopulmonary resuscitation (CPR).

Asthma attacks can appear frightening but you should make every effort to remain calm and in-control of the situation. Do not delay in calling for emergency help if you are concerned.

Video: Asthma in Children

<https://youtu.be/4GIyZCNICLY>

## **Croup**

Croup is a viral infection of the airways in children. It is most common between the ages of 6 months and 3 years although it can occur in older children and rarely adults.

The infection causes mild swelling in the throat which leads to problems with the child's breathing.

### **Signs and symptoms**

- Characteristic barking cough
- Hoarse / croaky voice
- Difficulty in breathing
- Cold like symptoms: fever, cough etc.

These symptoms often are worse at night.

### **First aid treatment**

Mild croup can often be managed at home. However if you are concerned or the child has significant difficulty in breathing then you should seek urgent medical attention.

Seek medical attention. The child may require medicines to help with the swelling in the throat

Use simple painkillers such as Paracetamol (if allowed) to reduce any fever and pain

Monitor regularly and ensure the child remains adequately hydrated

## **Febrile seizures**

A febrile seizure, or febrile convulsion, is a fit/seizure which happens when a child's body temperature is raised. Febrile seizures are common and often affect children aged between 18 months and 3 years.

Most febrile seizures occur when the child has a common illness such as an ear infection or cold.

### **Signs and symptoms**

The child will have a seizure, which may involve:

- The child becomes unresponsive
- The body becomes stiff and may start jerking/twitching
- They wet themselves

Most febrile seizures only last for around 5 minutes.

### **First aid treatment**

- 1) Record the time the seizure started
- 2) Place the child on their side, preferably on a soft surface
- 3) Remove any hazards from around the child
- 4) Remove any excessive clothing to help cool the child

Do not place anything in the child's mouth whilst they are having the seizure

You should seek routine medical advice after each seizure.

You should seek emergency medical help if:

You are concerned

- The seizure lasts longer than 5 minutes
- The child has multiple seizures
- The child has abnormal breathing or an obstructed airway

There are signs of a serious illness such as meningitis

Video: First aid for febrile seizures

[https://youtu.be/sgucBed\\_kig](https://youtu.be/sgucBed_kig)