

# CHOKING/CPR

LEARN AND PRACTICE CPR (CARDIOPULMONARY RESUSCITATION)

IF ALONE WITH A CHILD WHO IS CHOKING...

1. SHOUT FOR HELP. 2. START RESCUE EFFORTS. 3. CALL 911 OR YOUR LOCAL EMERGENCY NUMBER.

YOU SHOULD START FIRST AID FOR CHOKING IF...

DO NOT START FIRST AID FOR CHOKING IF...

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough or talk, or looks blue.
- The child is found unconscious. (Go to CPR.)

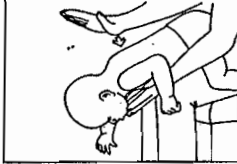
- The child can breathe, cry, or talk.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

## FOR INFANTS YOUNGER THAN 1 YEAR

### INFANT CHOKING

If the infant is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911, or if you are alone call 911 as soon as possible.

#### 1 GIVE FIVE BACK SLAPS



ALTERNATING WITH

#### 2 GIVE FIVE CHEST THRUSTS



Alternate back slaps and chest thrusts until the object is dislodged or the infant becomes unconscious. If the infant becomes unconscious, begin CPR.

### INFANT CPR

To be used when the infant is unconscious or when breathing stops.

#### 1 OPEN AIRWAY

- Open airway (tilt head, lift chin).
- Take 5 to 10 seconds to check if the child is breathing after the airway is opened. Look for up and down movement of the chest and abdomen. Listen for breath sounds at the nose and mouth. Feel for breath on your cheek. If opening the airway results in breathing, other than an occasional gasp, do not give breaths.
- If there is no breathing look for a foreign object in the mouth. If you can see an object in the infant's mouth, sweep it out carefully with your finger. Then attempt rescue breathing. Do NOT try a blind finger sweep if the object is not seen, because it could be pushed farther into the throat.



#### 2 RESCUE BREATHING

- Position head and chin with both hands as shown—head gently tilted back, chin lifted.
- Take a normal breath (not a deep breath).
- Seal your mouth over the infant's mouth and nose.
- Give 2 breaths, each rescue breath over 1 second with a pause between breaths. Each breath should make the chest rise.



If no rise or fall after the first breath, repeat steps 1 and 2. If still no rise or fall, continue with step 3 (below).

#### 3 CHEST COMPRESSIONS

- Place 2 fingers of 1 hand on the breastbone just below the nipple line.
- Compress chest  $\frac{1}{2}$  to  $\frac{1}{2}$  the depth of the chest.
- Alternate 30 compressions with 2 breaths.
- Compress chest at rate of 100 times per minute.



Be sure someone calls 911 as soon as possible. If you are alone, call 911 or your local emergency number after 5 cycles of breaths and chest compressions (about 2 minutes).

## FOR CHILDREN 1 TO 8 YEARS OF AGE\*

### CHILD CHOKING

If the child is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911, or if you are alone call 911 as soon as possible.

#### CONSCIOUS

**FIVE ABDOMINAL THRUSTS** just above the navel and well below the bottom tip of the breastbone and rib cage. Give each thrust with enough force to produce an artificial cough designed to relieve airway obstruction.



If the child becomes unconscious, begin CPR.

### CHILD CPR

To be used when the child is UNCONSCIOUS or when breathing stops.

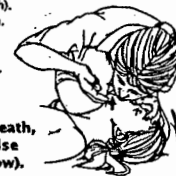
#### 1 OPEN AIRWAY

- Open airway (tilt head, lift chin).
- Take 5 to 10 seconds to check if the child is breathing after the airway is opened. Look for up and down movement of the chest and abdomen. Listen for breath sounds at the nose and mouth. Feel for breath on your cheek. If opening the airway results in breathing, other than an occasional gasp, do not give breaths.
- If there is no breathing look for a foreign object in the mouth. If you can see an object in the child's mouth, sweep it out carefully with your finger. Then attempt rescue breathing. Do NOT try a blind finger sweep if the object is not seen, because it could be pushed farther into the throat.



#### 2 RESCUE BREATHING

- Position head and chin with both hands as shown—head gently tilted back, chin lifted.
- Take a normal breath (not a deep breath).
- Seal your mouth over the child's mouth.
- Pinch the child's nose.
- Give 2 breaths, each rescue breath over 1 second with a pause between breaths. Each breath should make the chest rise and fall.



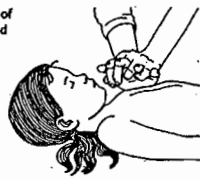
If no rise or fall after the first breath, repeat steps 1 and 2. If still no rise or fall, continue with step 3 (below).

#### 3 CHEST COMPRESSIONS

- Place heel of 1 hand over the lower half of the breastbone OR use 2 hands: place heel of 1 hand over the lower half of the breastbone, then place other hand over first hand and intertwine fingers (to keep them off of the chest).
- Compress chest  $\frac{1}{2}$  to  $\frac{1}{2}$  depth of chest.
  - Alternate 30 compressions with 2 breaths.
  - Compress chest at rate of 100 times per minute.
- Check for signs of normal breathing, coughing, or movement after every 5 cycles (about 2 minutes).



1-hand technique



2-hand technique

Be sure someone calls 911 as soon as possible. If you are alone, call 911 or your local emergency number after 5 cycles of breaths and chest compressions (about 2 minutes).

\*For children 8 years and older, adult recommendations for choking/CPR apply.

If at any time an object is coughed up or the infant/child starts to breathe, call 911 or your local emergency number.

Ask your pediatrician for information on choking/CPR instructions for children older than 8 years and for information on an approved first aid or CPR course in your community.

# FIRST AID

Call 911 or an Emergency Number for any severely ill or injured child.

## STINGS AND BITES

**Stinging Insects** Remove the stinger as quickly as possible with the scraping motion of a fingernail. Put a cold compress on the bite to relieve the pain. If trouble breathing, fainting, or extreme swelling occurs, call 911 or an emergency number immediately. For hives, nausea, or vomiting, call the pediatrician. For spider bites, call the pediatrician or Poison Center and describe the spider. Have the pediatrician examine any bites that become infected.



**Animal or Human Bites** Wash wound thoroughly with soap and water. Call the pediatrician. The child may require a tetanus or rabies shot.

**Ticks** Use tweezers or your fingers to grasp as close as possible to the head of the tick and slowly pull the tick away from the point of attachment. Call the pediatrician if the child develops symptoms such as a rash or fever.

**Snake Bites** Take the child to an emergency department if you are concerned that the snake may be poisonous or if you are unsure of the type of snake bite. Keep the child at rest. Do not apply ice. Loosely splint the injured area and keep it at rest, positioned at, or slightly below, the level of the heart. Try to identify the snake, if you can do so safely.

## BURNS AND SCALDS

**General Treatment** First stop the burning process by removing the child from contact with hot water or a hot object (for example, tar). If clothing is burning, smother flames and cool clothing by soaking with water. Remove clothing unless it is firmly stuck to the skin. Run cool water over burned skin until the pain stops. Do not use ice or apply any butter, grease, medication, or ointment.

**Burns With Blisters** Do not break the blisters. Call the pediatrician for advice on how to cover the burn and about any burns on the face, hands, feet, or genitals.

**Large or Deep Burns** Call 911 or an emergency number. After stopping and cooling the burn, keep the child warm with a clean sheet covered with a blanket until help arrives.

**Electrical Burns** Disconnect electrical power. Do NOT touch the victim with bare hands. Pull the victim away from the power source with a wooden pole. ALL electrical burns need to be seen by a doctor.

## SKIN WOUNDS

Make sure the child is immunized for tetanus. Any open wound may require a tetanus booster even when the child is currently immunized. If the child has an open wound, ask the pediatrician if the child should receive a tetanus booster.

**Bruises** Apply cold compresses. Call the pediatrician if the child has a crush injury, large bruises, continued pain, or swelling. The pediatrician may recommend acetaminophen for pain.

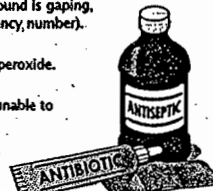
**Cuts** Wash small cuts with water until clean. Use direct pressure with a clean cloth to stop bleeding. Apply an antibiotic ointment, then cover the cut with a clean bandage. Call the pediatrician for large and/or deep cuts, or if the wound is gaping, because stitches should be placed without delay. For major bleeding, call for help (911 or an emergency number). Continue direct pressure with a clean cloth until help arrives.

**Scrapes** Rinse with soap and water to remove dirt and germs. Do not use detergents, alcohol, or peroxide. Use antiseptic soap. Apply an antibiotic ointment and a bandage that will not stick to the wound.

**Splinters** Remove small splinters with tweezers, then wash and apply local antiseptic. If you are unable to remove the splinter completely, call the pediatrician.

**Puncture Wounds** Do not remove large objects such as a knife or stick from a wound. Call for emergency medical assistance (911). Such objects must be removed by a doctor.

Call the pediatrician for all puncture wounds. The child may need a tetanus booster.



## EYE INJURIES

If anything is splashed in the eye, flush gently with water for at least 15 minutes. Call the Poison Center or the pediatrician for further advice. Any injured or painful eye should be seen by a doctor. Do NOT touch or rub an injured eye. Do NOT apply medication. Do NOT remove objects stuck into the eye. Cover the painful or injured eye with a paper cup or eye shield until you can get medical help. An eye injury may require a tetanus booster.

## FRACTURES AND SPRAINS

DO NOT MOVE A CHILD WHO MAY HAVE A NECK OR BACK INJURY, as this may cause serious harm. Call 911 or an emergency number.

If an injured area is painful, swollen, deformed, or if motion causes pain, wrap it in a towel or soft cloth and make a splint with cardboard or another rigid material to hold the arm or leg in place. Apply ice or a cold compress; call the pediatrician, or seek emergency care. If there is a break in the skin near the fracture or if you can see the bone, cover the area with a clean bandage, make a splint as described above, and seek emergency care.

If the foot or hand below the injured part is cold or discolored, seek immediate emergency care.



## FEVER

Fever in children is usually caused by infection. It also can be caused by chemicals, poisons, medications, an environment that is too hot, or an extreme level of overactivity. Take the child's temperature to see if he has a fever. Most pediatricians consider any thermometer reading above 100.4°F (38°C) a sign of a fever. However, the way the child looks and behaves is more important than how high the child's temperature is.

Call the pediatrician immediately if the child has a fever and

- Appears very ill, is unusually drowsy, or is very fussy
- Has been in an extremely hot place, such as an over-heated car
- Has additional symptoms such as a stiff neck, severe headache, severe sore throat, severe ear pain, an unexplained rash, or repeated vomiting or diarrhea
- Has a condition causing immune suppression (such as sickle cell disease, cancer, or the taking of steroids)
- Has had a seizure
- Is less than 2 months of age and has a rectal temperature of 100.4°F (38°C) or higher

To make the child more comfortable, dress him in light clothing, give him cool liquids to drink, and keep him calm. The pediatrician may recommend fever medications. Do not use aspirin to treat a child's fever. Aspirin has been linked with Reye syndrome, a serious disease that affects the liver and brain.



## HEAD INJURIES

DO NOT MOVE A CHILD WHO MAY HAVE A SERIOUS HEAD, NECK, AND/OR BACK INJURY. This may cause further harm.

Call 911 or an emergency number immediately if the child loses consciousness and does not awaken within a few minutes.

Call the pediatrician for a child with a head injury and any of the following:

- Loss of consciousness
- Drowsiness that lasts longer than 2 hours
- Difficulty being awakened
- Persistent headache or vomiting
- Clumsiness or inability to move any body part
- Oozing of blood or watery fluid from ears or nose
- Convulsions (seizures)
- Abnormal speech or behavior

For any questions about less serious injuries, call the pediatrician.

## POISONS

If the child has been exposed to or ingested a poison, call the Poison Center.

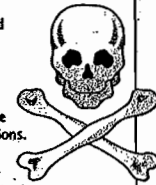
**Swallowed Poisons** Any nonfood substance is a potential poison. Call the Poison Center immediately. Do not induce vomiting except on professional advice. The Poison Center will give you further instructions.

**Fumes, Gases, or Smoke**

Get the victim into fresh air and call 911 or the fire department. If the child is not breathing, start cardiopulmonary resuscitation (CPR) and continue until help arrives.

**Skin Exposure** If acids, lye, pesticides, chemicals, poisonous plants, or any potentially poisonous substance comes in contact with a child's skin, eyes, or hair, brush off any residual material while wearing rubber gloves, if possible. Remove contaminated clothing. Wash skin, eyes, or hair with large quantities of water or mild soap and water. Call the Poison Center for further advice.

If a child is unconscious, becoming drowsy, having convulsions, or having trouble breathing, call 911 or an emergency number. Bring the poisonous substance (safely contained) with you to the hospital.



## FAINTING

Lay the child on his back with his head to the side. Do NOT give the child anything to drink. If the child does not wake up right away, call the pediatrician, or dial 911 or an emergency number. If the child is not breathing, begin CPR.

## TEETH

**Baby Teeth** If knocked out or broken, apply clean gauze to control bleeding and call the pediatric dentist.

**Permanent Teeth** If knocked out, find the tooth and, if dirty, rinse gently without scrubbing or touching the root.

Do not use chemical cleansers. Use milk or cold running water. Place the tooth into clean water or milk and transport the tooth with the child when seeking emergency care. Call and go directly to the pediatric dentist or an emergency department.

If the tooth is broken, save the pieces in milk and call the pediatric dentist immediately.



## CONVULSIONS, SEIZURES

If the child is breathing, lay her on her side to prevent choking. Make sure the child is safe from objects that could injure her. Do not put anything in the child's mouth. Loosen any tight clothing. Perform rescue breathing if the child is blue or not breathing. Call 911 or an emergency number.

## NOSEBLEEDS

Keep the child in a sitting position with the head tilted slightly forward. Apply firm, steady pressure to both nostrils by squeezing them between your thumb and index finger for 10 minutes. If bleeding continues, or is very heavy, call the pediatrician or seek emergency care.

Does your community have 911? If not, note the number of your local ambulance service and other important numbers below.

**BE PREPARED: CALL 911  
KEEP EMERGENCY NUMBERS  
BY YOUR TELEPHONE**

PEDIATRICIAN \_\_\_\_\_

PEDIATRIC DENTIST \_\_\_\_\_

POISON CENTER \_\_\_\_\_

AMBULANCE \_\_\_\_\_

EMERGENCY DEPARTMENT \_\_\_\_\_

FIRE \_\_\_\_\_

POLICE \_\_\_\_\_



Supported by a grant from Pfizer Consumer Healthcare, makers of NEOSPORIN®

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

