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A Parent's Guide to First Aid

Be Prepared. Be Calm. Be Smart.

In the event of a medical emergency involving a child. Remember these general guidelines:

Be Prepared.

Know cardiopulmonary resuscitation (CPR). Any serious injury has the potential to stop breathing or prevent adequate circulation in a child. Keep first-aid supplies in a readily available location and take them with you for traveling and other activities where injuries are likely.

Be Calm.

Children will react to your anxiety, which can make the situation worse. Reassure your child that you can help.

Be Smart.

Remember that first aid is not a substitute for medical care. Call Emergency Medical Services (EMS) or dial 911 immediately for any serious injury. Even if your child seems fine after you have given first aid, call the doctor. Your child may require follow-up care.

How to Get Help

If a child is unconscious or seriously sick or injured, call 911.

If a child swallows poison (or if poison contacts the skin, eyes, nose or mouth), call the CGCH Regional Poison Center 1-800-366-8888.

Never move a child if you suspect a neck or spinal injury. If she is in immediate danger (drowning, fire, etc.), move her to a safe place until help arrives.

Neck and Spinal Injuries

Always suspect a neck or spinal injury if the child:

- has fallen more than 10 feet or three times his height;
- has a bad head injury;
- does not get up and come to you for comfort after a fall; or
- tells you his neck or back hurts.

Do not move the child unless he is in immediate danger (drowning, fire, etc.). Call 911.

If the child vomits, roll him like a log, keeping the neck and back straight, so he is turned to his side.

Bleeding

- Always apply direct pressure to the cut to stop bleeding. Use a cloth, gauze, towel or even clean newspaper

between the cut and your hands. Wear gloves if at all possible.

- If bleeding is from an arm or leg, elevate the limb above the level of the heart.
- If bleeding is severe and not controlled by pressure, have the child lie down with the feet elevated 10 to 12 inches. Call 911 immediately.
- Avoid using tourniquets. A preferred method for controlling severe bleeding is to use strong, direct pressure on the arterial pressure point (if you know where it is) between the cut and the heart while waiting for EMS.
- If a knife, scissors or any other object is in the wound, do not pull it out. It could make the bleeding worse.

Amputation

- Call 911.
- Keep the child calm and lying down with legs elevated.
- Control bleeding by applying firm pressure with gauze, towels, clothes or newspaper.
- If you know arterial pressure points, put pressure on the pressure point directly above the amputation.
- Wrap the severed part in a moist, sterile gauze or any clean cloth or paper towel – preferably one that has been soaked in saline (such as contact lens solution made of sodium chloride).
- Place in a zip-lock bag and put the bag on ice. Do not put the severed part in direct contact with ice or water. Send with EMS for possible surgical attachment.

If a child has been injured, observe him carefully and use your good judgement. Always consult a pediatrician or other healthcare provider if you have questions or concerns regarding his injury; if the injury appears serious or life-threatening, call 911 and seek emergency medical assistance right away.

Shock

In first aid terms, shock is not an emotion but a physical state of the body. Shock can result from a severe injury, an illness or infection. Symptoms include disorientation, confusion or loss of consciousness, and clammy, pale skin. This is a result of the body trying to save oxygen for the most vital body parts, including the heart and brain.

- Call 911.
- Have the child lie down with legs elevated 10 to 12 inches.
- If he has no back or neck injuries and is unconscious, turn him on his side to keep his airway open.
- Keep the child warm and calm.

Seizures

- Protect the child from injuries and falls by removing any hazards from around the child. Do not try to restrain the child.
- Do not put anything in the child's mouth. Gently turn the child's head to the side to drain mouth secretions.
- Do not attempt to give oral medications when the child is having a seizure.
- Call 911. Start CPR if the child stops breathing.
- Give the child reassurance while waiting for EMS. She may have lost bladder and bowel control and may be very sleepy.
- Describe the seizure to EMS (duration, stiffness, staring, shaking, turning blue, etc).

Cuts and Scrapes

- Apply pressure to the cut with clean gauze or towel to control bleeding.
- Clean with antiseptic or antibacterial soap. Rinse well. Avoid kissing a cut "to make it all better," since this can lead to infection.
- Cover with adhesive bandage if the cut is in an area that can become dirty easily.

- Check to be sure that the child's tetanus shot is up-to-date.
- If the cut is from an animal bite, clean it thoroughly with soap and water. A doctor should examine the child.
- If the cut is a puncture wound through a shoe (for example, the child has stepped on a nail), the child should be evaluated immediately by a doctor. All puncture wounds should be watched for signs of infection (pain, redness or tenderness). These infections can occur weeks or even months after the puncture.
- Take the child to a doctor to have the cut evaluated for stitches if:
 - the edges of the cut are separated;
 - the cut is longer than 1/4 inch; or
 - fat is protruding from the cut.
- Apply an antiseptic ointment if you do not plan to take the child to see a doctor.

Splinter Removal

- Sterilize a needle or tweezers over a flame and then let it cool before using it.
- If the splinter is sticking out from the skin, grasp the protruding end and pull it out at the same angle that it entered. If it is just under the skin, gently loosen the skin around the splinter with the sterile needle and remove it with tweezers.
- If a splinter is close to the surface and cannot be removed gently with tweezers, try rubbing the splinter out with a pumice stone. If this fails after several tries, see a doctor.
- Consult a doctor if the splinter went deeply into the skin, or if signs of infections develop (redness, swelling, streaking, discharge or fever).
- Wash area with soap and water.

Bumps and Bruises

- Avoid massaging the bump or bruise.
- Apply ice pack for 20 minutes. Do not apply ice directly to the injury. Popsicles® work well for a bruised "fat lip."
- Elevate the injured area if possible.
- Give acetaminophen or ibuprofen for pain as directed by a doctor. Never give aspirin since it may prolong bleeding into or under the tissue.
- Do not pop blood blisters if they occur.
- Multiple, unexplained bruises should be evaluated by a doctor.

Head Bumps

Follow the same first-aid guide outlined for "Bumps and Bruises." In addition, watch her for 24 hours after the injury and awaken her once or twice during the night to make sure she can be aroused from sleep.

- Watch for these warning signs for 24 hours and seek emergency care for:
 - loss of consciousness;
 - excessive drowsiness or inability to be aroused from sleep;
 - vomiting three or more times;
 - amnesia (loss of memory);
 - seizures;
 - neck pain;
 - fluid draining from ears or nose;
 - unsteady gait (or walk);
 - all falls from a distance greater than three times her height or in a child under 1 year old;
 - visual or speech problems;
 - severe, increasing or renewed headache;
 - double vision or pupils unequal in size.

- Do not move the child if you suspect a neck injury, unless the child is in immediate danger (drowning, fire, etc.).

Burns

- Determine the cause of the burn.
- If the burn is caused by contact with a chemical, remove clothing immediately to look for any areas that might be burned and rinse the burn area with cool water for 20 minutes. Do not scrub the burn. Call the CGCH Regional Poison Center at 1-800-366-8888.
- If the burn is thermal (caused by contact with flame or heated surface), rinse it immediately with cool water for 10 minutes.
- Apply an antibiotic ointment to any open blisters and cover with a bandage. Never pop blisters. Call a doctor for further advice. A doctor should see all burns to an infant.
- If the burned area is too large to cover with a bandage, cover with clean sheet or towel and call EMS or 911.
- If the burn causes a blister larger than a quarter, has three or more blisters, or is to the face, genitalia, neck, hands or feet, call the doctor and/or have the child seen at an emergency or immediate care center.
- If the burn has white or charred skin, was caused by electricity or an explosion, or if the child is having breathing problems, call EMS or 911.

Sunburns

- Avoid direct sun exposure, especially between 10 a.m. and 3 p.m. Use a hat with a brim, T-shirt, sunglasses and sunscreen with at least SPF (sun protection factor) 15 for even brief periods outdoors.
- On the first day of a sunburn, offer extra fluids to prevent dehydration. Showers may be painful but soaks in a cool bath with two to three tablespoons of baking soda may help.
- Acetaminophen or ibuprofen (as directed by a doctor) may relieve pain.
- Moisturizing or aloe creams may make your child feel more comfortable. Avoid commercial products with alcohol or benzocaine for sunburn pain.
- Call the doctor for severely painful sunburn, fever over 100.5° F, sunburn in an infant under 1 year old, multiple blisters or infected appearing blisters.
- Seek immediate care if the child has eye pain, cannot look at lights, looks sick, is dizzy, faints when standing, or has signs of dehydration (dry mouth, no tears when crying, no urine output for eight to 16 hours, or dark-colored urine).

Heat Emergencies

Heat Cramps

Heat cramps result from strenuous exercise and excessive perspiration, which can cause a salt imbalance. Symptoms include painful spasms in the muscle.

- Stretch the cramping muscle.
- Cool the child with cool, wet towels, water sprays and fanning.
- Provide sports drinks to replace fluid and electrolytes.
- Do not give salt tablets.
- Have child rest for at least two days.

Heat Exhaustion

Heat exhaustion is an illness that results from excessive exposure to hot climates and/or physical activity. Symptoms include irritability, headaches, nausea, vomiting, diarrhea, fever, thirst and cool, clammy skin.

- Give cool liquids immediately and move child to a cool place.
- Cool the child with cool, wet towels, water sprays and fanning.

- Call the doctor. Seek medical attention if the child is vomiting and unable to take fluids by mouth or if other symptoms do not improve.
- Do not give salt tablets.
- Have the child rest for at least two days.

Heat Stroke

Heat stroke can be a life-threatening emergency. Symptoms include vomiting, high fever (over 106°F), hot skin, confusion, disorientation, seizures and loss of consciousness.

- Move the child to a cool area.
- Call 911.
- Cool the child with cool, wet towels, water sprays and fanning.
- Do not offer fluids to drink if the child is disoriented or unconscious.
- Do not give salt tablets.

Tick Removal

- Use tweezers and grasp the tick close to the skin or wrap a thread around the tick next to the skin and pull. Do not squeeze the body of the tick. With tweezers, use a steady upward pull until the tick releases its hold. Do not remove with fingers or a match, since this may cause the tick to embed its head in the skin. Do not crush the tick with your fingers.
- Do not use fingernail polish or petroleum jelly on the tick. This method will not “suffocate” the tick, as once thought.
- Seek medical help if you cannot remove all of the tick yourself.
- Cleanse area with alcohol, antiseptic or antibacterial soap.
- Although the risk of developing either disease is low, watch for signs of Rocky Mountain Spotted Fever or Lyme Disease. See a doctor if you notice any of these signs.

Rocky Mountain Spotted Fever

- Symptoms – purple to red rash to trunk and extremities; fever, headache.
- Occurs approximately one week after the tick bite.
- Caused by the wood tick or dog tick, which is up to 1/2 inch in size.

Lyme Disease

- Symptoms – bull's eye rash that expands in size; fever, headache, joint pain.
- May take a week or longer to develop disease after the tick bite.
- Caused by the deer tick, which is the size of a pinhead.

Bee Stings and Insect Bites

- Remove stinger by flicking it with a driver's license or credit card. Avoid using tweezers, since this may pinch the stinger and cause more venom to enter the tissue.
- Use a paste of meat tenderizer (containing papain) or baking soda and water to break down the venom and decrease the pain. Tea bags or household ammonia and water solution diluted 1:1 may also help.
- Apply ice or cold compresses and give acetaminophen or ibuprofen for pain.
- For mild allergic reactions (localized swelling), oral antihistamines may help if the child is alert and able to swallow.
- Seek emergency medical help for these signs of a serious allergic reaction:
 - intense itching

- paleness
- sweating
- hives
- difficulty swallowing
- hoarseness
- trouble breathing
- wheezing
- swelling of the face, lips or eyelids

Allergic Reactions

- If you suspect an allergic reaction to a medication, do not give any more doses and call the child's doctor for advice.
- Seek emergency medical help for these signs of a serious allergic reaction:
 - intense itching
 - paleness
 - sweating
 - hives
 - difficulty swallowing
 - hoarseness
 - trouble breathing
 - wheezing or swelling of the face, lips or eyelids
- If the child has an epinephrine pen for a known allergy and you are trained to use it, inject it immediately.
- Give over-the-counter oral antihistamines as recommended by the doctor, if the child is alert and able to swallow.
- For skin reactions, including reaction to poison ivy, apply 1/2% hydrocortisone cream and use ice or cool soaks in oatmeal baths to help alleviate itching and swelling. If itching and swelling do not improve, contact the doctor.
- If the reaction was due to a plant, including poison ivy, wash all items (shoes, clothes, etc.), the skin and hair, and even pets to remove the plant oil and prevent spreading.

Sprains, Fractures and Dislocations

A sprain is an injury to the soft tissue (ligaments) around a joint. A fracture is a broken bone. An open fracture is a broken bone that pokes through the skin. A dislocation is when the bone comes out of the socket.

Each of these injuries can result in pain, swelling and inability to move or bear weight. Because it is difficult to know right away if a child has suffered a sprain or a fracture, the same first aid treatment should be used. Then seek the advice of a doctor.

Remember "P-R-I-C-E":

Protect – Stabilize the injured area. Splint with a magazine, newspaper, Popsicle® stick or board. Secure with tape, shoelaces or scarf. Do not try to straighten or change the position of the injured bone.

Rest – Avoid movement of the injured area and allow appropriate time for healing before returning to activity.

Ice – Put ice on the injury to help minimize swelling.

Compression – An elastic bandage may help the pain. Ask the doctor first. Check frequently for decreased circulation (numbness or tingling) and loosen bandage if this occurs.

Elevation – Try to raise the injured limb above the level of the heart with a sling or pillows.

- Call 911 for absence of pulse below the injury, severe pain, signs of shock, or injuries to the femur (thigh bone), hips, back or neck. Do not move the child until EMS arrives.
- If the fracture is open, cover with a clean cloth or bandage and call EMS.
- If the injury is to the foot or ankle, remove the shoe.
- Acetaminophen or ibuprofen should be given for pain as directed by the doctor.

Note: Many common items, such as a plastic bread bag or rubber glove, can be used to make an ice bag. A package of frozen vegetables is also a good substitute.

Dental Injuries

- In case of a broken, displaced or knocked-out tooth, call the child's dentist. If a permanent tooth is knocked out or if the tooth has a large piece broken off, call or go to the dentist or an emergency center immediately.
- If you do not have a commercially available tooth-transport kit, place the tooth in milk (whole milk is best) or in the child's saliva for transport in a paper cup or zip-lock bag.
- Apply firm pressure for approximately 10 minutes with gauze or towel to control bleeding.
- Do not attempt to reinsert the tooth yourself unless you have advice from the dentist.

Nosebleeds

- Do not put the child's head back. Have the child sit up and lean forward to avoid swallowing blood.
- Hold firm pressure below the bony part of the nose for 10 minutes. Repeat if necessary.
- Do not allow the child to blow his nose for at least 20 minutes.
- Call the child's doctor if:
 - the bleeding continues after 15 minutes;
 - nosebleeds occur often;
 - bleeding occurs from other parts of the child's body; or
 - the child has bruises not caused by injuries.

Eye Injuries

- Seek emergency medical care for:
 - Puncture to the eye;
 - unequal pupils;
 - visual disturbances;
 - constant pain, tearing or blinking (greater than 30 minutes);
 - inability to move the eye; foreign bodies in the eye; or
 - light sensitivity.
- Avoid excessive movement of the injured eye. Prevent eye movement by gently covering both eyes with gauze or paper cups. Do not remove any object that has punctured the eye. Call 911.
- Hold child's hand and constantly talk to her if she cannot see.
- The following conditions should be evaluated by the child's doctor as soon as possible:
 - all black eyes
 - scratched corneas (clear part of eye scratched by dirt, sand, etc.);
 - bleeding in the white part of the eye; or
 - lacerations near the eye.
- If poison splashes in the child's eye, gently flush eyes with water for 15 minutes and call the CGCH Regional Poison Center 1-800-366-8888. To flush eyes, pour water over the bridge of the nose, using a plastic bag with a small hole in it, an eye-wash bottle or a gently running hose or shower.

First-Aid Supplies

Items in bold are frequently used first aid items and can be packed easily for travel. Other items should be kept on hand.

Acetaminophen (Tylenol®)

Adhesive Tape

Aloe Cream

Antibiotic Ointment

Baking Soda

Blanket

Butterfly Elastic Bandages (for minor lacerations)

Credit Card or Driver's License (to flick off stingers)

Diphenhydramine (Benadryl®)

Elastic Bandage (for sprains)

Elastic Bandage Strips

Epinephrine Kit (available by prescription for people with severe allergies)

Eyewash Bottle (can use gently running hose or shower or water from plastic bag with small hole cut in it)

Disposable Rubber Gloves

Hydrocortisone Cream

Ibuprofen (Motrin®)

Ice Bag or Instant Cold Pack (can use a package of frozen vegetables)

Important Phone Numbers: Physician, and coins for a pay phone

Ipecac Syrup (call the CGCH Regional Poison Center first before using)

Meat Tenderizer Containing Papain (for stings)

Paper and Pencil (to write down instructions from physician or nurse advice line)

Paper Cup (for eye injuries or to give fluids)

Pillow (to elevate injuries)

Plastic Bags

Sewing Needle and Matches (matches are used to sterilize needle before removing splinter)

Sling (can use a scarf or pillowcase with safety pins)

Small Scissors

Soap and Water or Hydrogen Peroxide (to clean cuts)

Splints (can use layers of magazines or newspaper secured with tape or shoelaces)

Sports Drink

Spray Bottle

Sterile Gauze Pads (can use clean towels or clean newspaper for bleeding)

Sterile Saline or **Contact Lens Solution**

Sunscreen

Thermometer

Tongue Blades or Popsicle® Sticks (to splint fingers)

Tooth Transport Kit (available at a drugstore) or Milk (for transporting teeth)

Towel and Wash Cloth

Triangular Bandage (to bandage injuries and burns or use as an arm sling)

Tweezers