PAEDIATRIC FIRST AID

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THE CHILDREN’S PRACTICE, BEACON
TALLAGHT HOSPITAL
• Epistaxis
• Broken nose/teeth
• Eye emergencies
• Burns
• Choking
• Seizures
• Breathing problems
• Lacerations
• Sprains
• Head trauma
• Allergy
• Skin rashes
• Childproofing your home
QUESTION 1

• Your 5 year old child has a severe nose bleed, do you pinch the nose and hold the head back?
• Yes or No
EPISTAXIS (NOSE BLEEDS)

• A nosebleed may be caused by:
  
  trauma
  
  irritation to the lining of the nose – hayfever or “colds”
  
  nasal obstruction - deviated septum or foreign objects

• Most nosebleeds begin on the septum, the midline, vertical cartilage that separates the nasal chambers and is lined with fragile blood vessels

• This form of nosebleed is not serious and is usually easy to stop

• Seek medical help if:
  
  bleeding persists after 15 to 20 minutes of treatment or recurs
  
  neck or serious head injury is suspected
QUESTION 2

• Your 3 year old child falls and knocks out his front tooth, do you have to put this tooth in a cup of milk?
• Yes or no
BROKEN NOSE/TEETH

• BROKEN NOSE
• Same position for epistaxis, apply cold compresses to the nose to reduce swelling
• Pain relief
• Review in ED if deformed, bleeding or swelling of septum
• Corrective action within 1 week

• LOST/BROKEN TOOTH
• Primary teeth – no action unless impacted in gum
• Adult teeth – immediate reimplantation, cup of milk
• All broken teeth will require dental review for removal or capping
QUESTION 3

• Which is worse, detergents or acid splashed in the eye?
• Detergents or acid
EYE EMERGENCIES

- SMALL FOREIGN BODY IN THE EYE

  Don’t rub the eye

  Look for the foreign body – person looks up/down left and right

  Look under lower eyelid by pulling back eyelash

  Look under upper eyelid by rolling eyelid onto cotton bud

  Remove eyelid foreign body with flushing water or another cotton bud

  Remove eyeball foreign body with water only

  Minor residual discomfort will ease after few days, if not then review with doctor
EYE EMERGENCIES

• LARGER OBJECT STUCK IN THE EYE
  Cover the injured eye, no pressure on eye, immediate medical assistance

• DIRECT TRAUMA TO THE EYEBALL
  Cold compresses to reduce swelling, no pressure on eyeball
  Immediate medical attention

• CHEMICALS IN THE EYE
  Flush the eye for 15 mins only stop when you have to!, immediate medical attention
  Alkalis worse than acids
EYE EMERGENCIES

• Seek emergency medical care if:
  
  There appears to be any visible scratch, cut, or penetration of the eyeball
  
  Any chemical gets into the eye
  
  The eye is painful and red
  
  Nausea or headache accompany the eye pain
  
  There is any change in vision (such as blurred or double vision)
  
  There is uncontrollable bleeding
QUESTION 4

- 3rd degree burns are more painful than 1st degree burns?
- True or false
BURNS

- 1st degree
  - red painful, no blisters
- 2nd degree
  - red painful, blisters
- 3rd degree
  - White, painless
MINOR BURNS

• If the skin is unbroken, run cool water over the area of the burn or soak it in a cool water bath (not ice water). Keep the area submerged for at least 5 minutes. A clean, cold, wet towel will also help reduce pain.

• After flushing or soaking, cover the burn with a dry, sterile bandage or clean dressing.

• Protect the burn from pressure and friction.

• Over-the-counter ibuprofen or paracetamol can help relieve pain and swelling.

• Once the skin has cooled, moisturizing lotion also can help.

• Minor burns will usually heal without further treatment.
BURNS

• When to seek further assistance:
  • Second-degree burn covers an area more than palm of hand
  • Located on the hands, feet, face, groin, buttocks, or a major joint
  • Burns in young children
MAJOR BURNS

• If someone is on fire, tell the person to stop, drop, and roll. Wrap the person in thick material to smother the flames (a wool or cotton coat, rug, or blanket). Douse the person with water.

• Make sure that the person is no longer in contact with smoldering materials. However, do NOT remove burned clothing that is stuck to the skin.

• CPR may be necessary

• Cover the burn area with a dry sterile bandage (if available) or clean cloth. A sheet will do if the burned area is large. Do NOT apply any ointments. Avoid breaking burn blisters.

• If fingers or toes have been burned, separate them with dry, sterile, nonadhesive dressings.

• Elevate the body part that is burned above the level of the heart. Protect the burn area from pressure and friction.

• Take steps to prevent shock and immediate review in ED
QuestioN 5

- Your 8 year old child comes to you holding their throat and telling you, with a weak voice, that they are choking on a grape.
- Do you immediately have to perform a heimlich manouvres?
- Yes or no
CHOKING

- Encourage coughing and talking
- Do not try removing FB unless you are confident that you can remove it
- Back blows to infant
- Chest thrusts to infant
- Heimlich manouvre to older child
- Preparing food advice
QUESTION 6

• Your child falls to the ground and starts having a seizure, the most important thing to do is to put something soft in their mouth to prevent them biting their tongue

• True or false
SEIZURES

• When a seizure occurs, the main goal is to protect the person from injury. Try to prevent a fall. Lay the child on the ground in a safe area. Clear the area of furniture or other sharp objects.

• Cushion the child's head.

• Loosen tight clothing, especially around the person's neck.

• Turn the child on his or her side. If vomiting occurs, this helps make sure that the vomit is not inhaled into the lungs.

• Stay with the child until he or she recovers, or until you have professional medical help.

• Rectal paracetamol in a feverish child.
SEIZURES

• DO NOT restrain the child.
• DO NOT place anything between the child's teeth during a seizure (including your fingers).
• DO NOT move the child unless he or she is in danger or near something hazardous.
• DO NOT try to make the child stop convulsing. He or she has no control over the seizure and is not aware of what is happening at the time.
• DO NOT give the child anything by mouth until the convulsions have stopped and the child is fully awake and alert.
QUESTION 7

• A child with a croupy, barking cough is in need of antibiotics
• True or false
BREATHING PROBLEMS

- ASTHMA
  - Usually similar to previous episodes, worse at night,
  - Always breathing fast, not always wheezy
- CROUP
  - Sudden onset barking cough, usually at night, rarely life threatening
- BRONCHIOLITIS
  - Fast breathing, cough poor feeding in an infant
  - Worst on day 5 of illness
- PNEUMONIA
  - Cough, sputum, fast breathing
BREATHING PROBLEMS

• When to be concerned:
  • Not responding to asthma medications
  • Reduced feeding (infants predominantly)
  • Difficulty speaking
  • Fast breathing
  • Pallor/bluish discolouration
  • Temperature difficult to control or very high
QUESTION 8

• Your child falls from a tree and impales himself on a broken branch through his buttock. It is important to leave this branch in place.

• True or false
LACERATIONS

• FOR MINOR CUTS
  • Wash your hands with soap or antibacterial cleanser to prevent infection.
  • Wash the cut thoroughly with mild soap and water.
  • Use direct pressure to stop the bleeding.
  • Apply antibacterial ointment and a clean bandage that will not stick to the wound.

• FOR MINOR PUNCTURES
  • Wash your hands with soap or antibacterial cleanser to prevent infection.
  • Use a stream of water for at least 5 minutes to rinse the puncture wound, then wash with soap.
  • Look (but do NOT probe) for objects inside the wound. If found, DO NOT remove -- go to the Emergency Department. If you cannot see anything inside the wound, but a piece of the object that caused the injury is missing, also seek medical attention.
  • Apply antibacterial ointment and a clean bandage that will not stick to the wound.
LACERATIONS

- Do NOT assume that a minor wound is clean because you can't see dirt or debris inside. Wash it.
- Do NOT breathe on an open wound.
- Do NOT try to clean a major wound, especially after the bleeding is under control.
- Do NOT remove a long or deeply embedded object. Seek medical attention.
- Do NOT probe or pick debris from a wound. Seek medical attention.
- Do NOT push exposed body parts back in. Cover them with clean material until medical help arrives.
LACERATIONS

- Medical review necessary if:
  - The wound is large or deep, even if the bleeding is not severe.
  - You think the wound might benefit from stitches (the cut is more than a quarter inch deep, on the face, or reaches bone).
  - The person has been bitten by a human or animal.
  - A cut or puncture is caused by a fishhook or rusty object.
  - You step on a nail or other similar object.
  - An object or debris is embedded -- DO NOT remove it yourself.
  - The wound shows signs of infection (warmth and redness in the area, a painful or throbbing sensation, fever, swelling, or pus-like drainage).
  - You have not had a tetanus shot within the last 10 years.
QUESTION 9

• Your 13 year old son is playing football and he falls awkwardly under a heavy tackle. His ankle visibly swells over the space of seconds. Is this likely to be a sprain or a broken ankle?

• Sprain or fracture
SPRAINS

- Pain and difficulty moving the injured muscle
- Discoloured and bruised skin
- Swelling

First Aid

- Apply ice immediately to reduce swelling. Wrap the ice in cloth -- avoid using ice directly on the skin. Apply ice for 10 to 15 minutes every 1 hour for the first day. Then, every 3 to 4 hours.
- Use ice for the first 3 days. After that, either heat or ice may be helpful.
- Rest the pulled muscle for at least a day. If possible, keep the pulled muscle elevated above the level of the heart.
- Avoid using a strained muscle while it is still painful. When the pain subsides, start activity slowly and in moderation.
SPRAINS

• When is a sprain a broken bone?
• Deformed limb
• Slower swelling
• Unable to weight bear on injured leg
• More significant trauma – fall from a height
• Maximal point of tenderness is the bone
QUESTION 10

- You witness your child falling out of a second floor window onto the grass below. He is unconscious. Should you pick him up and run for help/hospital or call for help?
- Pick up or call
HEAD INJURY

- The vast majority of head injuries are minor and have no sequelae.
- Mechanism is important.
- Headache and vomiting are common after head injury.
- Children will sleep after a head injury.
- A period of observation is often all that is required.
HEAD INJURY

- Loss of consciousness/amnesia
- Severe headache
- Persistent vomiting
- Distorted features of the face
- Seizures
- Fluid draining from nose, mouth, or ears (may be clear or bloody)
- Inability to move one or more limbs
- Irritability (especially in children), personality changes, or unusual behavior
- Restlessness, clumsiness, or lack of coordination
- Slurred speech or blurred vision
- Symptoms improve, and then suddenly get worse (change in consciousness)
HEAD INJURY

- Call for help
- CPR may be required
- Always consider the possibility of a spinal injury
- Stop any bleeding by firmly pressing a clean cloth on the wound. If the injury is serious, be careful not to move the person's head. If blood soaks through the cloth, do NOT remove it. Place another cloth over the first one.
- If the person is vomiting, roll the head, neck, and body as one unit to prevent choking.
- Apply ice packs to swollen areas while awaiting assistance
HEAD INJURY

• Do NOT wash a head wound that is deep or bleeding a lot.
• Do NOT remove any object sticking out of a wound.
• Do NOT move the person unless absolutely necessary.
• Do NOT shake the person if he or she seems dazed.
• Do NOT pick up a fallen child with any sign of head injury.
QUESTION 11

• Your 3 year old child eats a peanut for the first time and has a severe itchy rash covering them immediately from head to toe. Should they be prescribed adrenaline for future reactions?

• Yes or no
ALLERGIC REACTION

• Immediate reaction to a protein – inhaled/ingested
• Presents with wheeze, itchy rash, fast heart rate, swelling of tongue/lips
• Usually just one of the above
• If more than one, then the reaction is called anaphylaxis
• Death in children is usually caused by airway blockage
• Death is rare in children who do not have severe brittle asthma
• Treatment is with antihistamines
• Adrenaline is reserved for those with anaphylaxis or severe allergic reactions
SKIN RASHES

Meningitis is an acute bacterial disease characterized by sudden fever, headache, nausea and rash. Delirium and coma are followed by death in about 15% of cases. In the 1940s more than 500 cases per year occurred in Army recruits with about 30% mortality.
CHILDPROOFING YOUR HOME

• Electrical outlet covers
• Child safety gates
• Child safety locks
• Don’t put a lock on anything with a limited air supply
• Dangerous liquids/meds in high presses, clean out presses, childproof caps
• Slip, slap, slop
• Car safety
• Smoke alarms/evacuation plan
• Water safety – supervision/swimming