

First Aid for Babies and Children



Emergency Hotline 112 (no codes necessary)

Poison Emergency Line 030-19 240

My child is not responding! Help!!!

Child is unconscious

Child is breathing but not responding or barely responding ...then RECOVERY position is required

Child is NOT breathing

No breathing sounds, maybe the child is blue or grey and lifeless ... then RESUSCITATION is necessary

Unconsciousness

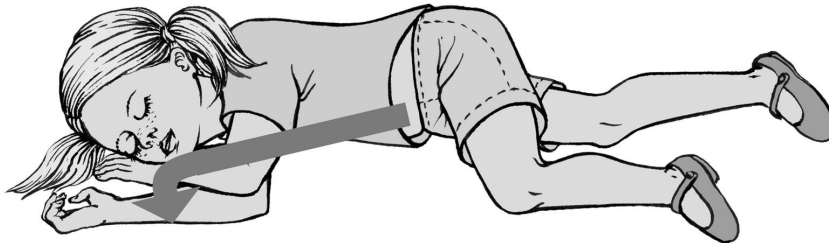
In children this emergency is very rare!

A child is considered to be unconscious if it doesn't respond. The child is breathing.

The danger of being unconscious is to choke

1. On its tongue
2. On its vomit

Therefore a child or baby must never lie on its back.



There are different ways of the rescue position. A child or adult only needs to be rolled on the side. One leg is bent and the head slightly reclined.

In the Rescue Position, the mouth is open and lying lower than the stomach, so that vomit can flow out rather than be swallowed.

If the child is breathing carefully roll the child toward you onto the side. Bend the top leg so both hip and knee are at right angles. Gently tilt the head back to keep the airway open. This is called the RECOVERY POSITION.

Cardio Pulmonary Resuscitation (CPR)

A child that is not breathing and is lifeless has to be resuscitated immediately. Start with 5 breaths and observe if the child shows any signs of life. Babies sometimes start breathing again.

You don't need to check the pulse as it takes too long and is difficult to find. Note that the heart cannot be damaged by CPR!

Breathing: Give TWO breaths. Check that the chest is rising with each breath

Chest compressions: Press fast and deep in the middle of the child's chest 30 times

Frequency: ... the frequency should be 100-120 chest compressions per minute.

2:30

2 breaths and 30 chest compressions



Push deep into the chest approximately one-third of its depth



Place your fingers or the heel of your hand in the middle of the child's chest

Note: You can't do any wrong !

After one minute of CPR, call 112. Put your phone on speaker and a professional will assist you through the CPR process

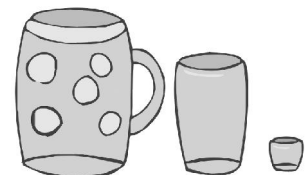
Giving breath is easy!

To give breath to a child or an adult is easy. It should even work without full training in a first aid course. In infants, cover both the mouth and the nose. With older kids and adults, you can breathe in through the mouth and pinch the nose closed or vice versa.

While giving breath you will see the chest or the belly rising with the in-breath.

Kids under 4 years: Lift the chin slightly.

Kids 4 years and older: Tilt the head back.



Amount of air needed for adults, schoolkids and babies

Choking : Help, my child is choking!

Children often choke on food. If the child can not cough or expel the foreign body himself, it is necessary to act quickly, since the time until the arrival of an ambulance always takes several minutes at least.

Also possible: If a child is breathing, but is at the same time gagging persistently, a foreign object could be stuck in the oesophagus (feeling like a stuck tablet, for example)

Give the child a glass of water to drink.

Do not stick your fingers deep into the child's throat.

Method No. 1: Back blows

Upper body must hang upside down, as vertical as possible.

Then bang firmly with the flat hand between the shoulder blades to release the foreign body



Method No. 2: Heimlich Manouvers

If the foreign body can not be expelled by the back blows, then perform the Heimlich Manouever.

- **Children from 1 year** – stand or sit behind the child and grasp both hands around the stomach area of the child.

Now pull your grasped hands sharply inwards and upwards in the direction of the child's diaphragm.



- **Infants under 1 year:** the manouever is performed on the chest (not upper abdomen) and is performed approximately 5 times in succession with 2 fingers or the ball of the hand in the same way as the resuscitation.



Should all of the above measures fail, the resuscitation is to be carried out and the emergency service (112) must be called.

Sudden Infant Death Syndrome

Sudden infant death syndrome (SIDS) is the unexplained death, usually during sleep, of a seemingly healthy baby less than a year old.

Approximately 200-300 infants die each year in Germany, especially in the second to fourth months of life.

Researchers have discovered some factors that may put babies at extra risk. They've also identified some measures you can take to help protect your child from SIDS:

- Place your baby on his or her back to sleep
- Keep the crib or baby bed as bare as possible.
- Use a firmer mattress and don't leave pillows, fluffy toys or stuffed animals in the crib. These may interfere with breathing if your baby's face presses against them.
- Don't overheat baby. To keep your baby warm, try a sleep sack. Ideally, baby should sleep in the same room as the parents for the first year of life — or at least for the first six months.
- Baby should sleep alone in his or her own crib, bassinet or other surface designed for infants.
- Breast-feed your baby, if possible. Breast-feeding for at least six months lowers the risk of SIDS.
- Pacifiers seem to be beneficial
- In pregnancy and lactation, avoid smoking and try to maintain a smoke-free environment for your child

Fainting

Fainting happens when someone loses consciousness for a short amount of time because the brain isn't getting enough oxygen.

A cause could be the sight of blood, pain, low blood sugar and a warm stifling room.

If the victim lies flat on the ground he/she returns to normal quickly

Fast growing Teenagers, mostly girls are prone to fainting. Little children rarely pass out.

Toddlers can have fits of screaming till they faint. Also pain can make a child faint in extremely sensitive children. These episodes of fainting are generally harmless.

Poisoning

The most common symptom of poisoning in childhood is sudden vomiting. In case of poisoning (or a possible poisoning), call the poison emergency line in Berlin 030/19240

Basic rules

- Call the poison emergency line for help with medical advice around the clock
- Do not induce vomiting!
- Do not give the child milk!
- Give the child a glass of water to drink (juice or tea also okay)

POISONOUS

Poisonous plants, medicines, cigarettes und cigarette butts



Gift binding is possible

- with medical, pulverized coal (Kohle Pulvis® / Köhler Pharma)
- Coal is always useful, has practically no contraindication or side-effect. It binds a large number of substances to its large surface. Give only of advised by the poison emergency line

IRRITANTS and CORROSIVES

Dishwashing tabs, pipe and chlorine cleaners, oven cleaners



Do not induce vomiting

Drink water quickly

Call the poison emergency call center or 112

FOAMING

Dishwashing detergents, washing powder, detergents

Creating foam when relatively large quantities are ingested

Drink a glass of water together with an anti-foam substance such as Sab Simplex® or Lefax®

Tick Bites

The tick should be removed as quickly and as gently as possible, with as little pressure to the tick's body as possible!

It is best to use a tick removal card (Zeckenkarte) with which the tick can be pried out.

Highly recommended: Ticksafe.

For the removal of nymphs: Nymphia.

The faster the tick is removed, the better!

The tick should be removed carefully to avoid squashing the tick.

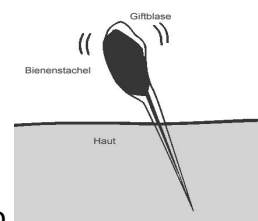
Infections: there is no vaccination against borreliosis! It occurs everywhere. Get medical attention if the area becomes red after one week.



The tick itself can be examined for pathogens: TickTest.

Wasp and Bee Stings

- Remove the stinger as quickly as possible. If the stinger is still impaled in the skin (which typically happens with bees but not wasps), get it out quickly. Reason: It contains a sac that's still pumping in venom.



If you squeeze the Stinger with your fingers, more poison is pressed into the wound.

- Flick it away with your finger, or scrape it away with a credit card.
- Apply an ice pack or cold, wet washcloth to the bee sting for a few minutes.

Call the ambulance if a bee or wasp manages to sting the inside of the mouth or pharynx: The mucous membranes can swell to the point that her airways are blocked. In case of stings in the pharynx, ice or ice cubes should be applied.

Helpful:

- Cooling
- Use the BiteAway
- Place a cut onion on the bite

Wounds and Bleeding

Contaminated wounds can be washed with clean tap water.

Disinfecting agents are considered as medicines and may not be used in care facilities (Creches and Kindergartens).

A cover with a plaster or compressive bandage is useful for persistent bleeding, danger of renewed contamination or irritation due to exposed clothing.

Whether a wound can be treated or given medical attention depends on the size and depth of the wound, the location of the wound, and the contamination or the foreign bodies remaining in it.

Animal bites, large wounds and wounds on the face, as well as near the joint must be treated by a doctor in any case.

Smaller wounds can be glued with a special glue (at a children's clinic! This has the advantage that the treatment is less painful and traumatic for the child.

Electrical accidents

Children who had contact with household electrical currents should be taken to hospital for examination.

Contact with both hands (rare in small children) and accidents in the bathroom (wet ground) are especially threatening.

Get a residual current circuit breaker.

Bone fractures

Bone fractures are sometimes not obvious. A reliable diagnosis can be made by an X-ray examination and is therefore highly recommended in the case of possible fractures.

If your child is displaying any of the following symptoms below, or if you're worried, seek medical advice:

- swollen or blue fingers or toes
- severe pain in the limb, not eased by painkillers or by elevating the limb
- stiffening of the fingers or toes
- pins and needles or numbness of the fingers and toes
- an obvious bend in the region
- if the child is protecting the area, refuses to put weight on it or won't move the limb
- unusual crying



Often one has to improvise: fractures on the arm, e.g. on the wrist and the forearm, can be stabilised by means of a newspaper or magazine.

It is best to limit the movement of the child in the case of suspected fracture. The less movement, the less pain. A painless posture decided by the child is usually the best resting position until arrival in the clinic.

If immobilization is not possible, 112 (emergency rescue/ambulance) should be called to take the child to the hospital.

A fracture that is often "overlooked" in children is the collarbone fracture.

Children must not be drawn by the arms there is a risk of the elbow being dislocated (Nursemaids Elbow).

Head injuries

Any strong impacts on the head can lead to complications in the form of cranial bleeding and / or swellings.

Bleeding in the area of the brain is dangerous.

Since internal bleeding is not visible from the outside and can occur only several hours after the accident, accurate observation and monitoring of the child in a pediatric hospital is necessary.

Take your child to the hospital when the following symptoms occur:

- vomiting
- unconsciousness right after the accident
- changes in behavior, such as sluggishness, agitation, confusion, or excessive dizziness or sleepiness
- severe or worsening headache
- blood from the ear
- big soft swelling

Nose bleeds

Nasal bleeding can be stopped easily in children. Nose digging and dry air are the classic triggers. They can be scary, but are rarely cause for alarm. Most will stop on their own and can be easily managed at home.

What to Do

- Press the nostrils closed for a few minutes!
- put something cold on the back of the neck (washcloth, cooling compress)
- Bend the head forward so that blood is not swallowed

If swallowed blood enters the stomach, this can lead to nausea and possibly vomiting. Handkerchiefs or the like should not be stuffed into the nose.

Keep pressure on the nose for about 5 to 10 minutes; if you stop too soon, bleeding may start again.

Shaking Baby Syndrome

Do not shake your baby! In the case of shaking trauma, the child is seriously shaken back and forth, the head falls back and forth.

This mechanism leads to direct injuries and tearing of important cerebral blood vessels, which causes bleeding in the closed skull.

This trauma can be fatal for a small infant. The "lighter" consequences can be blindness and numbness, spasm attacks or permanent brain damage.



Such a shaking trauma usually results from a nervous overload that all parents will know. The baby screams and screams, even for weeks, they have not slept through properly, the household wants to be somehow still made by the side, one quickly gets into a state of complete despair.

Shaking baby syndrome or Abusive Head Trauma can happen to children up to 5 years old, and the average age of victims is between 3 and 8 months. However, the highest rate of cases occur among infants just 6 to 8 weeks old, which is when babies tend to cry the most.

Make sure you get relief from family, friends, relatives before you can no longer. Consult your pediatrician or call a Crisis Centre. Inform other mothers and fathers about the dangerousness of shaking.

To prevent misunderstandings, a shaking trauma is NOT a result of the baby being lifted up too quickly, not even by raising and catching the child when it is old enough to have fun.

Dehydration

The water balance of children is much more unstable than that of an adult. For a child, fluid loss of 10% of the body weight can already be dangerous.

This is relatively quickly the case with a normal gastrointestinal tract problem with vomiting and diarrhea, if you can not get the child to drink.

Dehydration is easy to recognize by the following symptoms:

- standing skin folds
- large, deep-set eyes
- deeply ingenuous Fontanelle
- Dry mucous membranes
- dry diapers for several hours
- Tiredness, drowsiness

If the child is constantly refusing liquid, medical advice and possibly a clinical treatment is necessary, since the child otherwise comes into a life-threatening condition.

Fever seizure

Fever seizures often occur without prior notice! In a Fever seizures, the child is not approachable, it becomes stiff and starts twitching, becomes blue in the face, rolls the eyes up and makes smacking sounds. The sight is terrible! The smaller the child, the less pronounced febrile convulsions.

The duration is generally 2-3 minutes. After the attack, the children is very tired and generally will sleep.

Febrile convulsions occur with rapidly rising fever. The childish, immature brain between the ages of 6 months and 4 years reacts particularly sensitively to rapid temperature increase and temperature reduction. The height of the fever is not the sole cause. A temperature of 38.3 or 38.5° C can trigger the attack.

Febrile convulsions are harmless in the medical sense. On the first occurrence, children are examined regularly in the children's clinic.

A fever seizure is a shocking experience to most parents who think that their child is dying.

What to do:

Emergency call 112

Protect the child from injury, especially on the head, do not hold on to it

If possible: look at the watch, measure the duration of the seizure

Rescue position if unconsciousness after the attack

When children turn blue

There are hot tempered children who "scream" themselves away in a tantrum. The musculature, also the breathing muscles, tense up briefly, so that the children can go blue. As impressive as this looks, these episodes are harmless. There is not the slightest risk that the child might suffocate.

Croup Attack (Pseudokrupp)

Croup attacks occurs in children from 1 to 6 years. Some children are prone to repeated croup attacks, particularly in the cold season when viruses and infections are widespread. Croup attacks are not a disease but an acute swelling occurring at night. The symptoms are caused by swelling of the mucous membrane in the upper respiratory tract. Croup attacks occur mostly at midnight (due to low cortisone production).

Children don't choke on croup attack but they have difficulties to breathe.

Signs and Symptoms

- a barking cough
- dry, hoarse cough
- a high-pitched sound when breathing in (known as stridor)
- anxiety

What to Do

- reassure your child
- Inhale cold air: by opening the window or staying on the balcony for 10 to 20 minutes. Cold air has a decaying effect
- Give a cortisol suppository

Warning: do not go to the bathroom with the child to allow the child to inhale warm-humid air. This statement is deprecated and potentially harmful!

Foreign bodies in the eye

Normally, foreign bodies, e.g. Insects, dust particles, etc can be removed with the tip of a moistened handkerchief. Foreign bodies intruded into the eye, e.g. Splinters should be removed by a specialist ophthalmologist.

Burns and Scalding

Burns are painful and can be very severe. In children, scalding is often caused by unintentional dropping of hot liquids from teacups, water cookers or cookers. For prevention it is therefore necessary to waiver of table covers.

The most important measure in the initial supply of burns is the immediate and continuous cooling with the help of water, cold cloths or cold compresses.

This prevents the spread of combustion into deeper skin layers. Never put flour, powder, oil or similar things on burns.

What to do

λ Cool with water for approx 5 to 10 minutes (caution against subcooling with large-area cooling, preferably not too cold!)

λ Remove clothing that could stick to the burnt area

λ Open burns: cover with coated bandage: Aluderm® or plastic wrap

Any major burn, as well as any burns that occur on the face, in the genital area on the hands and feet, should be treated clinically.

Knocked out teeth

Knocked out teeth can be reinserted or glued. Under no circumstance should the tooth be allowed to dry out! Do not clean the tooth or attempt to put it back in the mouth. To keep the tooth alive there are different possibilities:

1. place the tooth in a tooth rescue box with nutrient solution (if present)
2. place the tooth in an unused plastic bag
3. place the tooth in longlife milk (no fresh milk)
4. place the tooth in a sterile saline solution

The dentist should be consulted immediately

Heatstroke

Heat stroke is a rare, life-threatening condition that occurs either in the tropics (due to high atmospheric humidity) or when children are "forgotten" in hot cars.

There is hot, red skin and a high body temperature. There may be headache, vomiting, and drowsiness.

Activities:

λ give water to drink (of course only if the child is conscious)

λ cool damp cloth to reduce body temperature

Sunstroke

Is caused by direct, strong sun exposure to the unprotected head.

This overheating leads to irritation of the cerebral membranes and the brain. Children with no hats in the sun are particularly susceptible!

Signs of sunstroke are a hot, red head with head and neck pain. There may be dizziness, vomiting, and fever. For relief, the child should be kept upright in the shade and cold towels should be placed on the head.

Drowning

The most common cause of death in terms of accidents in young children is drowning and suffocation.

Even garden ponds, paddling pools, rain pans and bathtubs represent a life-threatening danger for children.

Children often drown unnoticed.

Action required

- for unconsciousness: rescue position
- In case of respiratory standstill: resuscitation
- no attempts to free the lungs from water

Everyone who is almost drowned must be admitted to the clinic for monitoring, and pulmonary edema may develop up to 48 hours after the accident (second drowning).

First Aid Kit

The following items should be part of your first aid supplies:

Bandages	Tick removal card or Ticksafe
Bandage (e.g., Aluderm®)	Splinter tweezers
Sterile compresses 10x10 cm	Sab Simplex® / Lefax®
Plaster	Disposable gloves
Dressing scissors	Instant cooling compress
	Medicines by arrangement

WARNING

This booklet is not a substitute for a course in first aid. All information is provided to the best of our knowledge, errors can not be excluded completely. The author can not accept any liability or guarantee for the content.

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The emergency call or the call or visit of a doctor is self-evident in any situation that could endanger life or health. It is not specifically pointed out in the preceding chapters.

Childrens hospitals in Munchen

Dr. von Haunersches Kinderspital

Lindwurmstraße 4

Tel.: 089 - 5160 – 2811

Krankenhaus Schwabing

Kölner Platz 1

Tel.: 089 - 3068-2589

Kinderklinik Dritter Orden

Menzinger Str. 44 (über die Franz-Schrank-Straße)

Tel.: 089 - 17 95-11 87

Krankenhaus Harlaching

Sanatoriumsplatz 2

Tel.: 089 - 6210-1

Notfallpraxis Elisenhof

Elisenstr. 3

Tel.: 01805 19 12 12 (=kassenärztlicher Bereitschaftsdienst)

around Munich

Kinderklinik im Kreiskrankenhaus Starnberg:

Oßwaldstraße 1

Tel: 0 81 51 / 182 335

For Dental Emergencies (24 Hours)

Alldent Zahnzentrum

Bayerstr. 21 (am Hauptbahnhof)

Tel: 089 / 5445 98912