PAEDIATRIC FIRST AID
LAZARUS TRAINING

PAEDIATRIC FIRST AID GUIDE

Essential skills. Confident care. Better outcomes.



- Practical skills
- Life-saving techniques
- Care for children & infants
- Be prepared. Make a difference.

LEARN TODAY, SAVE TOMORROW

Building confidence to care when it matters most.

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Use this guide to quickly find important first aid information for children in an emergency.

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DISCLAIMER

This guide has been produced by Lazarus Training to support learners who have completed Paediatric First Aid training.

It is intended as a memory aid and quick reference guide only.

This guide does not replace formal training, assessment, workplace policies, professional medical advice or emergency services.

First aiders should always work within the limits of their training, experience and organisational procedures.

IN AN EMERGENCY

- Preserve life
- Prevent further harm
- Promote recovery
- Seek appropriate medical assistance

If you are ever unsure about a child's condition, seek advice from a healthcare professional or contact emergency services.

Children can deteriorate rapidly. Regular reassessment is essential.

EMERGENCY NUMBERS

999
Emergency Services

111
NHS
Non-Emergency Medical Advice

DRABC & ACVPU ASSESSMENT

D DANGER

- Safe for you
- Safe for others
- Safe for casualty

R RESPONSE (ACVPU)

- Alert
- Confused
- Responds to Voice
- Responds to Pain
- Unresponsive

? Can they talk?

? Can they cry?

? Are they behaving normally?

A AIRWAY



- Open airway
- Remove visible obstruction

B BREATHING



- Look
- Listen
- Feel

? Is the child breathing normally?

C CIRCULATION



- Severe bleeding
- Skin colour
- Signs of shock

THE MOST IMPORTANT ASSESSMENT IS THE RE-ASSESSMENT

Children can deteriorate quickly.
Keep reassessing.

CHILD CPR



1 CHECK RESPONSIVENESS

- Gently tap and shout their name.
- Check for a response.

2 CALL FOR HELP RAISE ALARM

- Phone on speaker – 999
- Check for breathing, if unsure ask call handler
- Follow the call handler's instructions



3 OPEN THE AIRWAY

Tilt head back gently and lift chin.

If absent or abnormal breathing, panting or seizure like activity

4 START CPR

30 COMPRESSIONS : 2 BREATHS

Continue CPR until help arrives or the child starts breathing normally.

5 ATTACH AED AS SOON AS ABLE

- Switch on and follow prompts.
- Follow AED instructions.

AED PAD PLACEMENT



Using an AED

- The pad on their right side, should be directly under the collarbone.
- The pad on their left side, just below armpit.

Child or Baby



Pad placement just left of centre of chest and centrally on back.

CONTINUE CPR UNTIL EMERGENCY SERVICES ARRIVE, THE CHILD STARTS BREATHING NORMALLY OR YOU ARE UNABLE TO CONTINUE.

CHEST COMPRESSIONS

HAND POSITION

Place the heel of one hand in the centre of the chest, with the other hand on top.



COMPRESSION DEPTH

Push down by approximately one-third of the chest depth (about 5 cm).



ADULT BLS

If not BLS trained

- Chest-compression only CPR

If BLS trained

- Include breaths CPR 30:2

CHILD OR BABY

- 5 Breaths first then 15:2

Chest compressions on babies should be performed using 2 thumb encircling technique.



EMERGENCY NUMBERS

999
Emergency Services

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Non-Emergency Medical Advice

CHOKING – CONSCIOUS CHILD

The aim is to encourage the blockage out.
Do not put your fingers in the child's mouth.

CHILD OVER 1 YEAR

ASK "ARE YOU CHOKING?"

- If the child can cough, speak or breathe – **ENCOURAGE THEM TO KEEP COUGHING**
- Stay with them and monitor.

IF THE CHILD CANNOT COUGH, SPEAK OR BREATHE

1 **Call 999** if someone else is with you.



Stand or kneel behind the child. Support their chest with one hand and lean them forward. Deliver up to 5 firm back blows between the shoulder blades with the heel of your other hand.

3 Give up to **5 abdominal thrusts.**



If the blockage does not clear, give up to 5 abdominal thrusts.

Stand behind the child. Place a fist just above their navel, grasp with your other hand and pull sharply inwards and up.

Repeat back blows and abdominal thrusts until the blockage clears or the child becomes unresponsive.

INFANT UNDER 1 YEAR

IF THE INFANT CANNOT COUGH, CRY OR BREATHE

Call 999 if someone else is with you.

1 Give up to **5 back blows.**



Support the infant's chest with your forearm.

Use the heel of your hand to give up to 5 firm back blows between the shoulder blades.

2 Give up to **5 chest thrusts.**



If the blockage does not clear, turn the infant onto their back.

Support the head.

Place 2 fingers in the centre of the chest, just below the nipple line.

Give up to 5 chest thrusts (press inwards and upwards).

Repeat back blows and chest thrusts until the blockage clears or the infant becomes unresponsive.

IF THE CHILD OR INFANT BECOMES UNRESPONSIVE

- Lower them to the ground.
- Call 999 (if not already done).
- Start CPR (see page 4).
- Check the mouth before giving breaths – remove any visible object.

CPR

AFTER THE BLOCKAGE CLEARS

- Check the child is breathing normally.
- Keep them calm and reassure them.
- Even if fully recovered, seek medical advice.
- Monitor for any breathing or swallowing difficulties.

SEVERE BLEEDING

Severe bleeding can cause death.
Act quickly. Apply direct pressure and call 999.
Wear gloves if available and protect yourself.

WHAT TO LOOK FOR

- Blood loss that soaks through clothing or dressings
- Blood that is pooling or flowing steadily
- Blood that will not stop with simple pressure
- Signs of shock (see page 8)

WHAT TO DO

1 CALL 999

Ask for an ambulance.
Stay on the line if possible.



2 APPLY DIRECT PRESSURE

Use a clean dressing, cloth or hand.
Press firmly over the wound.



3 ELEVATE THE LIMB

Raise the limb above the level of the heart, if possible and if there is no suspected fracture.



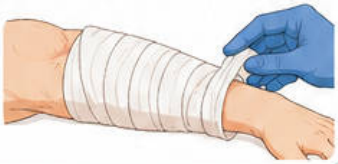
4 APPLY ADDITIONAL DRESSINGS

If blood soaks through, do not remove the first dressing.
Add more dressings on top and keep applying pressure.



5 SECURE THE DRESSING

Secure with a bandage if available.
Do not wrap too tightly.



KEEP CHECKING

Reassure the child and check regularly.
Be prepared to manage shock (see page 8).

WHAT NOT TO DO

- Do not remove any dressing that is stuck.
- Do not use additional pressure if there is an impaled object.
- Do not give the child anything to eat or drink.

IMPALED OBJECT

- Do not remove the object.
- Pad around the object to prevent movement.
- Support the object to keep it in place.
- Call 999.



SIGNS OF SHOCK

- Pale, cool, clammy skin
- Fast or weak pulse
- Rapid breathing
- Feeling sick
- Drowsy or confused
- Restless or agitated
- Loss of consciousness

CALL 999 IMMEDIATELY IF:

- The bleeding is severe
- The bleeding will not stop
- The child is becoming pale or drowsy
- You are unsure
- The child has been injured by something impaled

FRACTURES AND SPRAINS

Fractures are breaks in bones. Sprains are injuries to ligaments (the tissues that connect bones to other bones). Both can be painful and cause swelling. Act quickly to reduce pain, prevent further injury and get medical help.

FRACTURES VS SPRAINS

FRACTURES

A break or crack in a bone.



- Severe pain
- Swelling and bruising
- Deformity (bent or abnormal shape)
- Inability to move the injured area

SPRAINS

Stretching or tearing of a ligament.



- Pain
- Swelling
- Bruising
- Difficulty moving the joint

SIGNS THAT NEED MEDICAL HELP

Seek medical help if there is:

- Severe pain
- Obvious deformity
- Numbness, tingling or loss of feeling
- Cold or pale fingers or toes



- Inability to move the limb
- Open wound (bone may be visible)
- Pain that does not improve

HOW TO MAKE A SIMPLE SPLINT



The splint should be firm but not too tight.
Fingers and toes should remain warm and normal in colour.

SPRAINS – EXTRA CARE



- Use R.I.C.E.
- R – Rest: Rest the injured area.
- I – Ice: Apply cold pack for 10–15 minutes.
- C – Compression: Use an elastic bandage (not too tight).
- E – Elevation: Raise the injured area.

CALL 999 IMMEDIATELY IF:

- There is an open fracture (bone is visible).
- The limb is numb, pale, cold or blue.
- The child cannot move their fingers or toes.
- There is heavy bleeding.
- You are unsure or the child is in severe pain.



WHAT NOT TO DO

- Do not move the injured area (if it may be a fracture).
- Do not try to straighten a deformity.
- Do not massage or rub the injured area.
- Do not apply heat.
- Do not give food or drink if medical help may be needed.
- Do not let the child put weight on the injured arm or leg.

WHAT TO DO

1 CHECK THE SCENE

- Make sure the area is safe.
- Do not put yourself at risk.



2 CHECK THE CHILD

- Ask what happened.
- Check for signs of fractures or sprains.
- Check their breathing and responsiveness.



3 SUPPORT THE INJURED AREA

- Do not try to move or straighten the injured part.
- Support it in the position you find it.



4 IMMOBILISE

- Use a splint, sling, rolled magazine, cushion or folded blanket.
- Support the joint above and below the injury.
- For a sprain, support the injured joint without moving it.



5 MANAGE PAIN AND SWELLING

- Apply a cold pack or ice wrapped in a cloth for 10–15 minutes.
- Do not apply ice directly to the skin.
- Keep the limb raised if possible.



6 KEEP THEM COMFORTABLE

- Reassure the child and keep them calm.
- Keep them still and warm.
- Do not allow them to eat or drink if medical help is likely.



7 GET MEDICAL HELP

- Seek medical help as soon as possible.



COMMON PLACES FOR FRACTURES AND SPRAINS



REMEMBER

Immobilise, cool, reassure and get help.
Quick and careful first aid can reduce pain and prevent further injury.



BURNS AND SCALDS

Cool the burn. Relieve pain. Prevent infection.
Seek medical help if required.

WHAT TO DO

1 REMOVE FROM SOURCE

- Stop the burning process.
- Remove any jewellery near the burn.



2 COOL THE BURN IMMEDIATELY

- Cool under cool running water for 20 minutes.
- Start cooling within 3 hours of the burn.



3 REMOVE CLOTHING AND JEWELLERY

- Remove anything that is not stuck to the skin.
- Do not remove clothing that is stuck.



4 COVER THE BURN

- Cover loosely with cling film or a sterile, non-fluffy dressing.
- Do not use cotton wool.



5 RELIEVE PAIN

- Give paracetamol if appropriate.
- Reassure and keep the child calm.



CHEMICAL BURNS

- Remove contaminated clothing.
- Brush off any dry chemicals.
- Irrigate with cool running water for 20 minutes.
- Seek medical advice.

ELECTRICAL BURNS

- Ensure the area is safe before approaching.
- Call 999.
- Check for other injuries.
- Seek medical advice.

WHAT NOT TO DO

- Do not use ice or very cold water.
- Do not apply creams, ointments, butter or toothpaste.
- Do not burst blisters.
- Do not remove anything stuck to the burn.
- Do not use cotton wool or fluffy dressings.

TYPES OF BURN



SUPERFICIAL (FIRST DEGREE)

- Red and painful
- No blisters
- Skin is not broken



PARTIAL THICKNESS (SECOND DEGREE)

- Blistered, red and painful
- Skin is broken
- May weep



FULL THICKNESS (THIRD DEGREE)

- White, brown or black
- May be dry and leathery
- May be less painful

SEEK MEDICAL HELP IF

- The burn is larger than the child's palm (approx. 5% of body).
- The burn is on the face, hands, feet, genitals or over a major joint.
- The burn is deep or looks severe.
- The child is under 1 year old.
- The child is in severe pain.
- The burn was caused by chemicals, electricity or inhalation of smoke.

CALL 999 IMMEDIATELY IF

- The child is unresponsive or having difficulty breathing.
- There are signs of shock.
- The burn is severe or extensive.

AFTER CARE

Keep the child warm. Monitor for signs of shock. Seek medical advice if in doubt.

SHOCK

Shock occurs when the body is not getting enough blood flow. It can be life-threatening. Act quickly.

SIGNS OF SHOCK

- Pale, cool, clammy skin
- Fast or weak pulse
- Rapid breathing
- Feeling sick (nausea)
- Drowsy, confused or anxious
- Restless or agitated
- Thirsty
- Reduced level of consciousness or unresponsive



WHAT NOT TO DO

- Do not leave the child on their own.
- Do not give the child anything to eat or drink.
- Do not move the child unless they are in danger.
- Do not remove any helmets or safety equipment unless necessary.
- Do not delay calling 999 if you are worried.

WHAT TO DO

1 CALL 999

- Ask for an ambulance.
- Stay on the line if possible.



2 LIE THE CHILD DOWN

- Lie the child flat.
- If breathing is difficult, raise their head and upper body slightly.



3 KEEP THEM WARM

- Cover with a blanket or coat.
- Do not overheat.



4 LOOSEN TIGHT CLOTHING

Loosen any tight clothing around the neck, chest or waist.



5 REASSURE AND MONITOR

- Reassure the child and keep them calm.
- Monitor their breathing, response and condition.



6 TREAT ANY CAUSE

Treat any injuries, bleeding, burns or other causes of shock.



CAUSES OF SHOCK

BLOOD LOSS
Severe bleeding or loss of blood volume.

BREATHING PROBLEMS
Not enough oxygen getting into the body.

SEVERE INFECTION
The body's response to infection.

BURNS
Large or deep burns.

OTHER CAUSES
Severe allergic reaction, severe pain, dehydration or poisoning.

CALL 999 IMMEDIATELY IF

- You think the child is in shock.
- The child becomes drowsy, confused or loses consciousness.
- The child is having difficulty breathing.
- The child has pale or clammy skin.
- The child's condition is getting worse.

REMEMBER
Children can deteriorate rapidly.
Keep checking their condition and get help if you are unsure.

SEIZURES (FITS)

Most seizures are not life-threatening.
Keep the child safe and monitor them.

WHAT TO DO

1 STAY CALM

- Stay with the child.
- Time the seizure.



2 KEEP THEM SAFE

- Protect the child from injury.
- Move or cushion nearby objects.



3 DO NOT RESTRAIN

Do not hold the child down or try to stop their movements.



4 DO NOT PUT ANYTHING IN THEIR MOUTH

This can cause injury.



5 WHEN THE SEIZURE STOPS

- Place them in the recovery position (see page 11)
- Check their breathing.



6 REASSURE AND MONITOR

- Reassure the child as they recover.
- Monitor their breathing, response and condition.



WHEN TO CALL 999

- The seizure lasts longer than 5 minutes.
- It is the child's first seizure.
- The seizure happens in water.
- The child is injured during the seizure.
- The child has difficulty breathing after the seizure.
- Another seizure starts immediately after the first.
- The child does not regain consciousness.
- You are unsure or worried.

WHAT NOT TO DO

- Do not leave the child alone.
- Do not restrain the child.
- Do not put anything in their mouth.
- Do not give them food or drink.
- Do not try to stop the seizure.
- Do not move the child unless they are in danger.

AFTER THE SEIZURE

- The child may be tired, confused or drowsy.
- This is normal.
- Keep them calm and warm.
- Reassure them.
- Stay with them until they have fully recovered.

POSSIBLE CAUSES OF SEIZURES

FEVER (FEBRILE SEIZURES)

Common in young children with a high temperature.

EPILEPSY

A condition that can cause recurrent seizures.

ILLNESS OR INFECTION

Such as meningitis, encephalitis or other infections.

INJURY

Head injuries can sometimes cause seizures.

OTHER CAUSES

Metabolic problems, low blood sugar, medication reactions, or other medical conditions.

CALL 999 IMMEDIATELY IF:

- The seizure lasts longer than 5 minutes.
- It is the child's first seizure.
- The child has trouble breathing.
- The child does not wake up after.
- You are unsure or worried.

RECOVERY POSITION & ONGOING CARE

Use the recovery position if the child is unresponsive but breathing normally. It helps keep their airway clear and they are less likely to choke.

HOW TO PUT A CHILD IN THE RECOVERY POSITION

1 CHECK AND POSITION

- Check they are unresponsive and breathing normally.
- Kneel beside the child.



2 POSITION THE NEAR ARM

- Place the arm nearest to you out at right angles to their body.
- Bend the elbow with the palm facing up.



3 BRING THE FAR ARM ACROSS

- Bring the far arm across the chest.
- Place the back of their hand against their cheek, nearest to you.



4 BEND THE FAR KNEE

- Bend the far knee up, keeping the foot on the floor.



5 ROLL THEM TOWARDS YOU

- Gently pull on the bent knee to roll the child towards you.
- Keep their hand pressed against their cheek.



6 ADJUST AND CHECK

- Tilt the head back slightly to keep the airway open.
- Adjust the top leg so the hip and knee are at right angles.
- Check breathing regularly.



IF BREATHING BECOMES ABNORMAL OR STOPS

- Do not move the child.
- Call 999 immediately.
- Start CPR (see page 4).

ONGOING CARE

- Monitor their breathing, response and condition regularly.
- Keep them warm. Use a coat or blanket.
- Reassure the child and talk to them calmly.
- Be ready to give updates to Emergency Services.
- Children can deteriorate quickly – keep reassessing.

WHEN TO CALL 999

- The child is unresponsive.
- The child is not breathing normally.
- The child is having a seizure that lasts longer than 5 minutes.
- The child is injured, and you are unsure of the severity.
- The child's condition is getting worse.
- You are unsure or worried.

When in doubt, call 999.

AFTER CARE

- Give first aid until help arrives or the child has fully recovered.
- If they are fully recovered, encourage them to rest.
- Seek medical advice if in doubt, even if symptoms improve.
- Inform a parent or guardian and document what happened.
- Monitor for any delayed symptoms or changes in condition.
- Look after yourself – it is normal to feel upset after an incident.

REMEMBER

Staying calm, acting quickly and reassessing regularly can save a child's life. You are making a real difference.

POISONING AND OVERDOSE

Poisoning can happen quickly and can be very dangerous.
Act fast and get expert help.
If in doubt, call 999 or NHS 111 (England) / NHS 24 (Scotland).

WHAT TO LOOK FOR

- Unusual drowsiness or confusion
- Difficulty breathing
- Nausea, vomiting or drooling
- Burns around the mouth or on lips
- Seizures (fits)
- Pale, clammy skin
- Smell of chemicals, medicine or alcohol
- Empty containers or missing items



WHAT TO DO

1 CHECK AND ENSURE SAFETY

- Check the child and the area for danger.
- Remove them from the source if it is safe to do so.



2 CALL FOR HELP

- Call 999 immediately.
- Follow the call handler's instructions.



3 CHECK THE CHILD

- Check their breathing, response and condition.
- If they are unresponsive and not breathing normally, start CPR (see page 4).



4 DO NOT MAKE THEM SICK

- Do not try to make the child vomit unless told to by a medical professional.
- This can cause more harm.



5 KEEP THEM COMFORTABLE

- Keep the child calm.
- Lay them down and keep them warm.
- Loosen tight clothing.



6 COLLECT INFORMATION

- If possible, find out what was taken.
- Keep any containers, packaging or tablets.
- Do not delay calling 999.



CALL 999 IMMEDIATELY IF:

- The child is unresponsive
- The child is not breathing normally
- The child has had a seizure
- A large amount has been taken
- The child is becoming drowsy, confused or unwell

WHAT NOT TO DO

- Do not leave the child alone.
- Do not make them sick.
- Do not give them anything to eat or drink.
- Do not give milk, water or medicines unless told to.
- Do not put anything into their mouth if they are drowsy or unconscious.
- Do not delay calling 999.

COMMON POISONS IN THE HOME

Medicines
Pain relief, tablets, vitamins and prescriptions.

Cleaning products
Bleach, detergents, toilet cleaners, washing up liquid.

Plants
Some house and garden plants can be poisonous.

Cosmetics and toiletries
Perfume, nail polish remover, hair products.

Alcohol and drugs
Alcohol, recreational drugs and unknown substances.

IF YOU HAVE TO WAIT FOR HELP

- Stay with the child.
- Reassure and keep them calm.
- Monitor their breathing, response and condition.
- Be ready to give information to Emergency Services.



REMEMBER

Every second counts. Your quick actions can save a child's life.
When in doubt, call for help.

NHS 111
(Non-emergency advice)

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

Anaphylaxis is a severe allergic reaction that can be life-threatening.
It can develop very quickly.
Act fast. If in doubt, give adrenaline and call 999.

WHAT IS ANAPHYLAXIS?

A severe allergic reaction affecting the whole body.
It can make it hard to breathe and can cause shock or collapse.

SIGNS AND SYMPTOMS

Symptoms can appear within minutes.



- Swelling of the face, lips or eyes
- Hives or itchy rash
- Difficulty breathing, wheeze
- Tightness in throat or chest
- Hoarse voice or trouble speaking
- Feeling dizzy, weak or confused
- Nausea, vomiting or tummy pain
- Pale, floppy or collapse (loss of consciousness)

WHAT TO DO

1 RECOGNISE ANAPHYLAXIS



- Look for signs and symptoms.
- If anaphylaxis is suspected, act immediately.

2 CALL 999 – ASK FOR AN AMBULANCE



- Say "Anaphylaxis".
- Stay on the line and follow instructions.

3 GIVE ADRENALINE (EPINEPHRINE) IMMEDIATELY



- Use an adrenaline auto-injector.
- Hold it firmly against the outer mid-thigh (through clothing if needed).
- Press and hold for 10 seconds.
- Follow the device instructions.

4 LIE THE CHILD FLAT



- Lay them flat on their back.
- Raise their legs (if no breathing difficulties).
- If they are vomiting or having breathing difficulties, let them sit up slightly.

5 MONITOR CLOSELY



- Check their breathing, response and condition.
- Be ready to give a second adrenaline dose if there is no improvement after 5 minutes.

SECOND DOSE



- If there is no improvement after 5 minutes, give a second dose of adrenaline.
- Use another auto-injector.

WHAT NOT TO DO

- Do not delay giving adrenaline.
- Do not leave the child alone.
- Do not assume it is not serious.
- Do not give food or drink.
- Do not rely on antihistamines. (They do not treat anaphylaxis.)

ABOUT ADRENALINE AUTO-INJECTORS

- Come in different brands and doses.
- Check the child's plan to know which one to use.
- Can be used through clothing.
- After use, the needle is hidden and safe.
- It is safe to use adrenaline, even if you are not 100% sure it is anaphylaxis.



COMMON TRIGGERS



INFORMATION FOR CAREGIVERS

- Know the child's allergies and action plan.
- Ensure adrenaline auto-injectors are in date and easily accessible.
- Teach older children how to use their auto-injector.
- Inform school, carers and others.
- After an anaphylactic reaction, always seek medical review.

CALL 999 IMMEDIATELY IF:

- Anaphylaxis is suspected.
- The child has difficulty breathing, swelling or collapse.
- Symptoms are getting worse.
- You have given adrenaline.
- You are unsure or worried.



REMEMBER

- Act fast – adrenaline saves lives.
- If in doubt, give adrenaline and call 999.

ASTHMA

Asthma can make it hard to breathe.
Quick treatment can help prevent it getting worse.
If in doubt, follow the child's asthma action plan and call 999 if needed.

SIGNS OF ASTHMA

- Shortness of breath
- Wheezing or whistling sound when breathing out
- Tightness in the chest
- Coughing (especially at night or early morning)
- Finding it hard to speak
- Using extra effort to breathe (e.g. sucking in at the neck or between the ribs)
- Feeling anxious or frightened



WHAT NOT TO DO

- Do not ignore symptoms or hope they will go away.
- Do not tell the child to "calm down" or stop breathing fast.
- Do not leave the child unattended.
- Do not give them food or drink.
- Do not give medicine other than their reliever inhaler.

WHAT TO DO

1 CHECK AND REASSURE

- Check the child and encourage them to sit up.
- Stay calm and reassure them.
- Help them to use their reliever inhaler.



2 USE THEIR RELIEVER INHALER

- Help them to take 1 puff of their reliever inhaler (usually blue).
- Use a spacer if they have one.
- Sit the child up and keep them calm.



3 WAIT AND CHECK

- Wait 4–6 breaths.
- Check if their breathing is improving.



4 REPEAT IF NEEDED

- If there is no improvement, give 1 more puff.
- Wait 4–6 breaths and check again.



5 IF NOT IMPROVING

- If their breathing does not improve or gets worse, keep giving 1 puff every 4–6 breaths (up to 10 puffs).
- If they have an asthma action plan, follow it.
- Call 999 if there is no improvement or if they get worse.



HOW TO USE A RELIEVER INHALER

1 SHAKE

Shake the inhaler well.



2 PREPARE

Remove the cap.
Attach to the spacer (if used).



3 BREATHE OUT

Breathe out gently, away from the inhaler.



4 INHALE

Place the mouthpiece in their mouth and seal lips around it.
Press the inhaler once and help them breathe in slowly and deeply.



5 HOLD BREATH

Remove the mouthpiece and help them hold their breath for up to 10 seconds, then breathe out slowly.



COMMON ASTHMA TRIGGERS



Avoid triggers where possible and follow the child's action plan.

BEST POSITION

Sit the child up – this helps them breathe easier.



CALL 999 IMMEDIATELY IF:

- Breathing does not improve after using the inhaler.
- The child is struggling to speak or is too breathless to talk.
- Their lips or face are blue.
- They are becoming drowsy, confused or unresponsive.
- You are worried at any time.



REMEMBER

Asthma attacks can change quickly.
Act early, use the inhaler and get help if needed.



HEAD INJURIES

Head injuries can range from minor bumps to serious injuries.
Monitor the child closely as symptoms can appear later.
If in doubt or if symptoms worsen, seek medical help.

COMMON CAUSES



Falls | Cycling accidents | Sports injuries | Bumps and knocks

SIGNS AND SYMPTOMS

Symptoms may be immediate or develop over time.



- Headache or pain
- Dizziness or loss of balance
- Feeling sick or vomiting
- Blurred or double vision
- Confusion or unusual behaviour
- Drowsiness or difficulty waking
- Memory problems (e.g. not remembering what happened)
- Seizures or fits
- Bleeding or fluid from the nose or ears
- Bruising or swelling on the head
- Unequal pupil size
- Weakness or numbness in arms or legs

Even if there are no symptoms now, watch the child closely for the next 24–48 hours.

CALL 999 IMMEDIATELY IF:

- The child loses consciousness or is difficult to wake.
- They have a seizure or fit.
- They vomit repeatedly.
- They have difficulty breathing.
- There is clear fluid or blood coming from the nose or ears.
- They have weakness, numbness or problems moving any part of their body.
- Their symptoms are getting worse.
- You are worried or unsure.

999

WHAT NOT TO DO

- Do not ignore the injury or assume it is minor.
- Do not let the child sleep if they have any concerning signs.
- Do not give medicine (including aspirin or ibuprofen) unless advised by a doctor.
- Do not give food or drink if the child feels nauseous or drowsy.
- Do not move the child if you suspect a serious injury, unless they are in danger.

WHAT TO DO

1 CHECK THE SCENE

- Make sure the area is safe.
- Do not put yourself at risk.



2 CHECK THE CHILD

- Check their responsiveness.
- Ask their name, where they are and what happened (if appropriate).
- Check breathing.



3 CONTROL BLEEDING

- Apply gentle, direct pressure to any bleeding with a clean cloth or dressing.
- Do not press hard on any possible skull fracture.



4 RELIEVE PAIN AND SWELLING

- Apply a cold pack or wrapped ice pack (gently) to the bump for 10–15 minutes.
- Do not apply ice directly to the skin.



5 KEEP THEM STILL AND COMFORTABLE

- Keep the child calm.
- Sit them up if they feel comfortable.
- Do not let them return to play or sports.



6 MONITOR CLOSELY

- Watch for any changes in symptoms.
- Keep checking every 15–30 minutes for the first few hours.
- Continue checks for 24–48 hours.

CHECK EVERY 15–30 MINUTES

SEEK MEDICAL ADVICE IF:

- The bump is large or very painful.
- There is a cut that may need stitches.
- The child has a headache that does not go away.
- You are unsure if the head injury is serious.

WHAT TO WATCH FOR (OVER THE NEXT 24–48 HOURS)



Increased drowsiness | Nausea or vomiting | Worsening headache | Confusion or behaviour changes | Vision problems | Difficulty walking or clumsiness

If any of these occur, seek medical help immediately.

REMEMBER

Most head injuries are minor, but some can be serious.
Act quickly, stay calm and monitor the child closely.
When in doubt, seek medical help.



WORSENING SIGNS OF A SICK CHILD

A child's condition can change quickly.
Recognising worsening signs early and getting medical help fast can make a life-saving difference.
If you are worried, trust your instincts and seek help.

If in doubt, call them out

- Call 999 or your local emergency number.
- Stay with the child and monitor them closely.
- Tell the caller the child's age, symptoms and what has happened.
- Follow the advice you are given.

999

GENERAL SIGNS OF DETERIORATION



- Becoming harder to wake or unusually sleepy
- Limp, floppy or not responding
- Pale, mottled or blue skin/lips
- Breathing is getting worse
- High fever that does not come down or low body temperature
- Severe pain or crying that cannot be comforted
- The child is getting worse, not better
- You are very worried

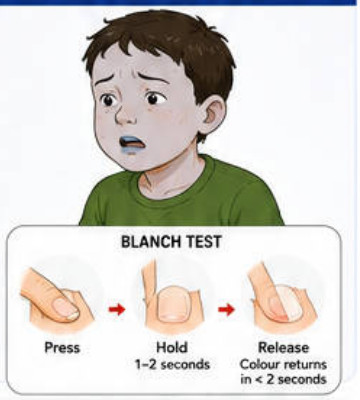
WORSENING BREATHING – GET HELP IMMEDIATELY

- Breathing faster or more harder than before
- Flaring nostrils
- Grunting noises
- Sucking in of the skin between or under the ribs or above the collarbones
- Wheezing or noisy breathing that is getting worse
- Pauses in breathing



WORSENING CIRCULATION / COLOUR – GET HELP IMMEDIATELY

- Skin looks very pale, mottled or blotchy
- Lips, tongue or fingertips look blue or grey
- Cold hands and feet
- Capillary refill (blanch test) takes more than 2 seconds (press a fingernail or chest – colour should return within 2 seconds)
- Dizziness or fainting



WORSENING CONSCIOUSNESS – GET HELP IMMEDIATELY

- Becoming difficult to wake
- Confused or not making sense
- Less alert or less interested in surroundings
- Seizure (fit)
- Limp or floppy



WORSENING FEVER OR TEMPERATURE – GET HELP IMMEDIATELY

- Fever getting higher or not coming down
- New rash that does not fade when pressed (glass test)
- Body feels very hot or very cold
- Shivering or sweating
- Low temperature (below 35°C)



OTHER WORRISOME SIGNS – GET HELP IMMEDIATELY

- Severe or persistent vomiting (cannot keep fluids down)
- Diarrhoea with signs of dehydration (very thirsty, dry mouth, fewer wet nappies)
- Severe pain that is getting worse
- Refusing to eat or drink for many hours
- Signs of dehydration:
  - Dry lips/mouth
  - Sunken eyes
  - No tears when crying
  - Fewer wet nappies or no urine for 8 hours or more



TRUST YOUR INSTINCTS



If the child's condition is getting worse or something just doesn't feel right to you,

SEEK HELP.

You know the child best.
It is always better to get help early.

999

CALL 999 IMMEDIATELY IF:

- The child is not breathing normally
- The child is unconscious or very difficult to wake
- The child has a seizure
- The child has blue lips or skin
- The child has a rash that does not fade
- The child's condition is getting worse quickly
- You are unable to stop severe bleeding
- You are unsure or very worried

REMEMBER

- Children can get worse quickly.
- Watch for changes and act early.
- If in doubt, get urgent medical help.

NORMAL VITAL SIGNS IN CHILDREN

Knowing normal vital signs helps you recognise when a child may be unwell. Values can vary slightly between children. If you are worried or if a child's observations are outside these ranges, seek medical help.

VITAL SIGNS ARE:

- Heart rate (pulse)
- Respiratory rate (breathing)
- Temperature
- Blood pressure
- Oxygen saturation (SpO_2)

NORMAL RANGE OF VITAL SIGNS

AGE GROUP (YEARS)	HEART RATE (BEATS PER MINUTE)	RESPIRATORY RATE (BREATHS PER MINUTE)	TEMPERATURE (°C)	BLOOD PRESSURE (mmHg)	OXYGEN SATURATION (SpO_2 %)
Newborn (0–1 month)	100 – 160	30 – 60	36.5 – 37.5	60 – 80 / 40 – 50	95 – 100%
Infant (1 month – 1 year)	100 – 150	30 – 50	36.5 – 37.5	70 – 100 / 50 – 65	95 – 100%
Toddler (1 – 3 years)	90 – 140	24 – 40	36.5 – 37.5	80 – 110 / 50 – 70	95 – 100%
Child (4 – 12 years)	70 – 120	18 – 30	36.5 – 37.5	90 – 120 / 55 – 75	95 – 100%
Adolescent (13 – 18 years)	60 – 100	12 – 20	36.5 – 37.5	100 – 130 / 60 – 85	95 – 100%

These values are for calm, resting children. Heart rate and respiratory rate are usually higher when a child is upset, active or has a fever.

HOW TO MEASURE VITAL SIGNS

HEART RATE (PULSE)

- Check the pulse on the wrist (thumb side) or neck.
- Count the beats for 15 seconds and multiply by 4.



RESPIRATORY RATE

- Watch the chest or tummy rise and fall.
- Count the breaths for 30 seconds and multiply by 2.



TEMPERATURE

- Use a digital thermometer.
- Suitable sites: under the arm (axillary), in the ear (tympanic) or forehead (temporal).
- Allow the thermometer to finish before reading.



BLOOD PRESSURE

- Use a cuff that fits the child's arm.
- The cuff should cover about 2/3 of the upper arm.
- The child should be sitting quietly.



OXYGEN SATURATION (SpO_2)

- Use a pulse oximeter.
- Place the probe on a finger or toe.
- Wait for a steady reading.



WHAT DO ABNORMAL VITAL SIGNS MEAN?

Values outside the normal range may be a sign that a child is unwell.

- Very fast or very slow heart rate may mean pain, fever, dehydration, shock or other illness.



- Very fast, slow or difficult breathing may mean infection, asthma, poor oxygen or other illness.



- Fever (high temperature) may indicate infection. Low temperature may mean the child is very unwell.



- Very high or very low blood pressure may mean the heart or circulation is not working properly.



- Low oxygen levels mean the body may not be getting enough oxygen and needs urgent attention.



IMPORTANT NOTES

- Always consider the child's overall condition, not just the numbers.
- Recheck vital signs if the child's condition changes.
- Compare both heart rate and respiratory rate with the chart.
- Seek medical help if you are unsure or worried.

GET HELP IMMEDIATELY (CALL 999) IF THE CHILD:

- Is not breathing normally
- Is unconscious or very difficult to wake
- Has a seizure or fit
- Looks very pale, blue or mottled
- Is getting worse very quickly
- You are very worried

REMEMBER

- Know what normal looks like.
- Spot changes early.
- Act quickly and get help if needed.



ATMIST HANDOVER

ATMIST is a structured way to give important information to emergency services or other medical professionals. It helps ensure nothing important is missed.

Speak clearly, calmly and in order. Give facts, not opinions.

A – AGE

Tell them the child's age or date of birth.

- "The child is 3 years old."
- If unknown, estimate their age.



T – TIME

Tell them when the incident happened.

- "It happened about 20 minutes ago."
- Include when symptoms started or were noticed.



M – MECHANISM OF INJURY/ILLNESS

Explain how the injury happened or what caused the illness (if known).

- "He fell from a slide."
- "She swallowed medicine."



I – INJURIES/ILLNESS

Tell them what is wrong or what you have found.

- "He has a cut on his forehead and is complaining of a headache."
- "She is having trouble breathing."



S – SIGNS & SYMPTOMS

Tell them what signs or symptoms the child has.

- "He is pale, drowsy and vomiting."
- "She is wheezing and breathing fast."
- Include any changes you have noticed.



T – TREATMENT

Tell them what first aid or treatment you have given.

- "We put a cold pack on the bump."
- "We gave 4 puffs of her asthma reliever."
- Include any medications (if advised).



WHY ATMIST IS IMPORTANT

- Helps emergency services make the right decisions quickly.
- Ensures all important information is shared.
- Saves time.
- Improves safety for the child.

TOP TIPS FOR A GOOD HANDOVER

- Speak clearly and calmly.
- Listen carefully to questions and follow up.
- Stick to the facts. Do not guess.
- Take your time – don't rush.
- If you don't know something, say so.

EXAMPLE ATMIST HANDOVER



A	AGE	"He is 5 years old."
T	TIME	"It happened about 30 minutes ago."
M	MECHANISM	"He fell off his bike."
I	INJURIES/ILLNESS	"He has pain in his right arm."
S	SIGNS & SYMPTOMS	"The arm is swollen and he is not able to move it."
T	TREATMENT	"We have supported the arm with a sling and applied an ice pack."

Be prepared to answer any questions. Provide any additional information that may help.

REMEMBER

Your clear and calm handover helps emergency services provide the best care for the child.
ATMIST – Accurate information saves time and can save lives.

EMERGENCY CONTACTS

In an emergency every second counts.
Know who to call and keep these numbers where you can find them quickly.

SAVE THESE NUMBERS IN YOUR PHONE

FOR EMERGENCIES

999

EMERGENCY

For life-threatening emergencies.
For ambulance, fire or police.
Call 999 in an emergency.

FOR NON-EMERGENCIES

111

NON-EMERGENCIES

For health advice or when you need medical help but it's not an emergency.

POISONS INFORMATION CENTRE

0344 892 0111

24 hours a day, 7 days a week

For advice if a child has swallowed or been exposed to something harmful or poisonous.

IMPORTANT CONTACTS

PARENT / GUARDIAN 1
Name: _____
Phone: _____

PARENT / GUARDIAN 2
Name: _____
Phone: _____

EMERGENCY CONTACT
Name: _____
Phone: _____
Relationship to child: _____

DOCTOR / GP
Name: _____
Phone: _____

LOCAL HOSPITAL
Name: _____
Phone: _____
Address: _____
_____

DENTIST
Name: _____
Phone: _____

CHILD'S SCHOOL / CHILDCARE
Name: _____
Phone: _____

OTHER USEFUL CONTACTS

CUSTOMER / CENTRE INFORMATION
Centre / School Name: _____
Address: _____
_____
Phone: _____

WHAT TO SAY WHEN YOU CALL

1. Your name and phone number.
2. The location of the emergency. Be as clear as possible.
3. What has happened. Describe the problem.



4. How many people are affected.
5. The condition of the child or person.
6. What help is being given. First aid or treatment given.

Listen to the operator's instructions and do not hang up until told to.

REMEMBER

- Know who to call in an emergency.
- Save these numbers in your phone.
- Keep this information up to date.
- Make sure others know these numbers too.
- Display in a visible and easy to acces place.

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