

Parent's Guide to Child Emergencies



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This information is designed to help individuals give reasonable care during some of the most common childhood emergencies. The references are not intended to replace a certified CPR or First Aid course. The guidelines listed in the reference are not intended for the professional rescuer.

If you believe you have witnessed, or are experiencing, an emergency, **always call 9-1-1.**

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Emergency Action Steps

Take action when faced with an emergency.

Stay calm and follow these steps:

- Check the scene for safety.
- Check the victim.
- Call 9-1-1.
- Care for the victim.

When calling 9-1-1, the operator will need to know:

- Exact address or location with cross streets, landmarks, and building, floor, or room number.
- Your name and the telephone number from which you are calling.
- What happened — the nature of the emergency.
- Number of victims and types of injuries.
- The care provided.



Burns

When a child is burned:

Stop the Burning

Remove child from heat source. If the child is on fire, cover with blanket, coat or large amounts of water.

Cool the Burning

Children are most commonly burned from scalding, or contact with hot liquid. They can also be burned by contact with flames or hot objects, chemicals, electrical burns or overexposure to sun. All burns should be treated quickly to reduce damage to skin and underlying tissue.

DO:

- Remove clothing contaminated with chemicals.
- Remove any jewelry, if possible.
- Flush burns with large amounts of water for 15 minutes.
- Lightly cover the burn with a DRY sterile dressing.

DO NOT:

- Do not apply any ointment or cream.
- Do not break blisters.
- Do not remove clothing that is sticking to skin.

Cover The Burn

Cover the area with a dry, clean dressing. The bandage should not put pressure on the burn. Do not break blisters or apply ointments or creams.

Call 9-1-1 if:

- The burn causes breathing difficulty (especially if burned on mouth or nose).
- Burns are located on the head, neck, hands, feet or genitals.
- The child has special health care considerations.
- Burns are covering more than one body part.
- Burns are the result of chemicals, electricity, or explosions.

Consult with your physician if you have questions or concerns.



Unconscious / Fainting

If a child is unconscious:

UNCONSCIOUS CHILD (Between 1 year and 12 years old)

If you find a child unresponsive, follow these steps:

1. Send someone to call 9-1-1.
2. If you suspect head or neck injury due to the child falling from a height (stairs) or an accident, limit movement to the head and neck when opening the airway.
3. Gently tap the child and shout his name to see if he awakens or responds.
4. Position the child face-up and open the airway. Look for chest rise, listen for breath sounds and feel for his breath on your face (no more than 10 seconds).
5. If the child is breathing, roll him on to his side and stay with him until help arrives. Check for breathing frequently.
6. If the child is not breathing, or stops breathing, begin the steps for [CPR](#).

If an infant is unconscious:

UNCONSCIOUS INFANT (Less than 1 year old)

If you find an infant unresponsive, follow these steps:

1. Send someone to call 9-1-1.
2. If you suspect head or neck injury due to the infant falling from a height, such as a table or down stairs, limit movement to the head and neck when opening the airway.
3. Gently tap his feet and shout his name to see if he awakens or responds.
Never shake a baby.
4. Position the baby face-up and open the airway. Look for chest rise, listen for breath sounds and feel for his breath on your face (no more than 10 seconds).
5. If the baby is breathing, ensure the airway remains open and stay with him until help arrives. Check for breathing frequently.
6. If the infant is not breathing or stops breathing, begin the steps for [CPR](#).

Choking

If a child is choking:

UNCONSCIOUS CHOKING CHILD (Between 1 year and 12 years old)

If the child can cough, speak or breathe:

Do not interfere.

Send someone to call 9-1-1 and stay with the child until help arrives

(If alone, bring the phone to you).

If the child cannot cough, speak or breathe:

Send someone to call 9-1-1.

Use abdominal thrusts following the steps below:

1. Kneel or stand firmly behind the child and wrap your arms around her so that your hands are on the abdomen below the breastbone.
2. Make a fist with one hand and place your other thumb inside the fist.
3. Put the thumb side of your fist just above the belly button.
4. With your other hand, grasp the fist and give quick upward thrusts into the belly until the object is forced out, the child can cough, speak or breathe, or loses consciousness. If she loses consciousness, begin the steps for [CPR](#).



If an infant is choking:

CONSCIOUS CHOKING INFANT
(Less than 1 year old)

If the baby can cough, breathe or cry:

Do not interfere.

Send someone to call 9-1-1 and stay with the baby until help arrives
(If alone, bring the phone to you).

If the baby cannot cough, breathe or cry:

Send someone to call 9-1-1 and use back slaps and chest thrusts to relieve the choking infant. Sit on a chair or kneel and follow these steps:

1. Hold the infant face down on your forearm supporting the head and jaw with your hand. Rest your arm on your lap or thigh, keeping the head lower than his diaper.
2. Give up to 5 back slaps with the heel of your hand between the shoulder blades. If the object does not come out, turn the child over, keep the head down and remove the clothes from the chest area.
3. Support the head and give up to 5 chest thrusts on the breastbone, using your middle and index fingers from your free hand.
4. Alternate 5 back slaps and 5 chest thrusts until the object comes out, the infant can breathe, cough or cry, or the infant loses consciousness. If he loses consciousness, begin the steps for [CPR](#).

Head / Facial Injury

If a child has a head injury:

Head Injury

Children frequently bump their heads. Even minor cuts can bleed heavily. This does not always mean the injury is an emergency. Watch the child closely after a fall. Some symptoms develop right away and others develop later. If a child begins to play or run immediately after getting a bump on the head, serious injury is unlikely. However, watch the child closely for 24 hours after the incident.

Serious injury is unlikely if the child:

- Cries immediately.
- Moves normally.
- Does not seem sleepy or irritable.
- Does not complain excessively about pain.

If you are still concerned, take the child to a health professional for evaluation.

Call 9-1-1 if the child:

- Is unconscious or hard to wake up.
- Is having a seizure.
- Has vomited more than 2 times.
- Is dizzy, complains of blurred vision, or has trouble crawling or walking.
- Is unable to move arms or legs.
- Has blood draining from nose or ears.
- Complains of severe headache or cries inconsolably (non-stop).
- You are unable to control bleeding after 10 minutes of direct pressure.

Care of injuries to the head and scalp:

Head Injury

DO:

- Place an ice bag or cold pack on the injured area to stop swelling.
- Closely watch the child to see if symptoms develop or worsen.
- Call your doctor with questions.

Scalp Injury

DO:

- Place sterile (clean) dressing on the wound to stop the bleeding.
- Apply pressure to the wound.
- Monitor for signs of infection such as fever, swelling, redness or discharge.

DO NOT:

- Do not move the child if neck or back injury is suspected.
- Do not give anything by mouth if the child is unconscious or semi-conscious.

When a child has a facial injury:

In children, most facial injuries occur during sports or playtime. Most minor facial injuries in young children can be handled at home.

Eyes:

Foreign body/objects like dirt/sand/slivers can fall or be blown into the eye. Chemicals can splash into the eyes and even a stray eyelash can be painful. Our eyes make tears naturally to flush objects out, but eyes can become very irritated.



DO:

- Encourage the child to blink and use natural tears to flush out the object.
- Use warm water, flush the eye over the sink; if the eyes were splashed with chemicals, flush immediately for at least 20 minutes.
- If the object does not easily wash out, cover both eyes with dry gauze and seek medical help.
- Apply an ice pack to bruises/redness around the eye following an injury.

DO NOT:

- Do not rub or put pressure on the affected eye to dislodge foreign body.
- Do not squirt or spray water forcibly into the eye.
- Do not use your fingers to take an object out of the eye.

Call 9-1-1 if:

- An object is impaled into the eye.
- Blood and/or severe pain in the eye or deformity of the bones around the eye following a strike to the face or because of a fall — follow the steps for [Head Injury](#).

When a child has a facial injury:

Ears:

Injuries to the ear can include inner ear, ear canal and outer ear. Possible injuries include ruptured eardrum, infection, cut/bruise/abrasion, burn, bite (human or animal), or foreign body in the ear.

DO:

- Wash a cut or abrasion (gently) with warm, soapy water for 5 minutes.
- Cover with sterile gauze or a bandage to keep it clean and dry.
- Follow the steps for [Burn](#) if one occurs.



- See a family doctor if you suspect your child has an ear infection; complaints of pain, fever and itching/discomfort are common signs of infection.
- If a child is bitten, contact your family doctor for guidance; call police to report a stray or unleashed animal.

DO NOT:

- Do not push items into the ear to retrieve objects from the ear canal or to stop bleeding.
- Do not squirt or spray water forcibly into the ear.

Call 9-1-1 if:

- The ears are bleeding after a fall or strike to the child's head.
- A bite (animal or human) is severe and involves the neck tissue or eye, and/or bleeding continues more than 10 minutes.

FACIAL INJURY (NOSE / MOUTH / DENTAL)

When a child has a facial injury:

NOSE:

Injuries can occur on the outside or inside the nose. Some common conditions include: broken nose, bloody nose, foreign object in the nose, bruise/swelling, and abrasions/cuts.

DO:

- To stop external bleeding, apply 10 minutes of pressure with a sterile gauze.
- Use warm soapy water to (gently) wash any cuts/scrapes and cover with a bandage only if it does not interfere with breathing.
- To stop a nosebleed, have the child sit or stand up, and gently pinch the nose shut with a tissue or washcloth. Have him lean forward so that blood does not accumulate in the mouth or throat and provide a container if he needs to spit.
- To remove a foreign object, push the unaffected nostril shut and have him blow out the other nostril to see if the object will come out. Only remove the object with a tweezers if it is visible.
- If you suspect your child's nose is broken (deformity or swelling may not require a trip to the hospital), call your family doctor for guidance.
- Apply ice to a bruised or swollen nose, but only lightly, without pressure.

DO NOT:

- Do not use tweezers, cotton swabs or other tools to retrieve a foreign object you cannot see.
- Do not place ice or apply pressure to nose you suspect is broken.

CALL 9-1-1 if:

- The child has trouble breathing.
- The child is unconscious due to a fall or strike to the nose — follow the steps for [Unconscious/Fainting](#) until help arrives.

When a child has a facial injury:

MOUTH:

Injuries of the mouth are usually not serious but they can bleed a lot. Along with other emergency numbers, have the number to your child's dentist listed for quick reference. Injuries of the mouth include broken/chipped tooth, knocked out tooth (avulsion), cuts to the tongue, lips or inside of cheeks, and impaled object.

DENTAL

DO:

- For a chipped or broken tooth, gather the pieces and call the dental office.
- Immediately place a completely knocked out tooth in a container of milk or water and take it with your child to the Emergency Department. Often times, if the repair happens within an hour of the injury, the tooth can be saved.
- Transporting a tooth with an awake, cooperative adolescent: tooth may be held in mouth without swallowing it.
- Use sterile gauze to stop the bleeding from the socket.

DO NOT:

- Do not handle the root of the tooth and don't scrub it or clean it.

SOFT TISSUE OF THE MOUTH:

Bumps to the mouth can result in injuries to the lips and tongue. Usually applying ice wrapped in a paper towel or a cool washcloth will stop any bleeding and soothe the injured child. If the injury is severe, or bleeding does not stop after 10 minutes, the child should be evaluated by a health care provider. Lip burns from an electric cord should be evaluated urgently by a medical professional.

CALL 9-1-1 if:

- An impaled object is in the child's mouth (do not try to remove it).
- The child is unconscious from a blow to the mouth or fall – follow the steps for [Unconscious/Fainting](#).
- The child is having difficulty breathing.

Fever

When a child has a fever:

Fevers can be caused by a minor illness such as a cold, or by a more serious infection. When you suspect your child has a fever, follow these steps:

DO:

- Take your child's temperature — don't rely on touch or appearance.
- Give her lots of clear fluids to drink — don't worry if she isn't hungry.
- Dress the child in light, loose fitting clothing, diaper or underpants.
- Place cool washcloths over the forehead for comfort.

DO NOT:

- Do not cover the child in heavy clothes or blankets.
- Do not give aspirin to children.
- Do not bathe or spray the child in cold water, ice water or alcohol.

Call 9-1-1 if the child/infant:

- Has trouble breathing — if the child stops breathing, follow the steps for [CPR](#).
- Complains of a stiff neck, or displays limited movement.
- Has a seizure.
- Is extremely difficult to awaken or appears disoriented.
- Develops a dark red/purple rash.
- Cries inconsolably (non-stop).



Normal Temperature Ranges for Children

Infants 0 - 29 days: Fever is defined as a rectal temperature greater than 100.4° F.

Special Note: If your infant is three months or younger and has a rectal temperature greater than 100.4°; please contact his or her physician immediately.

Children 1 year and up:
Normal range for temperature is 98.6° F - 100.3° F taken orally.

CPR

CPR for a child: (Between 1 year old and puberty)

If you find a child unconscious, or child becomes unconscious during a choking episode, follow these steps:

1. Make sure the scene is safe and child is on a firm, flat surface.
2. Gently tap the child and shout. Check to see if the child responds. If child does not respond, continue to Step 3.
3. Send someone to call 9-1-1 and ask them to get an Automated External Defibrillator (AED).
4. Begin CPR.

CPR (Child between age 1 and puberty)

- Move clothes out of the way.
- Position the child face up. Make sure to turn/move them in a way that limits neck movement.

Compressions

- Put the heel of 1 hand between the nipples on the lower half of the breast bone (use two hands for older children). Push hard and fast. Give 30 compressions.
 - Compress about 2 inches deep.
 - Give at least 100 compressions per minute.
 - Let the chest come back up to its normal position.
- Try not to interrupt compressions for more than a few seconds.

Breaths

- After 30 compressions, open the airway with a head tilt-chin lift.
- Check the mouth for foreign objects and remove any objects you see.
- After the airway is open and clear, take a normal breath.
- Pinch the nose shut. Cover the child's mouth with your mouth.
- Give 2 breaths (blow for 1 second each). Watch for the chest to begin to rise as you give each breath.

CPR (Child between age 1 and puberty)

Repeat sets of 30 compressions and 2 breaths.

If you are alone after 5 sets of 30 compressions and 2 breaths, phone 9-1-1, and then resume sets of 30:2.

When the AED arrives:

- Turn it on by lifting the lid or pressing the “ON” button.
- Use child pads/key or switch (use adult pads if no child pads are available).
- Follow the prompts.

Keep giving sets of 30 compressions and 2 breaths until the child starts to breathe or move, until someone with more advanced training arrives and takes over, or you become too exhausted to continue.

CPR for an infant: (Less than 1 year old)

If you find an infant unconscious or an infant becomes unconscious during a choking episode, follow these steps:

1. Make sure the scene is safe and infant is on a firm, flat surface.
2. Gently tap the infant and shout. Check to see if the infant responds.
If infant does not respond, continue to Step 3.
3. Send someone to call 9-1-1.
4. Begin CPR.

CPR (Child less than 1 year old)

- Move clothes out of the way.
- Position the child face up. Make sure to turn/move them in a way that limits neck movement.

Compressions

- Place 2 fingers just below the nipple line. Push straight down. Give 30 compressions.
 - Compress about 1.5 inches deep.
 - Give at least 100 compressions per minute.
 - Let the chest come back up to its normal position.
- Try not to interrupt compressions for more than a few seconds.

Breaths

- After 30 compressions, open the airway with a head tilt-chin lift.
- Check the mouth for foreign objects and remove any objects you see.
- After the airway is open and clear, take a normal breath.
- Cover the child's mouth and nose with your mouth.
- Give 2 breaths (blow for 1 second each). Watch for the chest to begin to rise as you give each breath.

CPR (Child less than 1 year old)

Repeat sets of 30 compressions and 2 breaths.

If you are alone after 5 sets of 30 compressions and 2 breaths, phone 9-1-1, and then resume sets of 30:2.

Keep giving sets of 30 compressions and 2 breaths until the child starts to breathe or move, until someone with more advanced training arrives and takes over, or you become too exhausted to continue.



Poisoning / Allergic Reaction

When a child/infant has been poisoned:

A poison is any harmful substance taken into or placed on the body. Poison can be swallowed, inhaled or injected. Some poisons have an immediate effect, or problems may be delayed for hours. Children can be poisoned by many things, possible sources include: prescription medication, household cleaning products, vitamins, lead, illegal drugs, carbon monoxide, plants and alcohol.

If you suspect a poison emergency, call the Poison Center immediately at 1-800-222-1222. Do not delay waiting for symptoms to appear.

If the child/infant is found unconscious, or is experiencing immediate distress, call 9-1-1 and follow the steps for [Unconscious/Fainting](#) or [CPR](#) if they are not breathing.

Other signs the child may have been poisoned include:

- Stains around the mouth, or strange smelling breath.
- Lethargy (sleepiness).
- Vomiting.
- Seizures.
- Bright red skin, or rash.
- Stomach pain.
- Confusion.
- Headache.

Other helpful tips for poisoning emergencies:

DO:

- Take all drug/poison containers with you to the hospital.
- Move the child and yourself away from source of poison.

- If conscious, place child in sitting position and monitor breathing.
- Provide a container for the child in case of vomiting.
- Stay with the child and monitor the airway.
- If chemicals have contacted the skin, check with the Poison Center before flushing with water.

DO NOT:

- Do not give the child anything to eat or drink.
- Do not induce vomiting or give ipecac without direction from a medical professional.
- Do not wait for symptoms to appear; call immediately if you suspect poisoning.

Allergic reactions:

Allergic reactions can be mild or severe. Most common allergies begin in childhood and some allergies run in families. An allergic reaction is the body's way of responding to an "invader" by using the immune system.

Children can be allergic to many things including food, insect bites or stings, latex, medicine, plants/pollen and pets/animals.

Not all allergic reactions require medical assistance. Consult with your child's doctor if you suspect allergies. Symptoms vary, but things to look for include:

- Swelling (near site of contact or bite).
- Itchy skin, red raised bump (hives), or blotchy skin.
- Upset stomach, vomiting.
- Runny nose, itchy watery eyes.

Call 9-1-1 if the child:

- Has difficulty breathing — wheezing sound or gasping.
- Has a swollen tongue, airway and lips.
- Is unconscious.

In some cases, children can experience a severe allergic reaction, which can be life threatening. This usually happens within seconds or minutes of exposure.

If a child has been issued an EpiPen® by a medical professional, and is having an allergic reaction, use as directed and monitor the child's airway and breathing. If he becomes unconscious, follow the steps for [Unconscious/Fainting](#) or [CPR](#) if he stops breathing.



FALLS / BUMPS / BLEEDING

When a child falls:

Slips, Trips, and Falls:

Young children are not aware of the dangers of high places, or slippery surfaces. Sometimes falls can be serious and may require more attention. Most falls occur from furniture, stairs, windows, baby walkers, shopping carts and playground equipment. The injuries caused by a fall depend on the distance of the fall and the type of landing surface.

Common injuries from slipping, tripping or falling includes bruises, cuts/scrapes, neck or back injury, facial injury, head injury, broken bones/teeth.

DO:

- Follow the steps for [Facial Injury](#) if one occurs.
- Follow the steps for [Bruises/Bumps/Bleeding](#) if one occurs.
- Take the child to a medical professional if they have an obvious deformity (lump).
- Check for bleeding, follow the steps for [Head Injury](#) if the child strikes his head.
- Use window guards to prevent falls — remember screens are only designed to keep bugs out, not to prevent a child from falling.
- Use safety gates at the top and bottom of stairs.
- Buckle safety straps on high chairs, changing tables, strollers and shopping carts.

DO NOT:

- Do not leave an infant or child unsupervised.
- Do not try to move the child if you suspect serious injury.
- Do not apply pressure to a deformity (lump) or try to straighten deformed limbs.

CALL 9-1-1 if the child:

- Is unconscious, and follow the steps for [Unconscious/Fainting](#).

- Cries inconsolably and/or vomits more than 2 times.
- Complains of neck/back pain, or has difficulty walking or moving limbs.
- Displays any emergent signs referenced in other sections of this guide.

When a child is bruising or bleeding:

Bruises, bumps or bleeding: Children receive bumps and scrape their knees frequently. Most of the time, a band-aid takes care of the problem, however, more serious injuries do occur.

BRUISES AND BUMPS:

A bruise is a blue or black-and-blue mark under the skin surface. The skin is not broken, and it is tender to the touch.

- Crushed ice in a bag, or an ice pack wrapped in a towel may provide comfort.
- Administer pain reliever, such as acetaminophen (Tylenol®) or ibuprofen (Motrin®) as directed, or contact a healthcare provider.
- If the bruise occurs from a twisted joint, or is followed by swelling and/or pain, apply ice, elevate (if it is a limb), and contact a health care provider.
- Bruises that worsen, or bumps that swell too much, may signal a greater injury — contact a health care provider.

BLEEDING:

Bleeding can happen with a scrape, cut or any injury that opens the skin.

- Gently clean the wound with warm soapy water and remove loose gravel, dirt and grime from the injury.
- After drying the area, apply antibacterial ointment to kill germs then cover with a sterile dressing or band-aid. Watch for signs of infection like yellow discharge or fever. Call a healthcare provider with concerns.
- Sometimes pressure is needed to stop bleeding. With sterile gauze, squeeze and raise the affected part of the body to slow blood flow to the area.
- Do not pull or remove torn skin. After cleaning the wound, gently cover the skin with sterile dressing.

DO NOT:

- Do not try to remove embedded objects — seek medical assistance.
- Do not remove gauze used to stop bleeding, bandage in place.

CALL 9-1-1 if:

- If the bleeding is severe, or lasts longer than 5 minutes.
- The child loses consciousness — see [Unconscious/Fainting](#).
- The child complains of neck/back pain, or has difficulty walking or moving injured limbs.
- Displays signs of shock (a condition that affects blood flow in the body), including chills, blue lips or fingernails, severe pain, dizziness or rapid breathing.

Always call 9-1-1 for emergencies.

The information provided in this guide is not a substitute for professional medical advice, diagnosis or treatment; it is for informational purposes only. Never ignore medical device or delay seeking treatment because of something you read here.