

Good Samaritan Law

The Good Samaritan Law is a law that was created to protect those rendering first aid care it is important to make sure that your state recognizes the Good Samaritan law. Generally you are protected as long as you:

- Only provide care that is within the scope of your training
- Act as that of a prudent person.
- Are neither negligent nor reckless.
- Act in good faith.

It's important to remember that you cannot abandon a victim once you have initiated care and you cannot receive anything in return for the care that you have provided.

Victim Assessment

When you recognize an emergency you must be prepared to take action this action should be careful and precise. The following is a suggested plan of action.

Assess - First and foremost make sure that the scene is safe if the scene is not safe activate the EMS system for help. If the scene is safe approach the victim and check for the A-B-C's airway breathing and circulation.

- Activate-Activate the EMS system.
- Perform a complete head to toe exam.

Performing the victim assessment

Unconscious

- Activate the EMS system
- Check the ABC's
- Begin CPR if necessary
- Control bleeding if necessary
- Treat for shock

Conscious

- Ask for consent to treat
- Control bleeding if necessary
- Complete a head to toe exam
- Provide first aid if necessary
- Treat for shock
- Activate the EMS system

Head to toe exam

An important part of first aid is performing a good head to toe examination this can be done by following these simple steps using the S.A.M.P.L.E. method:

Signs and Symptoms

- Check for level of consciousness is the victim alert, confused or unresponsive.
- What is the chief complaint.
- Is their breathing rate fast, slow or normal.
- Check the pulse is it slow or rapid.
- Check skin condition is the skin moist or clammy hot or cool.

Allergies

- Is the victim allergic to anything such as medications, foods or insects.
- Does the victim have a medical alert bracelet.

Medications

- Is the victim taking any medications

Past History

- Does the victim have past history of any recent medical problems

Last Meal

- Ask the victim when they ate their last meal

Events

- What events led up to the injury or illness.

Continue the examination of the victim's head, neck, chest, abdomen and extremities for any additional signs of a problem.

Asthma

Asthma is one of the common chronic diseases of childhood today. It is estimated that more than two million children suffer from asthma, and due to environmental pollutants that number is rising.

During the "attack" a child suffers from sporadic respiratory distress. The airway begins to narrow from the sudden swelling of the airways in the lungs as well as the increased production of mucous being secreted. The muscles around the chest tighten as well. During an episode the child may feel as though they were being suffocated.

SIGNS AND SYMPTOMS

Not every attack is the same. They do vary in intensity. A child may display one or more of the following signs and symptoms when having an attack;

- Coughing: Largely due to the increased amount of mucous produced by the airway.
- Cyanosis: This is the “blue” coloring in the face of the child who is having a serious attack. This is a true emergency Cyanosis is due to a sudden and drastic decrease in the amount of oxygen in the bloodstream.
- Wheezing: This is caused by the narrowing of the airway.
- Shortness of Breath: This is usually accompanied by tightness in the chest. It is common to see the child use the muscles in the abdomen and the back to try and “pull” oxygen in.
- Pulse and respiratory rate increased: These are primarily due to the body’s increased need for oxygen.

FIRST AID

- Take the child out of activity and sit them down.
- Give asthma medication to the child as prescribed by the child’s health care provider. Be sure to have written permission from the child’s health care provider on file.
- Continuously monitor their condition by checking their pulse and respirations.
- Keep the child at rest until there is noticeable improvement in their respirations. Call 911 if the child’s condition does not improve within 10 to 15 minutes.

Even though there is no cure for asthma, most asthma can be controlled with proper medication and the child being made aware of what may trigger it and how to avoid those triggers.

Human Bites

Occasionally children will bite one another. Many of these bites are minor and may cause more of an emotional outburst than physical injury. Unfortunately, the human mouth contains a very high number of bacteria which can cause an infection when introduced into the human bloodstream. Human bites are more likely to cause an infection than a bite from an animal.

FIRST AID

- Clean the bite with warm, soapy water.
- Immediately notify the child’s parent or seek medical attention if needed.

Insect Bites

Most children have had bites or stings from mosquitoes, gnats, fleas and flies and seldom require any medical attention. Stings from bees, hornets, wasps, yellow jackets, etc. are much more painful and can be dangerous. The venom that is injected under the skin could cause an allergic reaction.

SIGNS AND SYMPTOMS (non-allergic)

- Intense pain locally
- Redness and swelling around the sting area.
- Warm sensation in sting area.

FIRST AID (non-allergic)

- Remove stinger if still in the skin. Proper removal involves gently scraping the skin with a credit card. Do not attempt to remove the stinger by pinching it with your fingers or tweezers. This will cause the stinger to inject more venom into the child.
- Gently wash with warm soapy water.
- Apply an ice pack to the area to reduce pain, swelling, as well as slow the absorption rate of the venom into the bloodstream. Apply for approximately 15 minutes.
- Keep the child seated for approximately 20 minutes and watch for signs of shock. If the child shows any signs of shock, immediately call 911 and treat the child for shock. Shock cannot be reversed but it can be prevented.

SIGNS AND SYMPTOMS (allergic)

- Sudden anxiety.
- Skin that is flushed, blotchy, rashy, and is itchy.
- Swelling at the site as well as around the lips, face, and tongue.
- Increased difficulty with their swallowing and breathing due to the air passages swelling.
- Tightness in the chest with possible cardiac problems such as a dramatic decrease in the pulse rate.
- Blue-gray skin color.
- Seizures with possible unconsciousness.

FIRST AID (allergic)

- Call 911 immediately.
- If the child becomes unconscious, do the primary survey. This involves opening the airway, checking for breathing, checking the pulse, and doing C.P.R. or rescue breathing if necessary.
- The child can be given their emergency allergic reaction kit by an adult who has been instructed in its use.
- Try to position the sting site below the heart and treat the child for shock.

Animal Bites

Over 60% of all animal bites in the U.S. come from dogs. Over 1 million bites per year are serious. Of that 80% involve children and most of them own the attacking animal. Many of the bite are provoked from mistreatment of the animal. The most common fear of any animal bite is if the animal has rabies. Any warm blooded animal can carry rabies. However, most rabid animals are strays or wild. Skunks, raccoons, and bats account for 80% of the rabies cases in the U.S. Pets such as dogs and cats generally do not carry rabies because they are considered domesticated or household pets.

FIRST AID

- Wash wound with warm soapy water. Blood from the wound helps to flush some of the bacteria out as long as it is only a small amount.
- Control any profuse or continuous bleeding with direct pressure.
- Cover any broken skin areas with a sterile dressing and call 911 if the parents are not able to be reached. If there is no broken skin, there is no need to call 911, but do call the parents.

Snake Bites

There are many different species of snakes in the U.S. and most are not poisonous. There are only 4 snakes in the U.S. and they are the rattlesnake, copperhead, coral snake, and the water moccasin. There are some general rules to refer to when distinguishing a poisonous snake from a non-poisonous snake. These rules are not absolute. Generally if:

1. The head is triangular from the nose to the jaw
2. The eyes are elliptical (cat's eyes)
3. Fangs and heat sensitive pits between the eyes and nostrils

Now the coral snake does not have a triangular head, and does not have fangs. Also there are some non-poisonous snakes that do display some of these same features. These are two reasons why these rules are not "absolute".

SIGNS AND SYMPTOMS

- Severe pain with a burning sensation at the site.
- 2 small puncture wounds about ½ inch apart accompanied by a large amount of swelling, sometimes of the entire limb.
- Discoloration with some blood-filled blisters.
- Nausea, sweating, vomiting in some severe cases.

FIRST AID

The most important first aid treatment is to stay calm. Most bites do not inject any venom (only 25% of all cases have venom) just fang marks. Keep the wound clean with soapy water and seek medical help as soon as possible.

SEVERE ALLERGIC REACTIONS

Severe allergic reactions are also referred to as anaphylactic shock and is a life threatening emergency. Some of the causes of anaphylactic shock are:

- Ingested substances such as foods like nuts, fish, shellfish or medications such as penicillin.
- Insect bites or stings
- Inhaled substances such as pollen, dust or chemicals
- Injected substances such as drugs like penicillin or antitoxins
- An absorbed substance or chemicals that make contact with the skin.

SIGNS SYMPTOMS

- A rash, burning skin with hives
- A feeling of tightness in the chest and throat.
- Noisy and or difficult breathing
- Nausea and vomiting.
- Swelling of the tongue, neck, lips or face
- Fainting
- Dizziness and or confusion

FIRST AID

This is indeed a true medical emergency and the victim needs medical attention as soon as possible their condition can deteriorate rapidly.

Burns

More than 25,000 children are hospitalized each year from burns. More than 50% of all child burns are seen under the age of 4 years old. Of all the burns 90% of them could have been prevented.

Types of burns

1st degree- The top portion of the skin is dry and red with pain

2nd degree- The top portion of the skin is red and usually has blisters and is very painful

3rd degree- All the layers of the skin are burned including muscle tissue, tendons and body fat and may or may not be associated with pain since this is referred to as a full thickness burn nerve endings may be damaged as well

Assessing the Burn

There are three factors that determine the severity of a burn:

1. **SIZE** - The size of the burn is important in determining the severity. Generally the palm of the hand equals 1% of the body surface.
2. **LOCATION** - Burns have the potential of being severe when they are located in face, hands, feet, and genitals. The face is especially sensitive because the airway can be damaged from inhaling superheated air.
3. **Depth** - The depth of a burn is a useful determination of just how serious the injury is.

FIRST AID

- Stop the burning process. Smother the flame or take the child out of the heat source.
- Check to make sure that the airway breathing and circulation are in order. Make sure the child does not go into respiratory or cardiac arrest. Monitor them closely.
- Cool the burn with water. This dulls the pain as well as reduces further injury.
- Remove any clothing that may be retaining the heat. If the clothing is stuck or melted to the skin DO NOT REMOVE IT.
- Call 911.
- Treat for shock and apply a sterile or clean dressing onto the burn site.
- Do not apply any home remedy ointments such as vinegar, butter, creams, etc. these are usually petroleum-based products which will not allow the heat to escape.

ELECTRICAL BURNS

Electrical burns can be even more serious than regular burns since electricity can travel throughout the body and internal organs as well as skin and muscle tissue.

FIRST AID

- Make sure that the power supply is off before you touch the victim.
- Check the ABC's airway, breathing and circulation if absent begin CPR.
- Do Not Move the victim.
- Cover the burn areas with a sterile dressing.
- Activate the EMS system immediately.

HEAD INJURIES

Head injuries are very common in a child's life. Most of the injuries are minor, such as scrapes, bumps, bruises, and "goose eggs". Some are serious enough to warrant medical attention. Approximately 30% of all child deaths are the result of head injuries. There are two types of head injuries, internal and external.

SIGNS AND SYMPTOMS

- Unconsciousness which could be followed by a seizure.
- Unequal pupils.
- A depression in the skull or swelling around the injury site accompanied by a severe headache lasting a few hours.
- Clear fluid coming from the ears or nose.
- Dizziness, sleepiness, confusion.
- Difficulty with speech, vision, or walking.
- Pale, sweaty appearance possibly with some vomiting.
- A cut on the skull with a large amount of bleeding.

FIRST AID

- DO NOT MOVE the child if you suspect a head neck or spinal injury.
- Check for unconsciousness and monitor the child's airway, breathing and circulation. Treat accordingly.
- Call 911.
- Keep the child still and immobilize the head and neck using towels, blankets etc. This helps to prevent further injury to the head and neck.
- Control any bleeding with light direct pressure followed by an ice or cold pack. This will reduce swelling.
- Watch for signs of shock and treat accordingly.
- Any infant who sustains a head injury should be seen by a health care provider because the bones in the head have not yet grown together.

NECK AND SPINAL INJURIES

A spinal injury is considered to be one of the most severe injuries and should be treated for with extreme care.

SIGNS AND SYMPTOMS

- Pain at the injury site
- Numbness or tingling of the extremities

FIRST AID

-DO NOT MOVE THE VICTIM

- Check the ABC's if the victim needs to be moved to perform CPR or if you or they are in danger try to imagine the their spine is like a stack of domino's and move and roll them onto their back carefully as a unit moving the head as a unit with the rest of the body this is a task that will require more than one person **ACTIVATE THE EMS SYSTEM!**

DENTAL INJURIES

- If the child knocked a tooth out, it could be successfully re-implanted if the tooth is saved and the child is brought to a dentist within 1 hour. Place the tooth on a container of whole milk, not alcohol, mouthwash, etc.
- If the child broke a tooth, have them seen by a dentist and bring the chipped piece with them. The tooth may be filed down or the piece may be cemented back in place.

NOSEBLEEDS

- If the nosebleed does not stop itself, pinch the bridge of the nose for approximately 10 minutes.
- Tilt the head forward, not backward. This way the blood will run out the nose not down the throat. Do not blow the nose because this will disrupt the clotting process and cause it to bleed more.
- Have the child seen by a health care provider if the bleeding cannot be controlled.

DIABETES

Diabetes in children is commonly known as type-1, or insulin dependant. This is because the child's body cannot produce insulin, which is needed by the body to transport the food. This food is called glucose, which is used by the body's cells for energy. Without the insulin the cells cannot receive the food needed. Approximately 1 million people have this disease, most are children. Diabetes can produce two separate medical emergencies, each with it's own distinct signs and symptoms. There is no cure to date, however there are ways to control this disease.

1. Daily injections of insulin to ensure transport of glucose to the cells.
2. A balanced, regular diet to ensure a proper balance between the insulin and glucose.
3. Regular exercise to promote good health and to maintain the balance of insulin and glucose.

HYPOGLYCEMIA LOW BLOOD SUGAR

This is a condition where the child's glucose is abnormally low. This is the most frequent medical emergency related to childhood diabetes

and it can be life threatening. The signs and symptoms have a rapid onset and must be treated immediately. Hypoglycemia is also known as insulin shock. There are many causes of insulin shock, however, the most common causes are an improper diet, receiving too much insulin, and being unusually physically active. A late or skipped meal could also cause insulin shock.

SIGNS AND SYMPTOMS

- Trembling
- Weakness, dizziness
- Sweating
- Irritability
- Hunger

If these signs and symptoms are left untreated for any length of time, they will progress to the following:

- Confusion
- Drowsiness, eventual loss of consciousness.
- Impaired thinking and coordination.

FIRST AID

- Give the child a fast acting sugar such as orange juice with a spoonful of table sugar mixed with it. This should raise the glucose level within 10 to 15 minutes and improve the child's condition.
 - If there is no improvement during that time frame, repeat the same sugar dose and notify the parents.
 - If there is no improvement in the child's condition after the second dose, emergency services must be called.
 - If a child with diabetes is found unconscious, place a small amount of table sugar under the child's tongue. Do not attempt to give the child any sugar in liquid form. Monitor the child's airway, breathing, and circulation and treat accordingly. Send someone to call emergency services right away.
- Hypoglycemia can be life threatening if treatment is ignored or delayed. Sugar is required to correct the problem, not sugar substitutes such as Nutra Sweet, Equal, Sweet N' Low etcetera.

EYE INJURIES (PENETRATION)

Most penetrating eye injuries are pretty obvious. This is due to the fact that an object is usually protruding out from the eye. .

FIRST AID

- Do not remove the object from the eye.
- Secure the object with some rolled gauze or something similar by "sandwiching" it. Cover the injured eye with a paper cup to prevent the object from being pushed into the eye any further.
- The uninjured eye must be covered as well to prevent further injury to the injured eye. This is due to the fact that both eyes move in unison.
- Keep the child flat on the floor, on their back and call emergency medical treatment.

EYE AVULSIONS

Violent blows to the eyes can cause an eye to partially torn from it's socket. This is an avulsion.

FIRST AID

- Do not attempt to put the eye back into the socket.
- Cover the injured eye with a sterile dressing moistened with clean water. Then cover the injured eye with a paper cup.
- The uninjured eye must be covered as well due to the fact that both eyes move in unison.
- Call for emergency medical treatment immediately.

An ice pack should be placed around the eye on the bones of the socket for approximately 10 to 15 minutes. This will reduce the pain and swelling. Blurred vision or a black eye could mean more serious damage internally.

CHEMICAL BURNS TO THE EYE

Chemical burns to the eyes require immediate medical attention to prevent damage to the corneas. The amount of injury depends on the type of chemical, the concentration of the chemical and the length of exposure the child had to the chemical.

FIRST AID

- Flush the injured eye with clean water for 15 minutes. Position the child's head so the water does not flow toward the inside of the eye.
- Have someone call emergency medical help immediately.
- Apply a loose bandage around both the injured eyes to prevent further injury.

FOREIGN OBJECTS IN THE EYE

Sand, dirt, eyelashes, etc. are examples of foreign objects caught in a child's eye. This will cause discomfort, and possibly some watering of the eye involved.

FIRST AID

- Do not allow the child to rub their eye. This could cause them to scratch the cornea of the eye.
- Gently lift either the upper or lower lid to locate the foreign object and carefully remove the object with a clean handkerchief. Do not use tweezers or cotton swabs. If this method does not remove the object, gently flush the eye with warm water.
- If the redness and irritation do not improve within 10 to 15 minutes, a health care provider should be called.

FAINTING

Fainting is a mild form of shock. There are many reasons why a child will faint. Some of these are fear, excitement, and even hunger. Fainting is a sudden loss of consciousness due to a sudden lack of blood and oxygen to the brain.

SIGNS AND SYMPTOMS

- Dizziness and lightheadedness.
- Nausea and vomiting.
- Pale skin tone.
- Seeing spots or unusual images.

FIRST AID

- Lay the child flat on their back to prevent them from falling.
- Elevate the legs 8 to 10 inches to increase the flow of blood to the brain.
- Apply a cool, wet cloth to the face.
- If the child is unconscious, open the airway and make sure the child is breathing.
- If the child vomits, turn the child onto one side and clear the airway of the vomit.
- Give nothing to eat or drink and call for emergency medical help as soon as possible.

Usually, a child who has fainted will recover after 1 to 2 minutes and rarely longer than 5 minutes. It is generally not considered serious because it can most often be traced to a triggering event. If there are repeated fainting attacks, the child should be seen by a health care provider as soon as possible.

FRACTURES

A fracture is a partial or complete break in a bone. Typically it is caused by a twist or a direct blow. There are two types of fractures: Open (compound) fractures - The skin over the wound is torn and the bone fragment could be exposed. There is great blood loss due to the trauma. Closed fractures - The skin is not torn and there is no wound at the site of the fracture.

SIGNS AND SYMPTOMS

- Sharp pain and tenderness at the injury site.
- Swelling and deformity at the injury site.
- Loss of use in the injured extremity.

FIRST AID

- Carefully lay the child on their back.
- Ask the child where it hurts and gently remove the clothing surrounding that area. You may need to cut the clothing.
- If the wound is bleeding or if the bone is protruding from the site, apply a sterile dressing or a clean cloth over the site to control the bleeding.
- Immobilize the injured limb by padding with towels, blankets, and pillows.
- Place over and around the fracture and elevate the limb if possible to reduce swelling.
- Do not move the child if at all possible and call for emergency medical help as soon as possible.
- Do not apply any splints to the fracture. Splinting should be left to a trained emergency medical technician. Their expertise and knowledge allow them to apply a splint with minimal risk of further injury.

DISLOCATIONS

A dislocation is the separation of a bone from a joint. This is commonly seen in children's fingers and elbows. This most often occurs when the child's hand is tugged or pulled on.

SIGNS AND SYMPTOMS

- Pain, tenderness and loss of use.
- Swelling and deformity.

FIRST AID

- Ask the child to point to where it hurts.
- Remove any clothing surrounding the injury site carefully.
- Immobilize the injured area by padding the area with a towel or pillow or have the child hold the injury firmly against their body.
- Apply an ice pack to the injured area to reduce the pain and swelling.
- Do not move the injury.
- Give nothing to eat or drink and call for emergency medical help if the parents are not available.

STRAINS AND SPRAINS

Any injury to the musculoskeletal system is referred to as a muscle injury and it requires immediate care, this type of injury is particularly painful and needs to be treated with promptness and care but it's important to remember that if your not sure how severe the injury is treat as if it is a fracture.

Types of muscle injuries

Sprains - Occurs when a joint is twisted beyond it's normal range of motion.

Strains - Occurs when the muscle is stretched beyond it's normal range of motion.

Contusions - Results from a direct blow to the muscle.

FIRST AID

Apply ice to the affected area if necessary lay the victim down and elevate the injury above the level of the heart

BLEEDING EMERGENCIES

Bleeding emergencies are one of the most common types of injuries that in most cases are minor but in some cases are serious and can be dangerous if not treated properly, it is important to understand that a child who loses a pint of blood is in significant danger. It is important to know what steps to take to control bleeding.

FIRST AID

The best method for the control of bleeding is **Direct pressure** by simply applying gentle pressure over the top of the wound you can control the amount of blood loss, this can be assisted by **Elevating** the injury above the heart if possible.

Applying an **Ice pack** to an injury site will cause the blood vessels to constrict which will also help the clotting process.

It's important to remember to clean the injury site with warm soapy water and cover with a sterile dressing if the injury site continues to bleed through the bandage do not remove it this will disrupt the clotting process simply apply an additional bandage over the existing one. If the injury is serious contact the parent and activate the EMS system if necessary.

LACERATIONS

A laceration is a deep wound with an irregular or jagged edge. Usually, the laceration bleeds freely. The amount of bleeding depends directly on the depth of the injury, the size and location as well.

FIRST AID

- Carefully remove any clothing that is covering the wound.
- Control the bleeding using direct pressure and elevation.
- Clean the wound if it is a superficial laceration with soap and clean water. Dry the wound with a sterile gauze if possible.
- If the laceration is more serious, suturing may be required to reduce scarring and infection. Apply a sterile dressing if possible and bandage to prevent any contamination and call the child's parents or an emergency health care provider if the parents cannot be reached.

INTERNAL BLEEDING

Internal bleeding occurs when blood vessels inside the body are broken but the skin remains intact. A bruise is a wound that bleeds internally. It is most often caused by a forceful blow.

SIGNS AND SYMPTOMS

- Rapid pulse.
- Cold, moist skin.
- Nausea, vomiting of blood or blood that looks like coffee grounds.
- Painful, rigid abdomen.
- Purplish discoloration on the body.
- Dilated pupils.
- Thirst, anxiety, restlessness.

FIRST AID

- Check and monitor the airway, breathing and circulation and treat if necessary.
- Treat for shock.
- Give nothing to eat or drink.
- Call for emergency medical help if the injury is serious.
- Apply an ice pack to reduce any pain and/or swelling.

SHOCK

Shock refers to the circulatory system. There is some type of failure in the circulatory system that is preventing the blood from being pumped in sufficient quantities to all the body's parts. Injury to the heart, the organs, blood vessels causing a large amount of blood loss will cause this failure in the circulatory system and produce the condition known as shock.

The most common form of shock in children is from fluid or blood loss. This can occur inside or outside the body. Shock is most likely to occur within the first hour following an injury. The signs and symptoms can be either slow or rapid to appear. The most commonly seen injuries that can disrupt the circulatory system are head/neck injuries, spinal injuries, poisonings, trauma resulting in large blood loss, and dehydration. Treatment

will always be the same.

SIGNS AND SYMPTOMS

- Pale, blue-gray skin coloration, commonly seen around the mouth area (Cyanosis).
- Cool, moist skin.
- Rapid, weak pulse.
- A feeling of light-headedness, confusion, or anxiety due to the brain not receiving enough oxygen.
- The eyes look dull and sunken. The pupils will be dilated.
- The child will be sweaty, feeling nauseous, and thirsty. Vomiting will likely follow.

FIRST AID

- Determine if the child is responsive. Call their name out. If the child is found unconscious after a violent injury, the care giver must assume the child has sustained a spinal injury and is to be treated as such.
- Check and monitor the child's airway, breathing, and circulation and treat if needed.
- Send someone to call for emergency medical help.
- Control any obvious external bleeding.
- Position the child for shock. The standard shock position is as follows: Lay the child flat on their back and raise their feet 8 to 12 inches, using blankets, towels, books, etc. This position helps to increase blood flow to the brain and heart. If the child sustained a spinal injury, leave the child in the position found. **NEVER ATTEMPT TO MOVE A CHILD WITH A SUSPECTED SPINAL INJURY UNLESS THEIR LIFE IS IN DANGER.** If the child vomits while in the shock position, carefully position onto their left side by rolling their head, neck, and spine as one unit. If the child has breathing difficulties, gently raise the head and shoulders. If you are unsure of the child's injuries, simply lie the child onto their back without raising their legs.
- Cover the child with a blanket to prevent any heat loss.
- Give nothing to eat or drink.

SEIZURES

A seizure is commonly called a convulsion. It is an indication of a type of disturbance in the electrical impulses in the brain. These disturbances cause the body to react in various ways from staring in a gaze for a few seconds to the violent shaking and loss of muscular control of the body.

CAUSES OF SEIZURES

- High fever, serious illness.
- Head injuries.
- Drug overdose, drug reaction.
- Poisoning.
- Brain abnormalities.
- Genetic factors.

Most often, the cause of the child's seizure remains unknown. However, a health care provider can usually treat the child with medication to control the seizure activity.

FIRST AID

- Move any toys and furniture away from the child having the seizure to prevent from injuring themselves.
- Do not try to restrain the child's movements. Doing this will cause further injury to the child.
- Slide your hand under the child's head to allow their head to bounce on your palm rather than the floor.

DON'T PUT ANYTHING IN THE CHILD'S MOUTH

- Observe and time the seizure.
- Allow the child to rest after the seizure. The child will probably fall into a deep sleep for a few minutes. This is due to the fact that they just exercised every muscle in their body and now they are fatigued.
- Do not give anything to eat or drink until the child is fully alert.
- Call the child's parents and/or for emergency providers

POISONING

Poisoning is one of the most common emergencies experienced by children under the age of 5. Any substance that a child swallows other than food can cause harm if the dose is large enough. Many of the products society uses today, such as bathroom cleaners, floor waxes and degreasers, automotive fluids, and pesticides, are highly toxic and potentially fatal. Storage of these chemicals are almost always under the sink or on a shelf in the garage well within reach of the child.

Prevention is the key to reducing a child's chances of poisoning themselves. Every poisoning statistic is preventable. Prevention techniques are easy and should be followed in every household where children are present. Prevention includes placing all chemicals used in the home and garage out of the reach of children. Do a child level-inspection of every room in the house, looking for potential dangers to the child. A child-level inspection involves actually getting down on your hands and knees (child-level) and visually inspecting each room. Purchase products with a child-resistant safety cap whenever possible. Never call medication candy to persuade the child into taking them. Teach the child not to eat plants and berries. These are only a few prevention techniques to keep in mind. An important reminder is to never let the child leave your sight.

SIGNS AND SYMPTOMS

- Unusual odors from the child's mouth, or stains on the child's skin and/or clothing.
- Nausea, vomiting, stomach pain, cramping.
- Sudden changes in behavior, i.e. fear, excitement, irritability, drowsiness, etc.
- Painful burns in and around the mouth area.
- Any opened containers of medicine or chemicals lying around the house.
- Breathing difficulties, headaches.
- Cold, clammy skin.
- Weakness, disorientation followed by seizures.
- Slurred speech, possible unconsciousness.

FIRST AID

- Call the poison control center to receive an accurate treatment. There are two types of poisons, corrosive and non-corrosive. Treatment for the two are completely different.
- Determine the exact name of the product and how much the child took. Determine the condition of the child and the age and weight as well.
- Do not give any fluids to the child, not even water. Some chemicals react adversely when mixed with water. Poison control will decide if the child

can be treated over the phone or if the child needs to be seen by a health care provider.

- If the child is unconscious, check and monitor their airway, breathing, and circulation, and treat accordingly.
- Never give the child the antidotes.
- Never induce vomiting unless poison control tells you to do so. This is because corrosive poisons burn the child's throat as the child swallows the product and it will burn the child's throat further if you induce vomiting, causing more injury.

HEAT STROKE

Heat stroke is a life threatening medical emergency in which the body is no longer able to regulate its temperature. It appears suddenly and is the most dangerous heat-related emergency.

SIGNS AND SYMPTOMS

- Very high body temperature.
- Hot, dry skin. The body can no longer cool itself by sweating. The sweat glands are no longer functioning.
- Rapid breathing and pulse.
- Bright red face.
- Confusion, seizures.

FIRST AID

- Check the child's airway, breathing, and circulation, and treat accordingly.
- Have someone call for emergency medical help if someone is nearby, otherwise you will need to call yourself.
- Immediately remove the child to a cool place.
- Remove the child's clothing and apply cool, wet towels and/or cloths to the child's head, trunk, and limbs.
- Apply ice packs to the thin-skinned areas of the child's body where the blood supply is abundant such as the armpits, forehead, neck, and groin. Be sure to wrap the ice packs in cloth to protect the child's skin.
- Prepare to treat the child for seizures as they are common in children who suffer from heat stroke. Refer to the section for treatment for seizures.
- Do not give the child any aspirin or acetaminophen to try to lower the fever because this will have no effect on them at all. Rapid treatment and hospitalization is essential.

HEAT EXHAUSTION

Heat exhaustion is the result of prolonged physical activity in high temperatures. It occurs when the child loses too much water and salt from sweating. The body is sweating and the body's temperature remains normal, unlike heat stroke. It is less serious than heat stroke, but requires prompt medical attention as well.

SIGNS AND SYMPTOMS

- The skin is pale and cool with profuse sweating.
- Rapid, weak pulse.
- Lethargy, weakness.

- Dizziness, feeling faint.
- Throbbing headache, nausea, and vomiting.
- Painful muscle cramps.
- Normal body temperature.

FIRST AID

- Move the child to a cool place.
- Have the child lie flat on their back and elevate their feet 8 to 12 inches.
- Give cool water to drink and cool the child's head and neck with a cool, moist cloth.
- Call the child's parents and/or emergency services.