



I'm not robot



Continue

Cpr infant and child pdf

While you hope you never use cardiopulmonary resuscitation (CPR) for a child or child, it is important to know the steps so that you help in the event of a heart or respiratory emergency. And while you may have taken a lesson in pediatric RESuscitation, it's a good idea to keep the steps handy so that the information stays fresh in your memory. With our printable step-by-step guide, you can access the resuscitation steps for children and babies anytime, anywhere. Simply print them and place them in your car, your desk, your kitchen or with your other first aid supplies, and read them from time to time to maintain your skills. Before giving child or baby CPR 1 Check the scene and the child. Make sure the scene is safe, then tap the child on the shoulder and scream Are you OK? to make sure he or she needs help. For infants, flick the bottom of the foot to provoke a reaction. 2 Call 911. If the child does not respond, ask a bystander to call 911 and then provide about 2 minutes of care. - If you are alone with the child or child, give care for 2 minutes, call 911. - If the child or child does respond, call 911 to report life-threatening conditions and get permission to provide care. Check the child from head to toe and ask questions to find out what happened. 3 Open the airway. With the child lying on his or her back, tilt the head slightly backwards and lift the chin. 4 Check for breathing. Listen carefully, no more than 10 seconds, for sounds of breathing. (Occasionally panting does not breathe.) Infants usually have periodic breathing, so changes in breathing patterns are normal. 5 Deliver 2 rescue breaths if the child or child is not breathing. With the head slightly tilted back and the chin lifted, squeeze the child's nose shut, make a complete seal by placing your mouth over the child's mouth and breathing into the child's mouth twice. For infants, use your mouth to make a full seal over the child's mouth and nose, then blow in for a second to clear the breast. Now, deliver two rescue breaths. 6Start CPR. If the child or baby does not respond to the rescue breath, start CPR. Performing Child & Baby CPR 1 Kneel next to the child or baby. 2 Push hard, push fast. -For children, place the heel of a hand on the middle of the chest, then place the heel of the other hand on top of the first hand, and lace your fingers together. Deliver 30 fast compressions that are each about 2 inches deep. -For infants, use 2 fingers to deliver 30 fast compressions that are each about 1.5 inches deep. 3 Give 2 rescue breaths (see instructions above). 4 Continue. Continue these resuscitation steps for babies or children until you see clear signs of life, such as breathing, or until an AED is for use, another trained responder or EMS professional is available to take over, you are too exhausted to continue or the scene becomes unsafe. To see the child and baby performing CPR steps, watch our child and baby CPR videos. For online, personal and training on children's, baby and adult RESuscitation, visit our CPR training page. 4. Give 2 gentle breaths If the baby is not breathing or not breathing normally, cover the baby's mouth and nose with your mouth and give 2 gentle breaths. Each breath should be 1 second long. You should see the baby's breast rise with every breath. We are the first to admit that the idea of performing cardiopulmonary resuscitation (CPR) on a baby or child is pretty scary. While we all here at Cardio Partners hope you will never be called upon to perform CPR on a child, it is important to understand the very significant differences between the three types of CPR. Because a child's physiology, musculature, bone density and strength differ from that of an adult, RESuscitation is performed differently. In fact, if adult CPR is performed on a child, it can do more harm than good. Pediatric survival chain Earlier this month, we discussed why the survival chain is so important, and in this post we address not only the differences between adult and pediatric resuscitation, but also the differences in the Adult and Child Survival Chain. The Pediatric Chain of Survival is a sequence of events this is most likely to save the life of a young victim of sudden cardiac arrest (SCA). Unlike the adult Chain of Survival, which begins with early recognition and call for emergency relief, the Pediatric Chain of Survival dictates that high quality CPR begin immediately. This is because children are more likely to suffer from SCA caused by obstructed airways or shock, so it is important to be able to recognize and prevent respiratory problems or cardiac arrest before they occur. Only after performing CPR for a full two minutes should the rescuer then call 911. The Pediatric Chain of Survival consists of: Prevention of cardiac arrest early, high quality resuscitation rapid activation of the Emergency Response System Effective Advanced Life Support Integrated Post-Cardiac Arrest Care (Source: American Heart Association) A review of the three different types of adult Resuscitation If you are ever called to perform CPR on an adult, call 911 immediately before starting CPR. Check for a pulse and then start cpr with chest compressions. If you are not CPR certified, a 911 operator can lead you to CPR through hands-only. Push hard and fast on the middle of the chest at a rate of 100-120 compressions per minute. Check out our Greatest Hits to Save Lives playlist to get a sense of rhythm. The compression depth for adults should be at least two centimeters and the chest should completely recede between compressions. If you don't forget to use the ratio of 30 compressions to two rescue breaths. Use an AED if one is available. Pediatric Resuscitation Protocols for children under 1 year old and children up to puberty or children weighing less than 121 pounds (Merck Manuals). Although cpr for children is very similar to adult RESuscitation, emergency responders should begin resuscitating CPR 911 call. If you're the only person around and you have to make a choice between starting CPR and calling 911, go for CPR! Typically, children are more resilient than adults and their chances of survival are much higher if you start CPR immediately. After two minutes of CPR with rescue breaths, call 911. Because a child's airways are more vulnerable than an adult's, be careful when providing rescue breaths and be careful not to tilt the head too far back. When providing chest compressions, use one or two hands, depending on the size of the child. The depth of the compressions should only be one and a half centimeters. The ratio of compressions to rescue breaths, 30:2, is the same for children as for adults. If an AED is available, apply pediatric pads and use it after five cycles of CPR. Children's animator Great care should be taken when performing CPR on a child. Although a baby's bones are more flexible, they are also much more sensitive. First, confirm that the baby is unconscious. Do not shake the baby; instead, scream and tap or flick the soles of the child's feet. As with older children, you want to start CPR on a baby before you call 911. Of course, if there's another person at the crime scene, ask them to call. Check for a pulse on the inside of the upper arm and start resuscitating immediately if you do not detect a pulse. When providing rescue breaths to a child, gently tilt the head so that the baby's nose appears to sniff the air - this is known as the sniffing position. Tip the head not too far back! Be very gentle when providing rescue breathing; Do not use the full force of your lungs to expel air. Instead, use your cheeks and puff air in the child's mouth and nose. When providing compressions, use two fingers in the middle of the baby's chest. Compressions should be about one and a half inches deep at a rate of 30 compressions to two rescue breaths. If an AED is available, apply pediatric pads and use it after five cycles of CPR. According to the American Red Cross, you use an AED that is configured for an adult if there are no pediatric settings or pads available. (Sources: American Red Cross and National Cpr Association) For more information about our CPR and AED training or to purchase an AED with pediatric capabilities, visit aed.com or call cardio partners at 866-349-4362. You also email us on customerservice@cardiopartners.com. Find a doctor conditions We treat specialties locations your visit Send a custom map to a child you know or fleur the stay of a child with a smile by sending a card. Family Resources & Learn about coronavirus (COVID-19) symptoms, how to protect your family, and how Nationwide Children's Hospital is preparing. For medical professionals Quality Research Giving Careers Skip to the main content Below is the full detailed cardiopulmonary resuscitation (CPR) sequence for infants (babies younger than 1 year) and children. It is highly recommended that every parent goes on a first aid course, as it makes process much easier to understand and remember. In a life-threatening emergency, call 999. If your child coughs or beeps, call NHS 111 or your GP for advice. Check for hazards, such as electrical equipment or traffic. Gently stimulate your child and ask loudly: Are you okay? Leave them in the position in which they were found (provided they are not in danger). Check their condition and get help if needed. Review the situation regularly. Call for help. Gently turn the child on their back. If the child is under 1 year old: Make sure the head is in a neutral position, with the head and neck in the row and not tilted. At the same time, with your fingertips under the tip of your child's chin, lift the chin. Do not push on the soft tissues under the chin as this can block the airways. If the child is older than 1 year: Open your child's airways by tilting the head and lifting the chin. To do this, place your hand on their forehead and gently tilt their heads backwards. At the same time, with your fingertips under the tip of your child's chin, lift the chin. Do not push on the soft tissues under the chin as this can block the airways. If you think there may have been an injury to the neck, tilt the head gently, a small amount at a time, until the airways are open. However, opening the airway takes precedence over a possible neck injury. 4. Check their breathing Keep the airways open, watch, listen and feel for normal breathing by putting your face close to your child's face and looking past their chest. Look for breast movements. Listen to the child's nose and mouth for breathing sounds. Feel for air movement on your cheek. Listen and feel no longer than 10 seconds before you decide they are not breathing. Panting breaths should not be considered normal breathing. 5a. If your child breathes normally, turn them to their side. Check for further breathing. Send or go for help - don't let your child unless absolutely necessary. 5b. If your child is not breathing or rarely breathing and breathing irregularly, carefully remove any obvious obstruction in the mouth. Give 5 first rescue breaths (mouth-to-mouth resuscitation) – see below. While you are doing this, watch a joke or cough reaction - this is a sign of life. Rescue breathing for a baby under 1 year make sure the head is in a neutral position and lift the chin. Take a breath, then cover your baby's mouth and nose with your mouth, to make sure it's sealed. If you don't cover both the mouth and nose at the same time, just seal 1 with your mouth. If you choose for the nose, close the lips to stop the air escaping. Breathe a breath steadily into the baby's mouth and nose for more than 1 second. It should be sufficient to allow the breast to rise visibly. Keep their heads tilted and chin lifted, take your mouth and look for the chest to fall as air comes out. Take another breath and repeat this order 4 more times. Rescue breaths for a child over 1 year tilt the head and lift the chin. Close the soft part of nose using the index finger and thumb of the hand that is on their forehead. Open their mouths a little, but keep the chin up. Take a breath, then place your lips around their mouths, to make sure it's sealed. Blow a breath steadily into their mouth about about 1 second, watching for the chest to rise. Keep their heads tilted and chin lifted, take your mouth away and watch for the chest to fall as air comes out. Take another breath and repeat this order 4 more times. Check that your child's chest is rising and fall in the same way as they are breathing normally. 5c. Obstructed airways If you have difficulty achieving effective breathing in your child, the airways may be obstructed. Open the child's mouth and remove any visible obstruction. Do not blindly insert your fingers or objects into the mouth. Make sure there is enough head tilt and chin lift, but the neck is not overloaded. Make up to 5 attempts to achieve effective breaths (enough to allow the chest to rise visibly). If this is still not successful, proceed with chest compressions in combination with rescue breathing. 6. Assess circulation (signs of life) Look for signs of life. These include any movement, coughing, or normal breathing – not abnormal panting or irregular, irregular breaths. Signs of life present If there are clear signs of life: Continue to rescue breathing until your child begins to breathe normally for himself. Put the child on their side in the recovery position and send help. Keep checking for normal breathing and provide further rescue breaths if necessary. No signs of life present If there are no signs of life: Start chest compressions immediately. Combine chest compressions with rescue breaths, which provide 2 breaths after every 30 compressions. 7. Chest compressions: General guidance To prevent the stomach from being compressed, look for the point where the lowest ribs in the middle connect and then 1 finger width above. Compress the sternum. Push 4cm (for a baby or baby) or 5cm (a child), which is about a third of the breast diameter. Release the pressure and repeat it quickly at a rate of about 100-120 compressions per minute. After 30 compressions, tilt the head, lift the chin, and give 2 effective breaths. Continue with compressions and breaths in a ratio of 2 breaths for every 30 compressions. Although the speed of compressions will be 100-120 per minute, the actual number delivered will be less because of the pauses to breathe. The best method of compression varies slightly between infants and children. Chest compression in babies less than 1 year Do the compressions on the sternum with the tips 2 fingers, not the whole hand or with 2 hands. The quality (depth) of chest compressions is very important. If the depth of 4cm cannot be reached with the tips of 2 fingers, use Heel of 1 hand - see advice for children, below. Chest compression in children over 1 year place the heel of 1 hand over the lower third of the sternum, sternum, Above. Lift the fingers to ensure that the pressure is not applied over the ribs. Place yourself vertically above the chest and, with your arm straight, compress the sternum so that you push it down 5cm, which is about a third of the breast diameter. The quality (depth) of chest compressions is very important. In larger children or if you are small, this can be done more easily using both hands with the fingers together, avoiding pressure on the ribs. If no one responded to your cry for help in the beginning and you're alone, keep resuscitating for about 1 minute before trying to get help - for example by calling 999 on a cell phone. 8. Continue cpr until your child shows signs of life – normal breathing, coughing, movement of arms or legs. Further qualified help arrives. You're getting exhausted. British Red Cross: First aid training courses