

# Discussion Guide for

## CPR FOR INFANTS AND CHILDREN

### OBJECTIVES

To aid individuals in maintaining a basic level of proficiency in emergency care for infants and children.

To review management of febrile seizures, infant and child CPR, and relief of foreign body airway obstruction

### SYNOPSIS

This program is designed to aid individuals in maintaining a basic level of proficiency in emergency care for infants and children. Developed in accordance with the revised 1992 American Heart Association standards on cardiopulmonary resuscitation (CPR), topics covered include managing febrile seizures, infant and child CPR, and relief of foreign body airway obstruction.

More than 90% of deaths caused by airway obstruction occur in children under age five.- of these, 65% are infants.

Airway obstruction in infants is almost exclusively preventable by keeping small objects that can be swallowed out of their reach. In children, prevention includes constant supervision and removal of objects and situations that could prove harmful to children eager to explore their world but unaware of their physical limitations.

An infant is defined as birth to one year of age. A child is one year to eight years of age. If you can comfortably hold the

victim in your arms to provide care, then treat him as an infant. All others should be treated as a child.

### REVIEW QUESTIONS

1. Who is likely to suffer from a febrile seizure. (Occurs in 2-5% of children 6 months to 6 years.)

2. Describe a febrile seizure. (Sudden onset of fever, involves the entire body, characterized by body rigidity/muscle contractions, lasts 5-15 minutes.)

3. What is the treatment for a febrile seizure? Monitor the victim's airway, breathing and pulse, remove heavy clothing as this retains body heat, attempt to cool the victim by using tepid water. Don't wrap the child in wet wraps as this retains heat. Don't use alcohol or cold water as this will cause the victim to begin shivering and cause the body temperature to increase. Don't restrain the victim as this may cause injury to the child.)

4. How should responsiveness of an infant be assessed? (Snap the soles of the feet of the infant to stimulate response and crying.) For an older child? (For a child who is too large to treat on the arm, determine responsiveness by gently shaking the victim and shouting.)

5. What are the ABCs of treating infant airway obstruction? (A: The airway is opened by tilting the head slightly back. Position the head properly to determine if

the infant is breathing by looking to see if the chest rises and falls, listening for breathing sounds, and feeling for air on your cheek or ear. This should take approximately 5 seconds.

B. If breathing is not present, give two breaths by making a seal over the infant's mouth with your mouth. Breathing should be delivered in one to one and a half seconds with each breath, providing enough air to make the chest rise. It is important that neither too much nor non-sufficient air be delivered. If breathing does not resume, reposition and attempt again. If unsuccessful, treat infant for airway obstruction.

C. Circulation. Determine the presence of a pulse by feeling the inside of the upper arm with your index finger over the bone, for five seconds. If the victim has a pulse, the rescuer need only to breath for the victim once ever three seconds, If no pulse, then chest compressions must be performed.)

6. Describe the procedure for performing chest compressions on an infant (Place two fingers on the breastbone one finger width below an imaginary line between the nipples The chest is compressed approximately one third of its height, one and a half to one inch, interposing one breath after every five compressions.)

7. What are the indicators of airway obstruction in an infant or child? (The presence of sudden coughing

choking, absence of a strong cry, or stridor, high pitched noisy breathing.)

8. How is infant airway obstruction, treated? (Hold the infant facedown with your fingers positioned astride the mouth to allow for expulsion of the object. Position the infant on your arm so that the head is lower than the trunk of the body supporting head and neck Deliver a series of five backblows between the shoulder blades. Use force as this manoeuvre is intended to produce enough pressure within the lungs to force the object out. While supporting the infant facedown on your forearm, use the other hand to cradle the head and sandwich the infant between your arms to turn him over, tilting the head lower than the trunk. Perform a series of five chest thrusts to help dislodge the obstruction, then turn infant over and perform five backblows, repeating process until obstruction is expelled.)

9. For the infant who has become unconscious, what treatment is administered? (Perform a tongue-jaw lift by grasping the lower jaw and lifting to observe if the object can be seen. If it can, insert your finger to perform a sweep to remove the object. If not, don't insert your finger as this can inadvertently push the object further back. Attempt to ventilate and assess the presence of a brachial pulse.)



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10. How should you determine the presence of a pulse in an older child? (Feel the neck in the groove next to the windpipe closest to you.)

11. How are chest compressions performed on a child? (Find the lower border of the rib cage and follow it to the centre of the chest. The heel of a single hand is placed approximately two finger widths above the location parallel with the breastbone, keeping the fingers off the ribs. The chest is compressed approximately one third of its height, one to one and a half inches, interposing one breath after every five compressions.)

12. Describe obstruction management for a small child who is conscious. (Confirm that the child is choking by asking the child if he or she can speak. Reassure the child that you are going to help. Position yourself behind the child. Make a fist with your dominant hand and place the thumb side against the abdomen at approximately the belt line. Use the other hand to reach around the child, keeping the hand open and covering the fist. Deliver forceful inward and upward thrusts in a single motion repeatedly to dislodge the object. It is imperative that enough force be used to produce an artificial cough and dislodge the object and that hand placement be correct as not to injure the child. Repeat until the object is removed and the victim is able to breathe.)

13. What is the procedure for the child who has become unconscious? (Perform a tongue-jaw lift by grasping the lower jaw and lifting to look if the object can be seen. If it can, insert your finger to perform a sweep to remove the object. If not, don't insert your finger as this can inadvertently push the object further back. Pinch the nostrils closed, place your mouth over the child's mouth and gently attempt to ventilate. If air enters, give enough air in order to make the chest rise and repeat, giving the total of two breaths. Assess the presence of a pulse. If no air enters, reposition the head and attempt again.)

### PROGRAMS DETAILS

#### LENGTH:

25 minutes

#### SUBJECT AREAS:

Safety Education

#### AUDIENCE LEVELS:

Senior High-Adult

#### ORDER NUMBER:

1-9293SG

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