



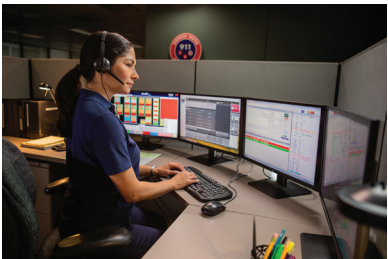
American Red Cross
Training Services



FIRST AID/CPR/AED

PEDIATRIC READY REFERENCE CARD

Calling 9-1-1

When to Call 9-1-1 ▪ Person is unresponsive, responsive but not fully awake or not breathing normally ▪ Person is having trouble breathing ▪ Person is bleeding heavily ▪ Person shows signs of stroke, heart attack, allergic reaction or other serious medical condition ▪ Person has suspected or obvious injuries to the head, neck or spine ▪ Person has a suspected or obvious broken bone ▪ Person needs medical attention and cannot be moved ▪ Fire, explosion, downed wires or flooding ▪ Poisonous gas or chemical spill ▪ Drowning or other water emergency ▪ Serious car crash or crime scene When in doubt, make the call!	
Call First vs. Care First ▪ Call First: Call before giving care for most life-threatening emergencies. ▪ Care First: If alone without a phone, start care first for: • Unresponsive infant/child (under 12) you did not see collapse • Choking person • Severe allergic reaction (anaphylaxis) when epinephrine available • Life-threatening bleeding	
Key Information for Emergency Dispatch ▪ Location (address or landmarks) ▪ Nature of emergency (police, fire, medical) ▪ Phone number ▪ What happened ▪ Number of people involved ▪ Care already given	

Cardiac Arrest: CPR and AED Use

1. Recognize signs and symptoms of cardiac arrest. ▪ Unresponsive ▪ Not breathing normally NOTE: Obtain consent if the parent or guardian is present.	
2. Call 9-1-1 immediately. ▪ Or, tell someone to call and get an AED and first aid kit (if available). NOTE: This is a Care First situation for an infant or child (under 12) you did not see collapse. Do not delay care to look for a phone.	
3a. CHILD: Give 30 chest compressions and 2 breaths. Chest Compressions ▪ Place the child on their back on a firm, flat surface and kneel beside them. ▪ Place one hand on top of the other in the center of their chest keeping your shoulders over your hands and your elbows locked. For a smaller child, you may use one hand. ▪ Push hard and fast! Give 30 compressions to a depth of about 2 inches, at a rate of 100 to 120 compressions per minute. Breaths ▪ Face shield or no barrier: Place the face shield over their face, with the one-way valve over their mouth. ▪ Pocket mask: Place the mask over their nose and mouth. Do not extend past their chin or cover their eyes. ▪ Tilt their head and open their airway to a slightly past-neutral position. ▪ Pinch their nose and make a complete seal with your mouth over their mouth. ▪ Give 2 breaths each lasting about 1 second and making their chest begin to rise.	 

Cardiac Arrest: CPR and AED Use (Continued)

3b. **INFANT:** Give 30 chest compressions and 2 breaths.

Chest Compressions

- Place the infant on their back on a firm, flat surface (e.g., ground or sturdy, elevated surface) and kneel or stand beside them.
- **One-hand technique:** Place the heel of one hand in the center of their chest keeping your shoulder over your hand and elbow locked.
- **Encircling thumbs technique:** Alternatively, place both thumbs side-by-side in the center of their chest and wrap your fingers around their chest.
- **Push hard and fast!** Give 30 compressions to a depth of about 1½ inches, at a rate of 100 to 120 compressions per minute.

Breaths

- **Face shield or no barrier:** Place the face shield over their face, with the one-way valve over their mouth.
- **Pocket mask:** Place the mask over their nose and mouth. Do not extend past their chin or cover their eyes.
- Tilt their head and open their airway to a neutral position.
- Make a complete seal with your mouth over their mouth and nose.
- Give 2 breaths each lasting about 1 second and making their chest begin to rise.



4. Continue cycles of CPR (30:2).



Cardiac Arrest: CPR and AED Use (Continued)

5. As soon as an AED is available, turn it on and follow the voice instructions.

NOTE: If a second trained person is at the scene, they may be able to set up the AED and place the AED pads while you continue to give CPR.



6a. CHILD: Place the AED pads as shown on the pad diagram.

- Expose the chest and dry if wet.
- Place one pad on the upper right side of the chest.
- Place the other on the lower left side of the chest, a few inches below the left armpit.

NOTE: Use pediatric AED pads on a child 8 or younger, or 55 pounds (25 kg) or less. However, if pediatric AED pads are not available, use adult pads.

NOTE: Do not use pediatric AED pads on a child older than 8, or over 55 pounds (25 kg), as the shock delivered will not be sufficient.

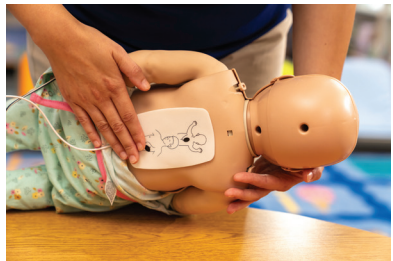
NOTE: If the pads may touch, use front/back pad placement.



6b. INFANT: Place the AED pads as shown on the pad diagram.

- Expose the chest and dry if wet.
- Place one pad in the middle of the chest.
- Place the other pad on the back, between the shoulder blades.

NOTE: Use pediatric AED pads on an infant. However, if pediatric AED pads are not available, use adult pads.



Cardiac Arrest: CPR and AED Use (Continued)

7. Connect the pad cable, if needed, and let the AED analyze the heart's rhythm. ▪ Say "CLEAR!" in a loud, commanding voice. ▪ Ensure no one is touching the person while the AED analyzes.	 A person in a blue shirt is kneeling over a person lying on a yellow gym floor, using an AED. Another person in a white shirt and red shorts stands nearby, holding a phone to their ear. The AED is connected to the person's chest.
8. If shock is advised: ▪ Say "CLEAR!" again. ▪ Push the shock button.	 A close-up of a hand pressing the shock button on a red AED. The AED is open, and the shock button is clearly visible.
9. Resume CPR immediately after the shock or if no shock is advised.	 A person in a blue shirt is performing CPR on a person lying on a yellow gym floor. The person's hands are on the person's chest, and their mouth is open, ready to provide rescue breaths.
10. Continue CPR and using an AED until: ▪ You notice an obvious sign of life, such as breathing. ▪ Other responders arrive to relieve you. ▪ You are too exhausted to continue. ▪ The situation becomes unsafe.	 A person in a blue shirt is performing CPR on a person lying on a yellow gym floor. Another person in a white shirt and red shorts stands nearby, holding a phone to their ear. The AED is connected to the person's chest.

Choking: Clearing the Airway

1. Confirm the person is choking with a severely blocked airway. ▪ They are unable to speak, cry or cough or are making only high-pitched noises. NOTE: If the person can speak, cry or cough forcefully, they are getting enough air. Encourage them to keep coughing and stay with them. NOTE: Obtain consent if the parent or guardian is present.	
2. Call 9-1-1. ▪ Or, tell someone to call and get an AED and first aid kit (if available). NOTE: This is a Care First situation. Do not delay care to look for a phone.	
3a. CHILD: Give 5 back blows and 5 abdominal thrusts. Back Blows ▪ Kneel or stand to the side and slightly behind them. ▪ Bend them forward. ▪ Give them 5 back blows between the shoulder blades. Abdominal Thrusts ▪ Kneel or stand behind them with one foot between their feet and bend your knees slightly. ▪ Place a fist above their belly button and cover it with your other hand. ▪ Pull inward and upward to give 5 abdominal thrusts.	 

Choking: Clearing the Airway (Continued)

3b. INFANT: Give 5 back blows and 5 chest thrusts. Back Blows ▪ Hold them face-down on your thigh with their head lower than their body. ▪ Support their head and neck being careful not to cover their mouth. ▪ Give 5 back blows between the shoulder blades. Chest Thrusts ▪ Turn them face-up onto your other thigh with their head lower than their body. ▪ Support the head and neck being careful not to cover their mouth. ▪ Place two fingers in the center of their chest and give 5 chest thrusts about 1 ½ inches deep.	 
4. Continue sets of 5 back blows and 5 abdominal/chest thrusts until: ▪ They can cough forcefully, speak, cry or breathe. ▪ They become unresponsive.	
5. If they become unresponsive, begin CPR. ▪ After each set of compressions and before attempting breaths, open their mouth and look for an object. ▪ If seen, remove the object with a finger sweep. Never do a finger sweep unless you see the object.	
6. Continue CPR and using an AED until: ▪ You notice an obvious sign of life, such as breathing. ▪ Other responders arrive to relieve you. ▪ You are too exhausted to continue. ▪ The situation becomes unsafe.	

Life-Threatening Bleeding: Direct Pressure

1. Recognize signs and symptoms of life-threatening bleeding. ▪ Volume of blood equals about half a soda can, even less for a small child or an infant. ▪ Continuous or spurting blood flow. NOTE: Obtain consent if the parent or guardian is present.	
2. Call 9-1-1. ▪ Or, tell someone to call and get an AED and first aid kit (if available). NOTE: This is a Care First situation. Do not delay care to look for a phone.	
3. Put on gloves. NOTE: Do not delay care until you can find gloves.	
4. Cover the wound with a dressing such as a gauze pad or clean cloth.	
5. Apply steady, firm pressure directly over the wound.	

Life-Threatening Bleeding: Direct Pressure

(Continued)

6. Continue applying direct pressure until:

- The bleeding stops.
- A tourniquet is applied.
- Other responders arrive to relieve you.
- You are too exhausted to continue.
- The situation becomes unsafe.

NOTE: Do not use a tourniquet on a child under 2 years old or if it cannot be properly tightened.



7. If the bleeding stops, secure with a roller bandage.



8. If the bleeding starts again, reapply pressure without removing the roller bandage.



9. Monitor for shock and give care as needed.



10. Wash your hands after giving care.



Other Common Life-Threatening Emergencies

Anaphylaxis ▪ Signs and symptoms include trouble breathing, hives or facial swelling. ▪ Call 9-1-1 immediately if the person has severe allergies, breathing issues or signs of shock. ▪ Give care. Assist with prescribed epinephrine or antihistamines and monitor them. NOTE: This is a Care First situation. Do not delay care to look for a phone.	
Asthma Attack ▪ Signs and symptoms include wheezing, coughing, chest tightness, gasping or trouble speaking. ▪ Call 9-1-1 immediately if symptoms worsen or the person lacks medication or an action plan. ▪ Give care. Assist with prescribed asthma medication (quick-relief) and monitor them.	
Dehydration ▪ Signs and symptoms may include dark urine, dry mouth/lips, lethargy, irritability, vomiting or diarrhea lasting more than a few days, inability to keep fluids down, or severely decreased/no urination. ▪ Call 9-1-1 immediately if life-threatening symptoms are present. ▪ Contact a healthcare provider if symptoms persist for more than a few days, fluids can't be retained or signs of severe dehydration appear. ▪ Give care: Encourage them to take small sips of water or an oral rehydration solution every 5–10 minutes, gradually increasing as tolerated. Avoid overheating or chilling. Slowly reintroduce a normal diet after 12–24 hours without vomiting. Monitor them and give care if needed.	

Other Common Life-Threatening Emergencies

(Continued)

Head Injury ▪ Signs and symptoms may include changes in behavior or mental status; pain or pressure in the head, neck or back; loss of movement, balance or sensation; seizure; nausea or vomiting; impaired breathing or vision; or visible injuries. ▪ Call 9-1-1 immediately if you suspect a head, neck or spinal injury, even if symptoms seem mild. ▪ Give care: Keep the person still and in the position found unless CPR or bleeding control is needed. Do not remove helmets unless necessary. Maintain their body temperature. Monitor them and give care if needed.	
Seizure ▪ Signs and symptoms include loss of consciousness, convulsions, vocalizations, staring or an aura. ▪ Call 9-1-1 immediately if the person is injured, unresponsive, pregnant, seizing in water, seizing for the first time or if the seizure lasts over 5 minutes or repeats. ▪ Give care: During a seizure, do not restrain the person—move objects away, monitor and turn them on their side, if safe. After the seizure, check for responsiveness and breathing, and give care if needed.	
Shock ▪ Signs and symptoms include cool, clammy skin, rapid heart rate/breathing, confusion or nausea. ▪ Call 9-1-1 immediately if shock is suspected. ▪ Give care: Treat the cause (e.g., control bleeding). Lay them flat and elevate their feet if no injury or place them in a recovery position if vomiting or decreased alertness. Do not give them food. Maintain their body temperature. Monitor them and give care if needed.	



For more information, download the
First Aid App at redcross.org/apps

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