

WHERE TO SEEK HELP

Please **always** seek medical advice if you are concerned about your child!

POLICE / FIRE / AMBULANCE 000

SES 13 25 00 Police Assistance 13 14 44

Paediatrician/Specialist _____

GP _____

Other _____

Poisons Information Centre 13 11 26

Telephone health advice 24/7:

Health Direct 1800 022 222 All states & territories excluding QLD

Health Direct symptom checker www.healthdirect.gov.au

Nurse-on-Call 1300 60 60 24 Victoria only

13 HEALTH 13 432 584 Queensland only

13 MEDICINE 1300 633 424 Australia wide medicine advice line



BASIC LIFE SUPPORT

D Dangers?

R Responsive?

S Send for Help

A Airway - clear and open

B Normal Breathing?

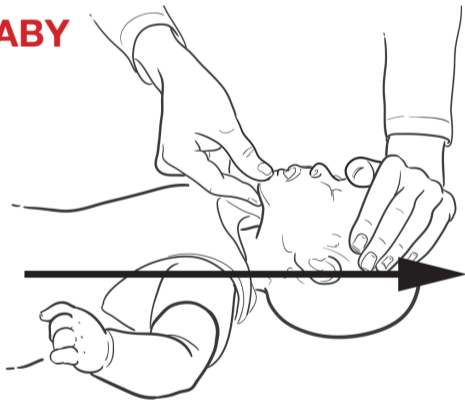
C Start CPR

30 compressions: 2 breaths
if unwilling/unable to perform rescue breaths
continue chest compressions

D Attach Defibrillator (AED)
as soon as available
and follow its prompts

Continue CPR until
responsiveness or
normal breathing returns

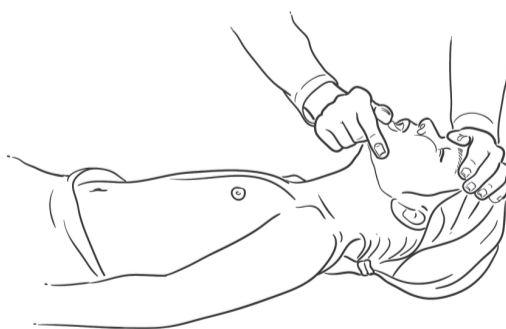
BABY



Neutral head position for baby

Two finger position for baby compressions

CHILD



Head tilt chin lift for child

One or two hand position for child compressions

AMBULANCE 000

My address is:

BLEEDING

+ Follow DRSABCD

Wounds:

- + Apply firm, **direct** pressure to wound using clean & dry pad/cloth
- + Do **NOT** remove any objects embedded in the wound
- + Seek medical help
If severe call 000 AMBULANCE

Nose bleed:

- + Lean child's head **forward**
- + Apply pressure (pinch with fingers) over the soft part of both nostrils for a minimum of 10 mins
- + **DO NOT** let child sniff, pick at or blow nose for at least 15 minutes after bleeding stops
- + If bleeding continues for more than 20 minutes seek medical help

REF: ANZCOR Guideline 9.1.1

ENVENOMATION

+ Follow DRSABCD

Funnel Web Spider, Snake, Blue Ringed Octopus and Cone Snail

- + Call 000 AMBULANCE
- + Keep child calm and still
- + Apply pressure bandage to bitten limb from toes or fingers to top of limb (hip or shoulder)
- + Immobilise limb and keep child still
- + Do **NOT** wash, suck or cut bite site

Red Back and other spider bite

- + Apply cold pack to bite site (for no longer than 20 minutes)
- + Seek medical help

REF: ANZCOR Guideline 9.4.1 and 9.4.2 and Australian Venom Research Unit

CHOKING

+ Follow DRSABCD

Child unconscious

- + Call 000 AMBULANCE
- + Commence CPR

Child conscious with ineffective cough

- + Call 000 AMBULANCE
- + Give up to 5 back blows
- + If not effective, give up to 5 chest thrusts
- + Continue back blows/chest thrusts until obstruction is cleared
- + If child becomes unconscious start CPR

Child conscious and effective cough

- + Encourage coughing
- + Stay with child until recovery
- + If deterioration call 000 AMBULANCE and commence back blows/chest thrusts/CPR as appropriate

REF: ANZCOR Guideline 4

SEIZURE (FITS)

- + Move child away from danger and protect child from injury
- + Roll child onto side when possible
- + Time length of seizure if possible
- + Do **NOT** put anything into child's mouth
- + **DO NOT** restrain or attempt to move child (unless in danger)
- + Seek medical help or call 000 AMBULANCE
*If the child has a known seizure disorder follow the child's seizure management plan

REF: ANZCOR Guideline 9.2.4 and Paediatric Epilepsy Network NSW

BURNS

+ Follow DRSABCD

- + Remove clothing unless it is stuck to the skin, including the nappy
- + Use cool running water on the burned area only for **20 minutes**
- + Keep the child warm (cool the burn, not the baby!)
- + Once cooled cover burn with non stick dressing or loosely cover with cling film
- + **DO NOT** apply ice, creams or ointments to the burn
- + Seek medical help or call 000 AMBULANCE

REF: ANZCOR Guideline 9.1.3

HEAD INJURY

+ Follow DRSABCD

UNCONSCIOUS CHILD (or altered level of consciousness)

- + Call 000 AMBULANCE even if loss of consciousness is brief
- + If child is unconscious with **NORMAL BREATHING** roll into recovery position (be aware of potential spinal injury)
- + Commence CPR if unresponsive and abnormal breathing

If child had no loss of consciousness, seek urgent medical help if the head injury involved high speed or height, or if the child has any of the following:

- H** worsening Headache, seizure, unconscious
- E** worsening Eye problems (blurred/ double vision)
- A** Abnormal behavior change
- D** Dizziness, persistent vomiting
- B** Balance dysfunction with weakness or numbness in legs/arms
- U** Unsteady on feet, slurred speech
- M** Memory impaired, confused, disoriented
- P** Poor concentration, drowsy, sleepy
- S** Something's not right (concerned about child)

REF: ANZCOR Guideline 9.1.4 and Sydney Children's Hospitals Network Head Injury fact sheet

LIMB INJURY

+ Follow DRSABCD

- + Control any bleeding
- + Immobilise the injured limb if possible and keep child in a comfortable position
- + Apply cold pack for pain relief
- + Seek medical help or call AMBULANCE 000 if injury is severe

POISONING

+ Follow DRSABCD

+ If child is unconscious or has breathing difficulties call 000 AMBULANCE

Swallowed poison:

- + **DO NOT** try to make child vomit
- + Move child away from the poison, have container with you and call Poisons Information Centre 13 11 26 and follow their advice

Poison on the skin or eye:

- + Carefully remove any contaminated clothing
- + Flood the skin with cool running water
- + If poison is in the eye, gently flood with cool water for 10-15 minutes
- + Call Poisons Information Centre on 13 11 26 and follow advice

REF: ANZCOR Guideline 9.5.1 and NSW Poisons Information Centre

For use with adrenaline (epinephrine) injectors - refer to the device label or scan QR code below for instructions
Translated versions of this document are on the ASCIA website www.allergy.org.au/anaphylaxis#ta5

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline injector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before severe allergic reactions (anaphylaxis)

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS

- **Difficult or noisy breathing**
- **Swelling of tongue**
- **Swelling or tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking or hoarse voice**
- **Persistent dizziness or collapse**
- **Pale and floppy (young children)**

ACTION FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

How to give adrenaline injectors
Refer to device label or scan QR code below:



ALWAYS give adrenaline injector FIRST, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this first aid plan for the person with the allergic reaction.

Adrenaline injectors are given as follows:

- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg