



The ABCs and 123s for Parents

Infants & Small Children

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Allergy Prevention

- Allergic Reaction
 - The response of the immune system to a foreign substance that enters the body
- Common Allergies

Bee or Insect
Venom

Antibiotics

Pollen

Animal
Dander

Nuts

Shellfish

Strawberries

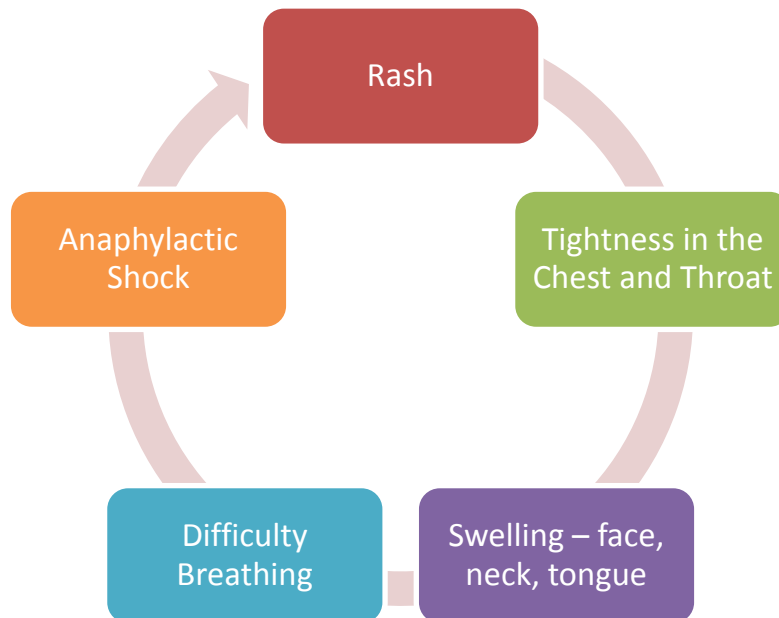
Coconut Oils





Allergy Prevention

- Signs of an Allergic Reaction



- Anaphylaxis / Anaphylactic Shock
 - Airway passages swell and restrict breathing
 - Life-threatening emergency



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Allergy Prevention

- Exclusive breast-feeding for the 1st 4-6 months
- For formula fed babies, use hydrolyzed infant formulas instead of cow's milk formulas
- After age 4-6 months, begin feeding single-ingredient infant foods one at a time
- Do not delay introduction of solid foods beyond 6 months
- Defer the following:
 - Dairy – 1 year
 - Eggs – 2 years
 - Peanuts, nuts, and fish – 3 years





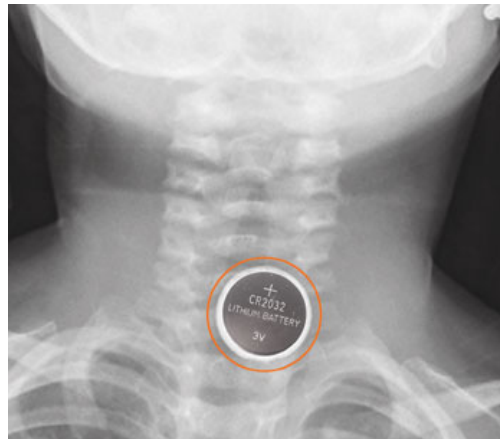
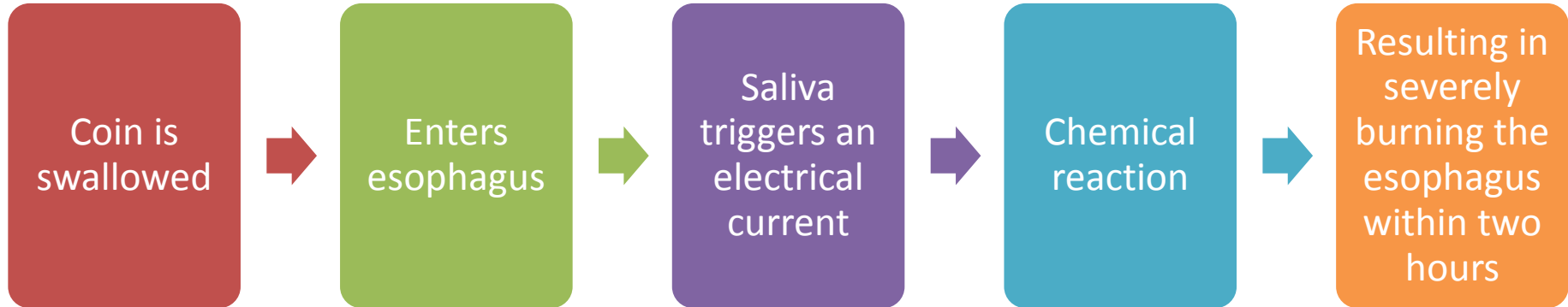
utton Batteries

- Coin Lithium Batteries
- More than 3,500 swallowing cases annually
- Average Age: 4
- Nonspecific Symptoms
- Ingestion incident NOT a choking incident





utton Batteries



*Once burning begins, damage can continue even after the battery is removed!



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utton Batteries



Where do they hide?

Small
Calculators

Watches

Car Key
Remotes

Key Fobs

Flameless
Candles

Garage Door
Openers

Hearing Aids

Kid's Jewelry

Key Chains
(Flashlights)

GREETING
CARDS!!!



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utton Batteries



<http://thebatterycontrolled.com>



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utton Batteries



Prevention

- Dispose of carefully
- Keep them out of reach
- Ask family members with hearing aids to keep out of reach
- Carefully inspect children's toys and jewelry
- Do not purchase musical or animated greeting cards
 - At least do not allow your children to play with them unsupervised
- Share this message with friends and family!



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ribs for Kids–Safe Sleep

- Cribs for Kids
 - Provide safe sleep education and safe sleeping environments to mothers in need
 - 300 partners across the country
 - Making an impact on the rates of babies dying of accidental death due to unsafe sleeping environments



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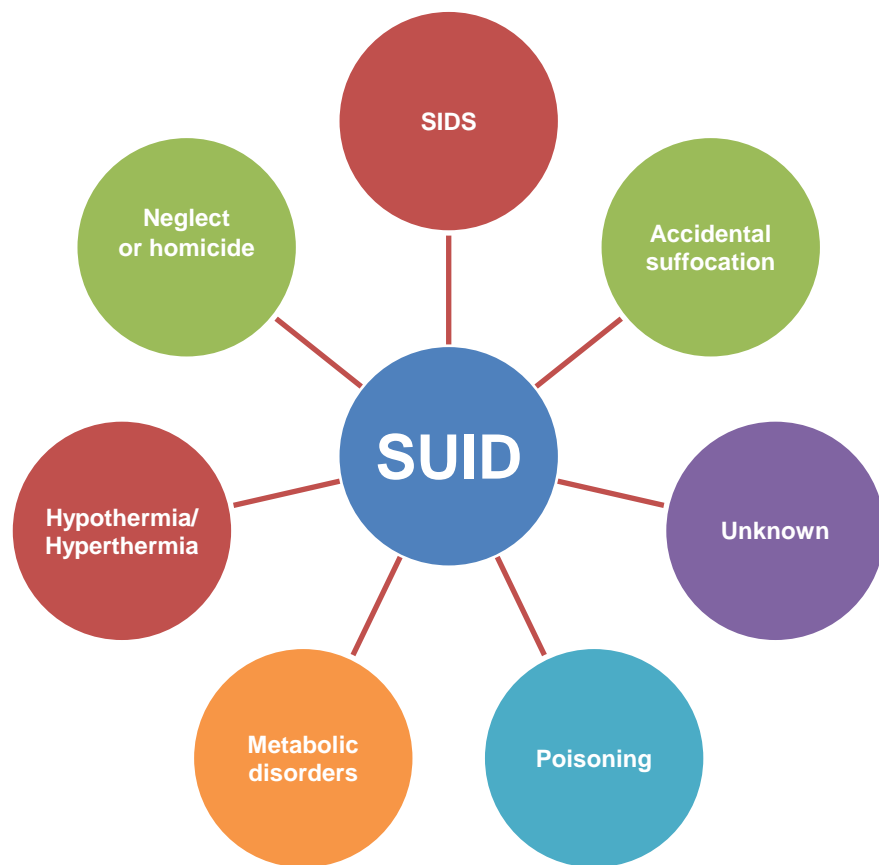
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ribs for Kids–Safe Sleep

- Sudden Unexpected Infant Death (SUID)
 - Deaths in infants (< 1 year) that occurs suddenly and unexpectedly and cause is not immediately obvious prior to investigation
 - Big “umbrella” of all unexplained infant deaths
- Sudden Infant Death Syndrome (SIDS)
 - Subcategory of SUID
 - Deaths in infants (< 1 year) that occurs suddenly and unexpectedly and cannot be explained after thorough investigation



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cribbs for Kids–Safe Sleep

- What is SIDS?
 - Leading cause of death among infants aged 1-12 months
 - Peak Occurrence Time: 2-4 months
 - Higher incidence in:
 - Males
 - Colder months
 - Preterm or low birth weight infants
 - African Americans, American Indian, Alaska Native



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ribs for Kids–Safe Sleep

- SIDS is **NOT**...
 - Preventable
 - BUT the risks can be reduced
 - Caused by vomiting and/or choking
 - Caused by immunizations
 - Contagious
 - The result of child abuse or neglect
 - The cause of every unexpected infant death



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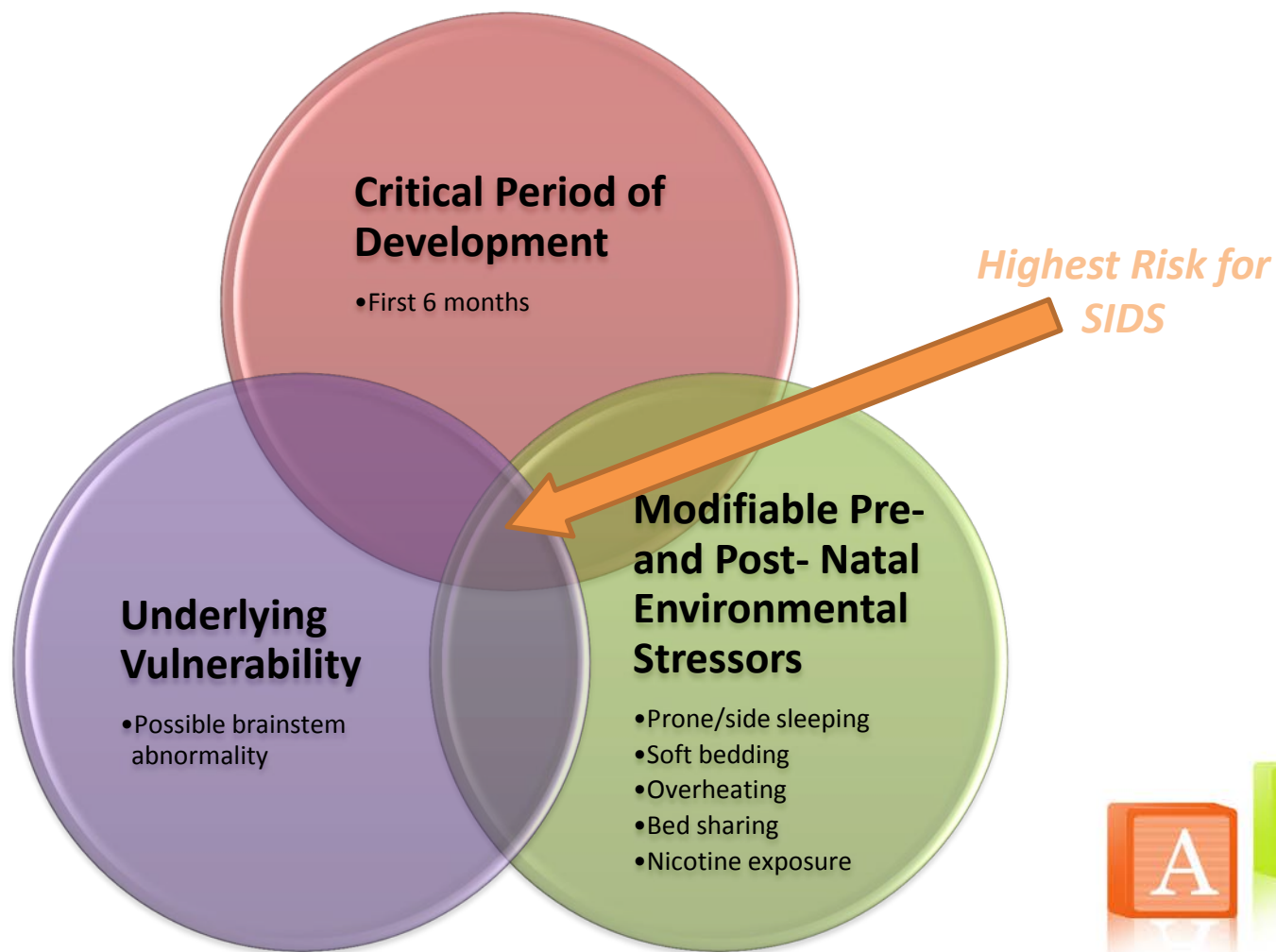
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Factors for Kids—Safe Sleep

Triple Risk Model to Explain SIDS



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risks for Kids—Safe Sleep

- Modifiable Pre- and Post- Natal Environmental Stressors
 - Prone/Side sleep position
 - Soft bedding
 - Overheating
 - Bed sharing
 - Nicotine exposure



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cribs for Kids–Safe Sleep

Modifiable Pre- and Post- Natal Environmental Stressor

- Prone/Side sleep position
 - Babies who sleep on their stomachs are less reactive to noise, experience sudden decreases in blood pressure and heart rate control, and experience less movement, higher arousal threshold, and longer periods of deep sleep



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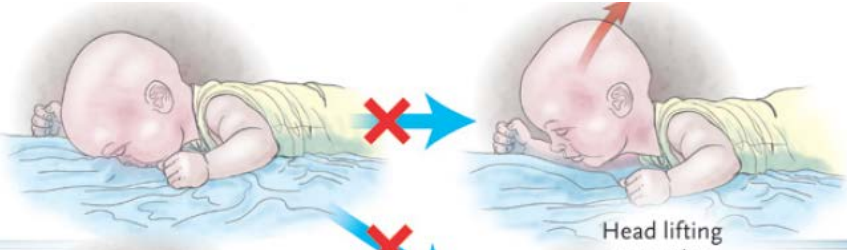
ribs for Kids–Safe Sleep

Truth about prone/side sleep position

Step 1

Life-threatening event

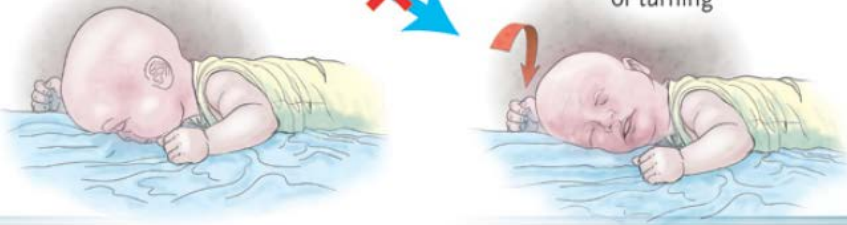
Asphyxia and brain hypoperfusion



Head lifting or turning

Step 2

Failure of arousal



Progressive asphyxia

Step 3

Hypoxic coma

Step 4

Bradycardia and gasping

Step 5

Failure of autoresuscitation resulting in death



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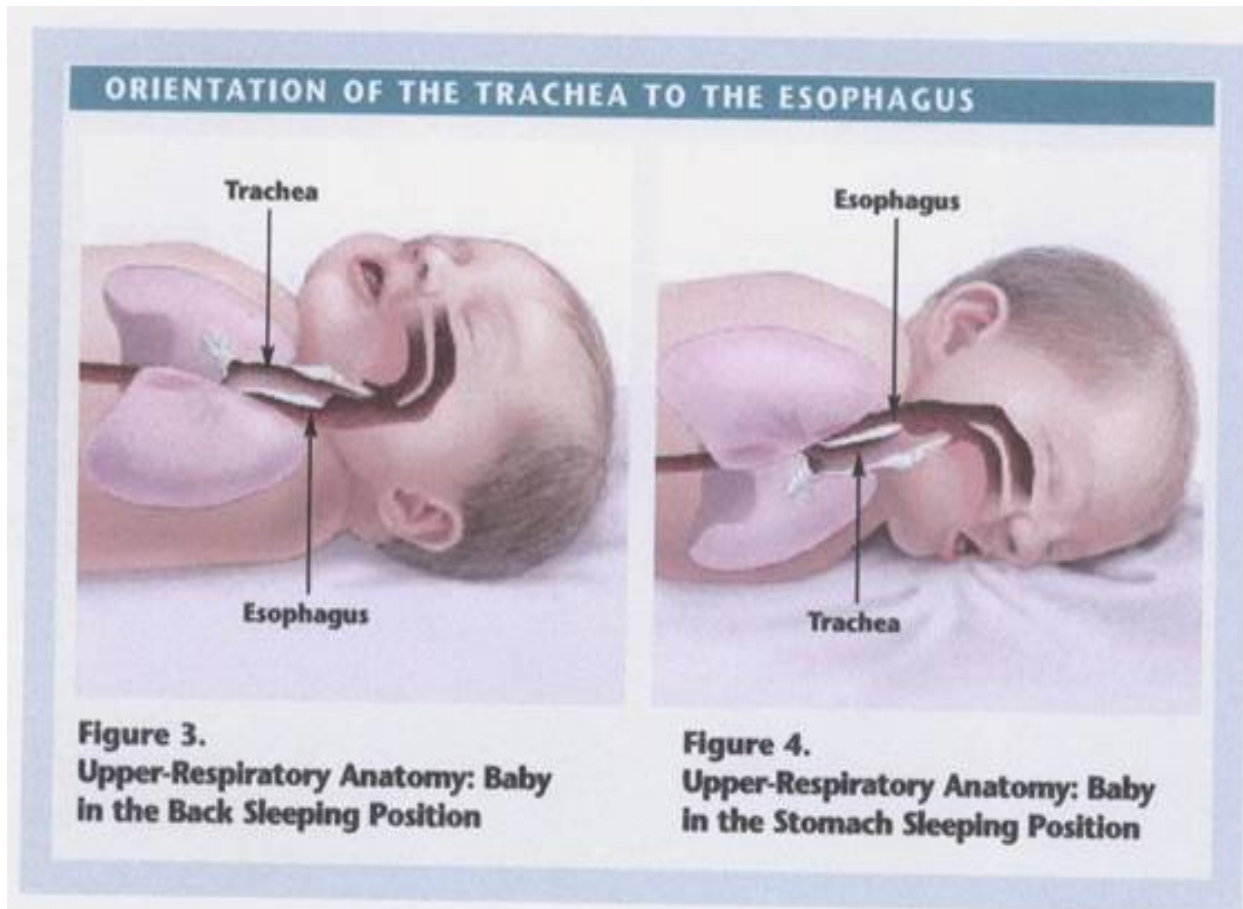
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ribs for Kids—Safe Sleep

Truth about aspiration



A

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ribs for Kids—Safe Sleep

Modifiable Pre- and Post- Natal Environmental Stressor

- Soft bedding
 - Sleeping on soft bedding: increased SIDS risk 5 X
 - Sleeping on the stomach: increased SIDS risk 2.4 X
 - SIDS victims were 5.4 times more likely to have shared a bed with other children
 - Sleeping on the stomach on soft bedding: increased risk of SIDS 21 times



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ribs for Kids–Safe Sleep

Modifiable Pre- and Post- Natal Environmental Stressor

- Bed Sharing
 - Growing trend: doubled over last decade
 - Reasons: Easier to feed baby and eliminate crying
 - Increased risks of suffocation



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cribs for Kids–Safe Sleep

- Prevention

- Use a crib or pack-n-play
- Back to Sleep...ALWAYS!
- Remove soft bedding, bumpers, stuffed animals from the sleeping area
- Do not cover baby with a blanket or sheet
- Do not share bed with baby
 - Consider moving crib into the same room
- Do not hold baby while in a sleeping position





INFANT CPR

1 Check for Responsiveness

- Tap shoulder
- Flick the bottom of the foot



2 Call 9-1-1

- If ALONE, give 2 minutes of care, then call 9-1-1
- If an unconscious infant is face-down, roll him or her face-up supporting the head, neck, and back in a straight line

3 Open the Airway

- Tilt head back slightly, lift chin





INFANT CPR

4 Check for Breathing

- Check for no more than 10 seconds
- Occasional gasps are not breathing

5 Give 2 Rescue Breaths

- Tilt head back and lift the chin up
- Make a complete seal over infant's mouth and nose
- Blow in for about 1 second to make the chest clearly rise
- Give the 2 rescue breaths, one after the other



If the chest does not rise, retilt the head and give another rescue breath

If the chest does not rise after retilting the head, give care for unconscious choking

If there is no breathing – perform CPR

If breathing – maintain an open airway and monitor for changes in condition



INFANT CPR

After checking for breathing and giving 2 rescue breaths, begin infant CPR

- Check for no more than 10 seconds
- Occasional gasps are not breathing



Skill Components	Infant
Hand Position	2 or 3 fingers in center of chest (just below nipple line)
Chest Compressions	About 1 ½ inches deep
Rescue Breaths	Until chest clearly rises (about 1 second per breath)
Cycle	30 chest compressions and 2 rescue breaths
Rate	30 chest compressions in about 18 seconds (at least 100 compressions per minute)



INFANT CPR

1

Give 30 Chest Compressions

- Push hard and fast in the center of the chest
- 1 ½ inches deep
- At least 100 compressions per minute

2

Give 2 Rescue Breaths

- Tilt head back and lift the chin up
- Make a complete seal over infant's mouth and nose
- Blow in for about 1 second to make the chest clearly rise
- Give the 2 rescue breaths, one after the other

3

Continue Cycle of 30:2

- Do NOT Stop, unless:
 - Find obvious signs of life
 - AED is ready to use
 - A trained responder or EMS personnel take over
 - You are too exhausted to continue
 - Scene becomes unsafe



2

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1 Check for Responsiveness

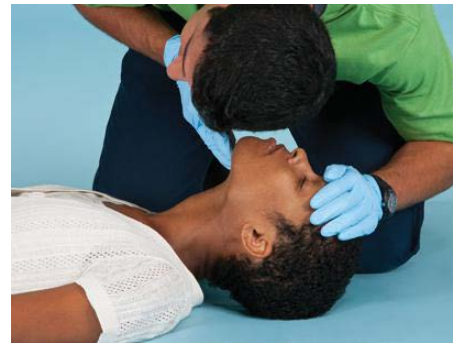
- Tap shoulder
- Shout, “Are you okay?”

2 Call 9-1-1

- If ALONE, give 2 minutes of care, then call 9-1-1
- If an unconscious infant is face-down, roll him or her face-up supporting the head, neck, and back in a straight line

3 Open the Airway

- Tilt head back slightly, lift chin





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4 Check for Breathing

- Check for no more than 10 seconds
- Occasional gasps are not breathing

5 Give 2 Rescue Breaths

- Tilt head back and lift the chin up
- Pinch the nose shut, then make a complete seal over child's mouth
- Blow in for about 1 second to make the chest clearly rise
- Give the 2 rescue breaths, one after the other

If the chest does not rise, retilt the head and give another rescue breath

If the chest does not rise after retilting the head, give care for unconscious choking

If there is no breathing – perform CPR

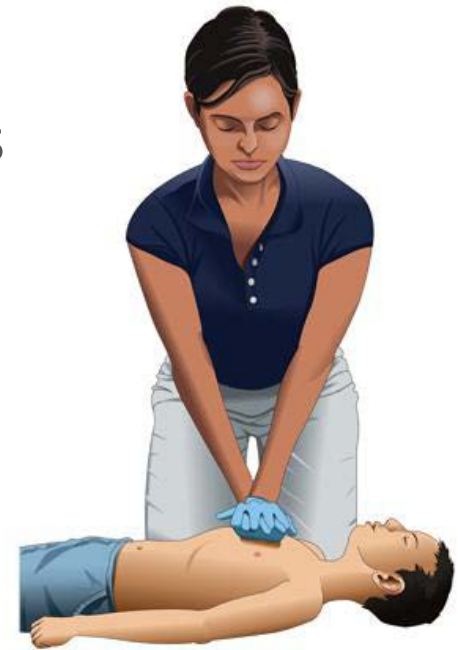
If breathing – maintain an open airway and monitor for changes in condition



CHILD CPR

After checking for breathing
and giving 2 rescue breaths
begin child CPR

- Check for no more than 10 seconds
- Occasional gasps are not breathing



Skill Components	Child
Hand Position	Two hands in center of chest (at the nipple line)
Chest Compressions	About 2 inches deep
Rescue Breaths	Until chest clearly rises (about 1 second per breath)
Cycle	30 chest compressions and 2 rescue breaths
Rate	30 chest compressions in about 18 seconds (at least 100 compressions per minute)



C H I L D C P R

1

Give 30 Chest Compressions

- Push hard, push fast in the center of the chest about 2 inches deep and at least 100 compressions per minute



2

Give 2 Rescue Breaths

- Tilt head back and lift the chin up
- Pinch the nose shut then make a complete seal over the child's mouth
- Blow in for about 1 second to make the chest clearly rise
- Give the 2 rescue breaths, one after the other



3

Continue Cycle of 30:2

- Do NOT Stop, unless:
 - Find obvious sign of life
 - AED is ready to use
 - Another trained responder or EMS personnel take over
 - You are too exhausted to continue
 - Scene becomes unsafe

AED on a Child and Infant

(Younger than 8 years or weighing less than 55 pounds)

- 1 Turn on AED (*pediatric*)
 - Follow the voice and/or visual prompts

- 2 Wipe bare chest dry

- 3 Attach Pads

- 1 pad – Right side of the chest below the clavicle
- 1 pad - Left side of the chest below the nipple line
- If pads risk touching each other, use the front-to-back pad placement

- 4 Plug in Connector, if necessary

- 5 Stand clear

- Do not touch infant or child



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AED on a Child and Infant

(Younger than 8 years or weighing less than 55 pounds)

6

Analyze Heart Rhythm

- Push the “analyze” button, if necessary
- Let the AED analyze the heart rhythm

7

Deliver Shock

- If a shock is advised:
 - Make sure no one, including you, is touching the child or infant
 - Say, “Everyone stand clear”
 - Push the “shock” button

**8**

Perform CPR

- After delivering the shock, or if no shock is advised:
 - Perform about 2 minutes (or 5 cycles) of CPR
 - Continue to follow the prompts of the AED





Foreign Body Airway Obstruction

Causes of Choking

Non-Food

- Toys
- Coins
- Marbles
- Marker caps

Food

- Raw vegetables
 - AAP: requires chewing with a grinding motion, which is not developed until 4 years
- Peanuts
 - AAP: 7 years
- Hot dogs & carrot sticks
 - AAP: Must be chopped into small pieces no larger than ½ inch

Food

- AAP: 5 years
 - Hard, gooey, or sticky candy
 - Grapes
 - Popcorn
 - Chewing gum
 - Vitamins



Foreign Body Airway Obstruction

Signs of choking

Coughing,
forcefully or
weakly

Clutching the
throat

Inability to cough,
speak, cry, or
breathe

Making high-
pitched noises
while inhaling or
noisy breathing

Panic

Bluish skin color

Losing
consciousness if
blockage is not
removed



Foreign Body Airway Obstruction

Conscious Choking Infant
Cannot Cough, Cry, or Breathe

1 Give 5 Back Blows

- Give firm back blows with the heel of one hand between the infant's shoulder blades
 - Keep the head lower than the chest
 - Support the head and neck



2 Give 5 Chest Thrusts

- Place two or three fingers in the center of the infant's chest just below the nipple line and compress the breastbone about 1 ½ inches
 - Keep the head lower than the chest, support the head and neck

3 Continue Care

- Continue sets of 5 back blows and 5 chest thrusts until the:
 - Object is forced out
 - Infant can cough forcefully, cry, or breathe
 - Infant becomes unconscious



4 If infant becomes UNCONSCIOUS:

- Call 9-1-1, if not already done
- Lower the infant on a firm, flat surface, and give care for an UNCONSCIOUS choking infant



Foreign Body Airway Obstruction

Unconscious Choking Infant

Chest does not rise with rescue breaths

If at any time the chest does not rise:

1 Give another rescue breath

- Retilt the head and give another breath

2 Give Chest Compressions

- If the chest still does not rise, give 30 chest compressions

3 Look for and Remove Object if seen

4 Give 2 rescue breaths

- If rescue breaths do not make the chest rise, repeat steps 2 through 4
- If chest clearly rises, check for breathing and give care based on condition found



3

Foreign Body
Airway
Obstruction

Conscious
Choking

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Cannot Cough,
Speak, or
Breathe

1

Stand or kneel behind the child

2

Give 5 Back Blows

- Bend the child forward at the waist and give 5 back blows between the shoulder blades with the heel of one hand

3

Give 5 Abdominal Thrusts

- Place a fist with the thumb side against the middle of the child's abdomen, just above the navel
- Cover your fist with your other hand
- Give 5 quick, upward abdominal thrusts

4

Continue Care

- Continue sets of 5 back blows and 5 abdominal thrusts until the:
 - Object is forced out
 - Child can cough forcefully or breathe
 - Child becomes unconscious

5

If child becomes UNCONSCIOUS:

- Call 9-1-1, if not already done
- Carefully lower the child to the ground and give care for an UNCONSCIOUS choking child





Foreign Body
Airway
Obstruction

Unconscious

Choking

C

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D

Chest does not
rise with
rescue breaths

If at any time the chest does not rise:

1

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- If the chest still does not rise, give 30 chest compressions

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Give 2 rescue breaths

- If rescue breaths do not make the chest rise, repeat steps 2 through 4
- If chest clearly rises, check for breathing and give care based on condition found



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Call First vs. Care First (when you are alone)

- Call First
 - Call 9-1-1 before giving care
 - Generally situations are likely to be cardiac emergencies
 - Any adult or child about 12 years of age or older who is unconscious
 - A child or infant who you witnessed suddenly collapse
 - An unconscious child or infant known to have heart problems
- Care First
 - Give 2 minutes of care, then call 9-1-1
 - Generally situations are likely related to breathing emergencies
 - An unconscious child (younger than about 12 years of age) who you did not see collapse
 - Any drowning victim



Useful Links

www.cdc.gov

www.cribsforkids.org

www.aap.org

<http://thebatterycontrolled.com>

www.pasafekids.org

www.redcross.org

www.safekids.org

www.heart.org

www.cdc.gov

www.cpinpa.org