

Indian Academy of Pediatrics (IAP)



## GUIDELINES FOR PARENTS

# First Aid Guidelines

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### 10 FAQs on FIRST AID GUIDELINES

1. My child gets cuts and minor injuries at home and I am not sure how to do first aid and when to see the doctor.
2. My child had hot water spilt on her body and developed scalds/burns. I am not sure what first aid care to give before taking him to the doctor.
3. If my child has a fall, I am not sure when it is a fracture, what first aid care can I give?
4. My child collapsed and I was not sure if it was fits or faints. How can I recognize it and what first aid care can I give.
5. My child has fallen from height and hurt his head. Please let me know what first aid care I can give.
6. My child was eating and became breathless suddenly. What first aid care can I give?
7. I saw a child playing in the swimming pool and drowned. What first aid care can I give?
8. I saw my child playing with electric plug and sockets and I think she had an electric shock. What should I do to make sure my child is safe? Any first aid care I can give?
9. My child had some itchy rashes on his body suddenly. Is it allergy or some insect bite? How can I give first aid care to him?
10. I think my child has taken something and I am worried he may be poisoned. Please let me know what first aid care can be given to my child.

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# First Aid Guidelines

## Q1

**My child gets cuts and minor injuries at home and I am not sure how to do first aid and when to see the doctor.**

Children suffer from injuries frequently. Observe whether it is an open superficial (skin rub or cut) or deep wound (muscles are visible). Superficial wounds occur over bony prominence like elbow, shin, knee, ankle, etc. Only superficial layer of skin is disrupted. Dirt and gravel may be impacted into the wound. Deep cut or tear in skin is caused by blunt trauma commonly due to fall and has irregular and jagged margins (**Figs. 1 and 2**).

### What to do?

- Wash the wound with clean water.
- Remove any foreign material from wound by scrubbing using gauze piece or soft cloth.
- Use Betadine for cleaning and cover the wound with gauze piece and soft cloth.
- If cut and bleeding is present, give pressure bandage.



**Fig. 1:** Superficial cut wound.



**Fig. 2:** Deep cut wound.

### What not to do?

- Do not panic.
- Do not apply home-based ointment, cow dung or toothpaste on wound.
- Avoid sticky bandages.
- Do not suck the wound if bleeding is present.

### When to go to Doctor immediately?

- In case of large abrasion.
- If wound is impacted with foreign material.
- Excessive bleeding.
- To ensure immunization of tetanus toxoid if the child is previously not vaccinated.

**Q2. My child had hot water spilt on her body and developed scalds/burns. I am not sure what first aid care to give before taking him to the doctor.**

Burns and scalds are one of the leading causes of accidental injuries at home and majority are preventable. Some of the most common child burns that occur in the home are result from direct contact with the hot liquids or objects. Burns are also caused by chemicals, electricity, and fire. You remove the child from the affected area. All burns should be treated as soon as possible to reduce damage to skin and underlying tissues (**Figs. 3A to D**).

#### What to do?

- Remove clothes from the burnt site if it is not stuck.
- Immerse burnt area with large amount of water or keep on pouring water on burnt area for 15–20 minutes.
- Administer a painkiller, i.e., paracetamol to reduce pain or consult your doctor telephonically.
- Cover the burn with dry sterile gauze or silver nitrate ointment if available.

#### What not to do?

- Do not apply ice compresses to ease pain.
- Do not apply any ointment or cream or chemicals/herbs.
- Do not remove clothing which is sticking to skin.
- Do not prick the blisters, which are already formed.

#### When to go to Doctor immediately (Red flag signs)?

- Burn causing breathing difficulties.
- Burn located on the head, neck hands, and genitalia.
- Burns covering more than one body part.



**Figs. 3A to D:** Depth of burns. (A) Superficial; (B) partial thickness; (C) mixed deep partial and full thickness; and (D) deep burns. (Reproduced with Permission from Gupta P, et al. Postgraduate Textbook of Pediatrics, Vol 1, 2nd Edition. New Delhi: Jaypee Brothers Medical Publishers, 2018. p. 396)

### Q3. If my child has a fall, I am not sure when it is a fracture, what first aid care can I give?

Fracture is a medical condition in which bone of child is cracked or broken. About 15% injuries in children are fracture injuries. You should look for the following signs that may indicate a fracture:

- a. Hearing an audible pop or grinding or click after an injury
- b. Swelling on the affected limb



**Fig. 4:** Fracture leg with POP.

- c. Pain in the area of injury
- d. Bruising over the painful area
- e. Difficulty during movement of arm or leg
- f. Problem in bearing weight.

#### What to do?

- a. Take clothing off the injured area.
- b. Stabilize the limb.
- c. Raise the arm or leg to reduce the swelling.
- d. Apply ice-pack wrapped in cloth.
- e. Take a painkiller, i.e., paracetamol or consult your doctor telephonically.
- f. If splint is not available, you can make using a rolled-up magazine or newspaper and simply wrap around the affective limb. (Splint immobilizes the limb. This protects it until the child is seen by the doctor).
- g. Get medical care. Do not let him eat or drink in case surgery is required.

#### What *not* to do?

- a. Do not mobilize the limb.
- b. Do not apply the splint too tight.

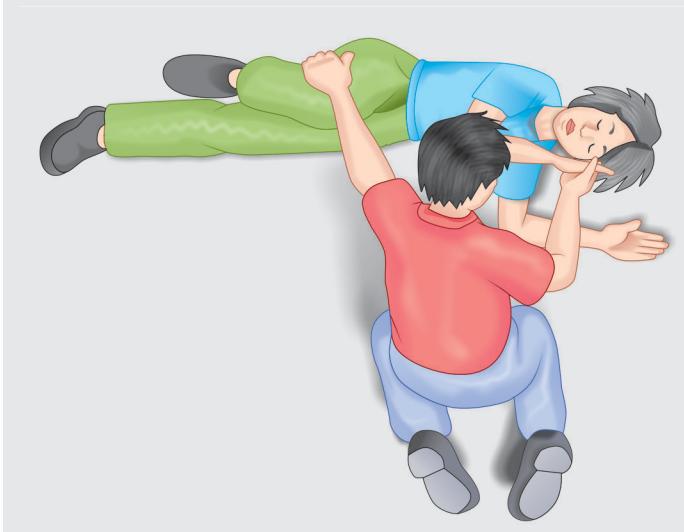
#### When to go to Doctor immediately (Red flag signs)?

- a. If a child complains of pain that is getting worse even with pain reliever and on raising the fractured arm or leg (**Fig. 4**).
- b. If the limb of the child is getting pale, cold, blue or becoming more swollen.
- c. Child complains of numbness in the fractured limb.

**Q4. My child collapsed and I was not sure if it was fits or faints. How can I recognize it and what first aid care can I give?**

*Fits*

Fits are sudden jerking of whole/part of body with/without loss of consciousness. The child may vomit/urinate/defecate during the fit and become drowsy for several minutes. These are known as “convulsions” in medical language.



**Fig. 5:** Child on level surface lying sideways.

**What to do in fit/faint?**

- Place the child on level surface lying sideways (**Fig. 5**). For faints, place child flat on back with legs slightly raised.
- Wipe any vomit/spit with soft cloth.
- Protect the head with pillow/your palm.
- Remove tight clothing.
- Time the duration of fit (**Fig. 6**).
- Check for breathing.
- If fits persist for >5 minutes, give intranasal midazolam as advised by your doctor.

**What not to do?**

- Do not overcrowd.
- Do not put any hard object between the teeth to forcibly keep the mouth open or hand in metal objects.
- Do not try to stop the child from jerking—this will not stop the fits.
- Do not give anything to eat or drink during or immediately after the fits.

**Fig. 6:** Duration of fit.



*Faints*

Faints are sudden loss of consciousness usually after prolonged standing, sudden fright/pain.

**When to go to Doctor immediately (Red flag signs)?**

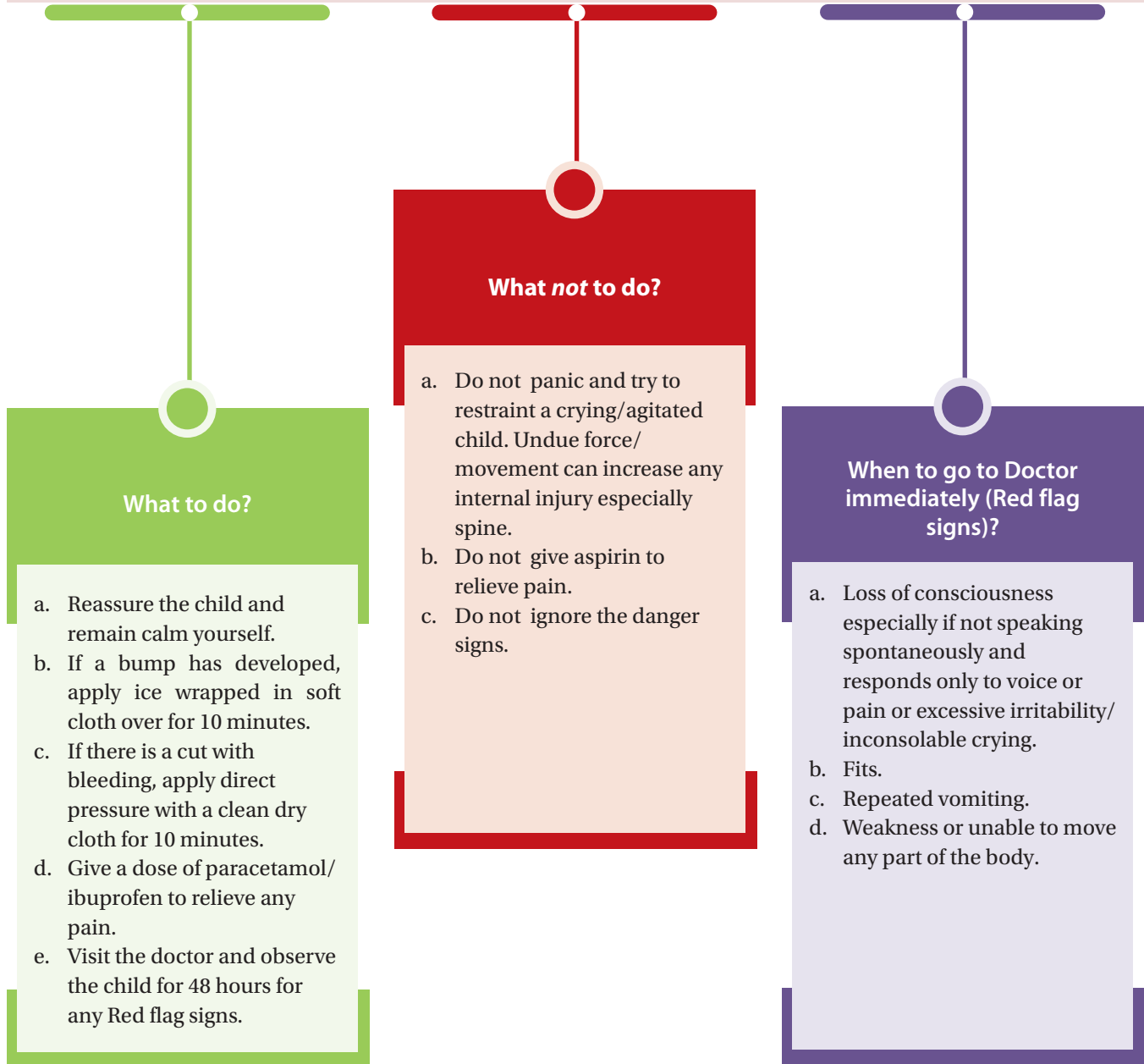
- Fits lasting for >5 minutes or occurring repeatedly.
- Remaining unresponsive for >5 minutes after the fits.
- Associated visible injury.
- Breathing difficulty.
- After recovery, has trouble seeing/speaking/moving.



**Q5. My child has fallen from height and hurt his head. Please let me know what first aid care I can give.**

Most head injuries in children are not worrisome. However, you have to observe for the following events in your child to rule out a serious injury that will need an emergency hospital visit. Look for:

- a. Any loss of consciousness even momentarily?
- b. Any bleeding/clear discharge from nose, ears or mouth?
- c. Vomiting more than once.
- d. Not recognizing family members/friends.
- e. Inconsolable crying/irritability in infants.
- f. Has trouble seeing/hearing or moving a body part.
- g. Has fits.



**Q6. My child was eating and became breathless suddenly. What first aid care can I give?**

When a toddler (usually <3 years old) eating small objects such as groundnuts or playing with small objects such as beads, suddenly starts coughing followed by noisy breathing difficulty, it may suggest a choking episode.

Choking indicates that the small object has gone down the wrong way into the breathing tube (trachea) or windpipe instead of the food pipe (esophagus). This will block the passage of air in and out of the lungs.

**What to do?**

- a. If the child is coughing vigorously or crying loudly or able to speak *do not* interfere.
- b. If the child cannot cough or has a weak cough or cannot speak or cannot cry or become unresponsive then you need to actively help.
- c. Attempt to dislodge the object blocking the airway:
  - i. Using *back blows (Fig. 7)* and *chest compressions (Fig. 8)* in infants.
  - ii. *Heimlich maneuver* in older children which require some training (**Fig. 9**).

**What not to do?**

- a. Do not allow toddlers <3 years eat or play with small objects such as groundnuts, beads, coins, etc.
- b. Do not put finger in the mouth to sweep the object out of mouth.
- c. Do not force the child to vomit.

**When to go to Doctor (Red flag signs)?**

- a. Inability to cough vigorously or cry loudly or talk.
- b. Breathing difficulty or not breathing.
- c. Unresponsiveness.
- d. Blue discoloration of lips and tongue.
- e. All choking episodes in a child must be seen by the doctor.



**Fig. 7:** Back blows choking maneuver



**Fig 8:** Chest thrust choking maneuver



**Fig 9:** Heimlich maneuver



**Q7. I saw a child playing in the swimming pool and drowned. What first aid care can I give?**

Young children under 5 years and adolescents are likely to be involved in accidental drowning either in water containers in/near homes and water bodies, usually due to inadequate supervision or following peer pressure.

Drowning results in flooding of the lungs leading to reduced oxygen supply to all tissues affecting the heart, brain, and even kidneys.

**What to do?**

- a. Remove child from risk (water body).
- b. Check if child is responsive and, if not, start rescue breaths immediately making sure there is chest expansion even if by mouth-to-mouth breathing.
- c. If there is no response after 2 breaths, start chest compressions. This cardiopulmonary resuscitation (CPR) needs training.
- d. If child is responding, put him in left lateral/recovery position and shift to the nearest Emergency Department.

**What not to do?**

- a. Do not try and pump the water out of the lungs by any method.
- b. Do not give up CPR till you reach a hospital, especially if the child's temperature is cold/low.

**When to go to Doctor (Red flag signs)?**

- a. Breathing difficulty.
- b. Bluish discoloration of lips and tongue.
- c. Unresponsive and limp.

**Q8. I saw my child playing with electric plug and sockets and I think she had an electric shock. What should I do to make sure my child is safe? Any first aid care, I can give?**

Electric burns usually occur accidentally when children play near plug points or electricity wires usually in or near homes. Electricity passes through the body and may cause skin burns but also seriously damage vital organs like the heart, muscles, and even kidneys.

**What to do?**

- a. Firstly, switch-off power or use a wooden stick to push live wires away.
- b. Remove child from risk (electric wires) only *afterward*.
- c. Be careful of water spills in the vicinity.
- d. Check if child is responsive and, if not, start CPR especially chest compressions early and efforts must be prolonged.
- e. Simple skin burns require simple clean dressings after using cool water or wet cloth to cool the burn.

**What not to do?**

- a. Do not give up if child is non-responsive following an electric shock as prolonged CPR is effective.
- b. Do not use ice on skin.
- c. Do not allow children to play with or near electric appliances, plug points, and wires.

**When to go to Doctor (Red flag signs)?**

- a. Painless, white or black skin burns.
- b. Unresponsive child.
- c. All electrical burns must be seen by the doctor.

**Q9. My child had some itchy rashes on his body suddenly. Is it allergy or some insect bite? How can I give first aid care to him?**

Children can have an allergy to items such as food, environmental, and/or insect bites.  
Watch for streaming nose, watery eyes, swelling of lips or face, and breathing difficulty.

**What to do?**

- a. Carefully identify and remove the trigger that led to these symptoms especially if known allergens the child is exposed to.
- b. Remove if any obvious insect sting with a cardboard edge.
- c. Loosen the clothes.
- d. Apply moisturizing lotion to the skin/rashes.
- e. You can give age appropriate antiallergic medicine.
- f. Ensure adequate supervision to avoid exposure to allergens that child has such reactions.
- g. Keep a stock of antiallergic medicines and other emergency items.

**What not to do?**

- a. Do not apply herbal creams or antibiotics creams.
- b. Do not allow the child to scratch too much that results in skin peeling.

**When to go to Doctor (Red flag signs)?**

- a. If your child has swelling of lips, breathing difficulty or noisy breathing, or bluish discoloration of lips and tongue.
- b. Do consult an allergy specialist to identify, if your child has allergies.

**Q10. I think my child has taken something and I am worried he may be poisoned. Please let me know what first aid care can be given to my child.**

Children can get poisoned due to their regular medicines in overdose or by eating medicines that is used for other family members or consuming other household items such as cleaning liquids, kerosene, and pesticides.

For adolescents, remember it may be intentional.

Identify if there are any traces of such missing items through any spills or smell or missing quantity in the vicinity.  
Majority of the times, the child may be having no symptoms.

**What to do?**

- a. Check if your child is conscious, has breathing difficulty, fits or any unusual features.
- b. If he is unconscious or has fits, put him in the left lateral (recovery) position.
- c. If the child has vomited, clean the body and change the clothes.
- d. Wash your hands well.
- e. Remember to take the item you suspect the child may have taken to show to the doctors in the hospital.
- f. Keep all cleaning agents, fuel, and medicines in locked cupboard and out of reach of children as per age.

**What not to do?**

- a. Do not force or induce the child to vomit at home (leads to aspiration into lungs).
- b. Do not delay transport.

**When to go to Doctor (Red flag signs)?**

- a. Unconscious or unresponsive to voice.
- b. Breathing difficulty, or
- c. Looks obviously unwell.
- d. All cases of suspected poisoning.

## Home First Aid Kit (Fig. 10)



*Keep these Readily Available*

- Cotton roll—1
- Sterile Gauze pack of 4
- Roller bandage—2
- Various sizes of plasters—2 each
- Antiseptic liquid—1 small bottle—50–100 mL
- Silver nitrate ointment—1 tube
- Gloves—2 pairs
- Hand sanitizer—30 mL
- Soap solution
- Scissors
- Kidney tray/Plastic small bowl
- Oral rehydration solution (ORS)
- Paracetamol syrup
- IAP Parent's Guideline for first aid



**Fig. 10:** Home first aid kit.