

Pediatrics

Infants and Children



Overview

- Characteristics of infants and children
- Special considerations
- Assessment & management of asthma
- Assessment & management of febrile seizures
- Assessment & management of cardiac arrest
- Sudden Infant Death Syndrome (SIDS)

Characteristics of Infants and Children

- Emergencies are very frightening to a child due to the unknown
- Wanting their parents
 - May be a child's first priority
- When dealing with children, you need to gain their trust

Attempt To Calm & Reassure Them By...

- Approaching them slowly—asking permission to get closer
- Letting them know that someone will call their parents
- Sitting down with them, so you are at their level
- Letting them see your face & expressions
- Always tell them what you are going to do before you do it
- **NEVER LIE TO THE CHILD**
- Offer comfort

Reassurance

OH NO! NO! NO! JOHNNY...HE IS HERE
TO HELP YOU...AS LONG AS YOU
DON'T SHOW ANY FEAR...PARAMEDICS
CAN SENSE FEAR.



Always Work With The Parents

**Sometimes parents will react
with emotional responses
that can hinder your care to
the child**

Special Considerations

- Infants & children have less blood volume & may develop severe shock from minor blood loss
- Children are more vulnerable to spinal injuries due to their larger/heavier head & underdeveloped neck muscles & bone structure
- More susceptible to hypothermia/hyperthermia due to their temperature control mechanism in the brain is immature

Special Considerations

- The best sound you can hear from an infant/child is a very loud cry...this tells you:
 - They are moving lots of air in/out of the lungs
 - They have lots of energy in order to make such a cry
 - They are alert enough to be peeved at you

Asthma

- Inflammation in the bronchi creating secretions & bronchospasms
- Most common age of onset is preschool years
- Usually not diagnosed until after 1 year of age
- Can be a serious emergency

Asthma

- Can be triggered by:
 - Foods
 - Inhalants
 - Pollens
 - Mold
 - Combinations

Asthma

- Signs and Symptoms...
 - Expiration becomes difficult
 - Noticeable wheezing
 - Mouth breathing further thickens the secretions, worsening the distress
 - Shallow/irregular respirations or a decrease in respirations are serious signs of imminent respiratory failure

Treatment of Asthma

- Ensure EMS has been called (911)
- Monitor ABC's
- High flow O₂—may be blow by O₂
- Position of comfort
- Monitor vital signs
- **Be prepared to ventilate**

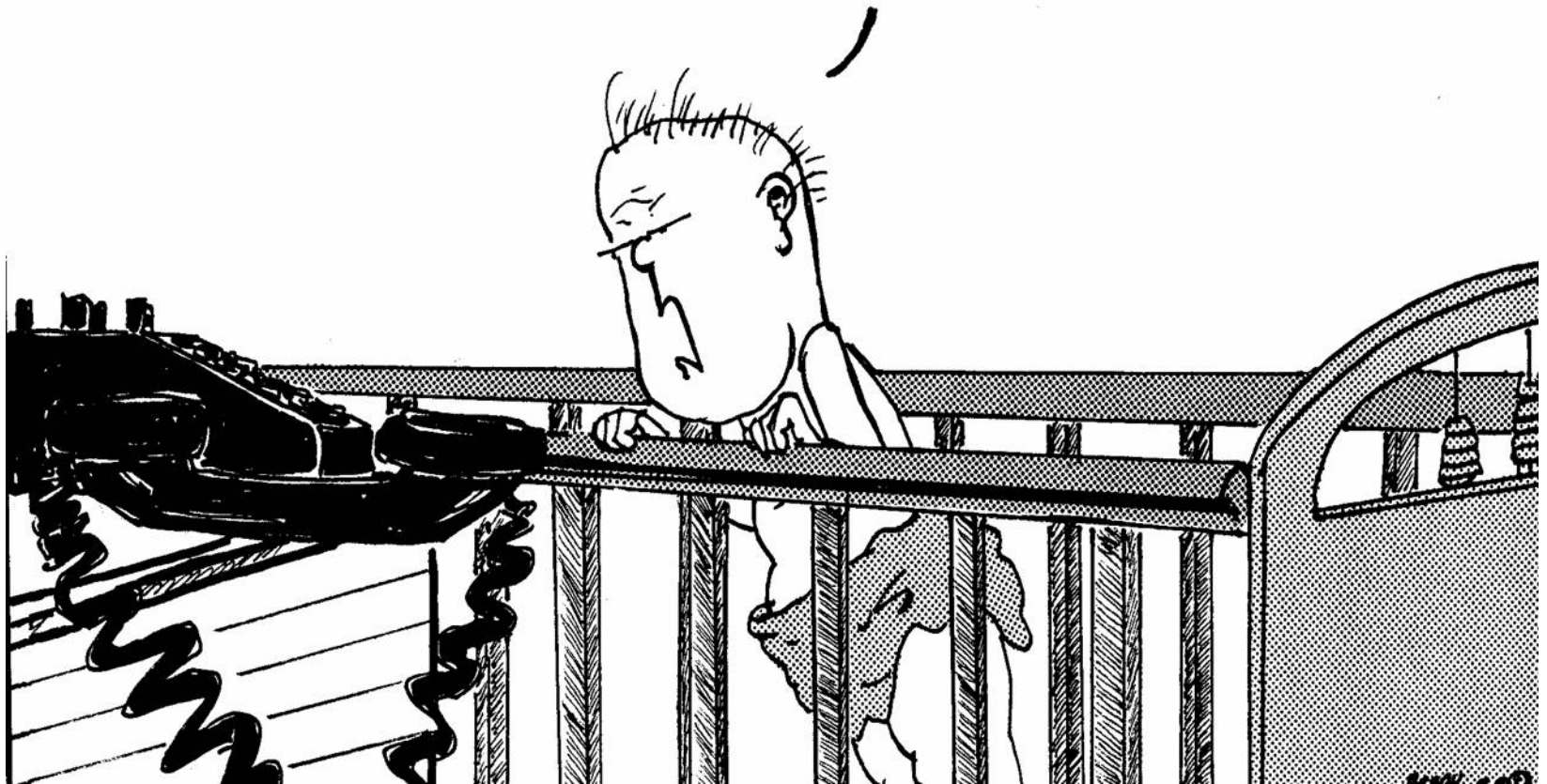
Febrile Seizures

- A febrile seizure is caused by a high temperature and are fairly common in infants and young children
- This type of seizure is usually not associated with epilepsy or brain damage
- These patients need to be seen at the hospital to diagnose the exact cause of the fever
- Because of the immature temperature control mechanism in the brain, the temperature *spikes* quickly
- Approximately 5% of infants & children will have a seizure

Management of a Febrile Seizure

- Ensure EMS has been called (911)
- Monitor ABC's
- High flow O₂
- Gradually cool the patient with damp, luke warm cloths, rubbing down their back and neck
 - Try not to excessively cool the patient
- Monitor vital signs
- Calm and reassure parents

PLEASE RESPOND YOUR 911
ASS DOWN TO A CODE BROWN
IN PROGRESS.



Cardiac Arrest

- A child's heart is usually healthy and strong
- Cardiac arrest is usually due to a problem effecting the respiratory status
 - Foreign body
 - Infection
 - Congenital birth defect
 - Smoke inhalation
 - Trauma
 - Suffocation
 - Drowning
 - SIDS

**Support of
breathing can
prevent the cardiac
arrest in many
cases**

Management of Parents in a Cardiac Arrest

- Control the scene
- Be gentle and firm
- Reassure that you are doing all that is possible
- Use bystanders to support the parents
- Always give honest, realistic information

When you can't
breath...nothing
else matters!!

Sudden Infant Death Syndrome (SIDS)

- The sudden unexplained death during sleep of an apparently healthy baby in its first year of life
- Occurs in about 2 in every 1,000 babies
- The number one cause of death in infants 1 month—1 year of age
- **CAN NOT BE PREDICTED**

Sudden Infant Death Syndrome (SIDS)

- Signs and Symptoms...
 - Usually occurs at night
 - May have blotchy, mottled appearance
 - Usually cold to touch
 - May be stiff due to rigor mortis
 - May have blood tinged fluid around mouth and nose or on blankets

Care For SIDS

- Ensure EMS has been called (911)
- Perform primary assessment
- Unless infant is stiff—begin CPR
 - Even though there may be no hope—the parents are seeing that everything possible is being done
- If infant is stiff—be prepared for denial, anger, and hysteria to occur from the parents

**In any case...if you are
unsure as to whether or
not you should initiate
CPR, give the patient the
benefit of the doubt and
begin CPR**

Summary

- Characteristics of infants and children
- Special considerations
- Assessment & management of asthma
- Assessment & management of febrile seizures
- Assessment & management of cardiac arrest
- Sudden Infant Death Syndrome (SIDS)

ANY QUESTIONS?

