

FIRST AID

Call 911 or an Emergency Number for any severely ill or injured child.

STINGS AND BITES

Stinging Insects Remove the stinger as quickly as possible with the scraping motion of a fingernail. Put a cold compress on the bite to relieve the pain. If trouble breathing, fainting, or extreme swelling occurs, call 911 or an emergency number immediately. For hives, nausea, or vomiting, call the pediatrician. For spider bites, call the pediatrician or Poison Center and describe the spider. Have the pediatrician examine any bites that become infected.

Animal or Human Bites Wash wound thoroughly with soap and water. Call the pediatrician. The child may require a tetanus or rabies shot.

Ticks Use tweezers or your fingers to grasp as close as possible to the head of the tick and slowly pull the tick away from the point of attachment. Call the pediatrician if the child develops symptoms such as a rash or fever.

Snake Bites Take the child to an emergency department if you are concerned that the snake may be poisonous or if you are unsure of the type of snake bite. Keep the child at rest. Do not apply ice. Use only a splint the injured area and keep it at rest, positioned below the level of the heart. Try to identify the snake, if you can do so safely.



BURNS AND SCALDS

General Treatment First stop the burning process by removing the child from contact with hot water or a hot object (for example, tar). If clothing is burning, smother flames and cool clothing by soaking with water. Remove clothing unless it is firmly stuck to the skin. Run cool water over burned skin until the pain stops. Do not use ice or apply any butter, grease, medication, or ointment.

Burns With Blisters Do not break the blisters. Call the pediatrician for advice on how to cover the burn and about any burns on the face, hands, feet, or genitals.

Large or Deep Burns Call 911 or an emergency number. After stopping and cooling the burn, keep the child warm with a clean sheet covered with a blanket until help arrives.

Electrical Burns Disconnect electrical power. Do NOT touch the victim with bare hands. Pull the victim away from the power source with a wooden pole. ALL electrical burns need to be seen by a doctor.

SKIN WOUNDS

Make sure the child is immunized for tetanus. Any open wound may require a tetanus booster even when the child is currently immunized. If the child has an open wound, ask the pediatrician if the child should receive a tetanus booster.

Bruises Apply cold compresses. Call the pediatrician if the child has a crush injury, large bruises, continued pain, or swelling. The pediatrician may recommend acetaminophen for pain.

Cuts Wash small cuts with water until clean. Use direct pressure with a clean cloth to stop bleeding. Apply an antibiotic ointment, then cover the cut with a clean bandage. Call the pediatrician for large and/or deep cuts, or if the wound is gaping, because stitches should be placed without delay. For major bleeding, call for help (911 or an emergency number). Continue direct pressure with a clean cloth until help arrives.

Scrapes Rinse with soap and water to remove dirt and germs. Do not use detergents, alcohol, or peroxide. Use antiseptic soap. Apply an antibiotic ointment and a bandage that will not stick to the wound.

Splinters Remove small splinters with tweezers, then wash and apply local antiseptic. If you are unable to remove the splinter completely, call the pediatrician.

Puncture Wounds Do not remove large objects such as a knife or stick from a wound. Call for emergency medical assistance (911). Such objects must be removed by a doctor. Call the pediatrician for all puncture wounds. The child may need a tetanus booster.



EYE INJURIES

If anything is splashed in the eye, flush gently with water for at least 15 minutes. Call the Poison Center or the pediatrician for further advice. Any injured or painful eye should be seen by a doctor. Do NOT touch or rub an injured eye. Do NOT apply medication. Do NOT remove objects stuck into the eye. Cover the painful or injured eye with a paper cup or eye shield until you can get medical help. An eye injury may require a tetanus booster.

FRACTURES AND SPRAINS

DO NOT MOVE A CHILD WHO MAY HAVE A NECK OR BACK INJURY, as this may cause serious harm. Call 911 or an emergency number.

If an injured area is painful, swollen, deformed, or if motion causes pain, wrap it in a towel or soft cloth and make a splint with cardboard or another rigid material to hold the arm or leg in place. Apply ice or a cold compress, or seek emergency care. If there is a break in the skin near the fracture or if you can see the bone, cover the area with a clean bandage, make a splint as described above, and seek emergency care.

If the foot or hand below the injured part is cold or discolored, seek immediate emergency care.



FEVER

Fever in children is usually caused by infection. It also can be caused by chemicals, poisons, medications, an environment that is too hot, or an extreme level of exertion. Take the child's temperature to see if he has a fever. Most pediatricians consider any thermometer reading above 100.4°F (38°C) a sign of a fever. However, the way the child looks and behaves is more important than how high the child's temperature is. Call the pediatrician immediately if the child has a fever and:

- Appears very ill, is unusually drowsy, or is very fussy
- Has been in an extremely hot place, such as an overheated car
- Has additional symptoms such as a stiff neck, severe headache, severe sore throat, severe ear pain, an unexplained rash, or repeated vomiting or diarrhea
- Has a condition causing immune suppression (such as sickle cell disease, cancer, or the taking of steroids)
- Has had a seizure
- Is less than 2 months of age and has a rectal temperature of 100.4°F (38°C) or higher

To make the child more comfortable, dress him in light clothing, give him cool liquids to drink, and keep him calm. The pediatrician may recommend fever medications. Do not use aspirin to treat a child's fever. Aspirin has been linked with Reye syndrome, a serious disease that affects the liver and brain.



FAINTING

Lay the child on his back with his head to the side. Do NOT give the child anything to drink. If the child does not wake up within 1 minute, call the pediatrician or dial 911 or an emergency number. If the child is not breathing, begin CPR.

TEETH

Baby Teeth If knocked out or broken, apply clean gauze to control bleeding and call the pediatric dentist.

Permanent Teeth If knocked out, find the tooth and, if dirty, rinse gently without scrubbing or touching the root. Do not use chemical cleaners. Use milk or cold drinking water. Place the tooth into clean water or milk and transport the tooth with the child when seeking emergency care. Call and go directly to the pediatric dentist or an emergency department.

If the tooth is broken, save the pieces in milk and call the pediatric dentist immediately.



CONVULSIONS, SEIZURES

If the child is breathing, lay her on her side to prevent choking. Make sure the child is safe from objects that could injure her. Do not put anything in the child's mouth. Loosen any tight clothing. Perform rescue breathing if the child is blue or not breathing. Call 911 or an emergency number.

HEAD INJURIES

DO NOT MOVE A CHILD WHO MAY HAVE A SERIOUS HEAD, NECK, AND/OR BACK INJURY. This may cause further harm.

Call 911 or an emergency number immediately if the child loses consciousness and does not awaken within a few minutes.

Call the pediatrician for a child with a head injury and any of the following:

- Loss of consciousness
- Drowsiness that lasts longer than 2 hours
- Difficulty being awakened
- Persistent headache or vomiting
- Clumsiness or inability to move any body part
- Coughing or blood or watery fluid from ears or nose
- Convulsions (seizures)
- Abnormal speech or behavior

For any questions about less serious injuries, call the pediatrician.

POISONS

If the child has been exposed to or ingested a poison, call the Poison Center at 800/222-1222.

Swallowed Poisons Any nonfood substance is a potential poison. Call the Poison Center immediately. Do not induce vomiting except on professional advice. The Poison Center will give you further instructions.

Fire, Gas, or Smoke

Get the victim into fresh air and call 911 or the fire department. If the child is not breathing, start cardiopulmonary resuscitation (CPR) and continue until help arrives.

Skin Exposure If acids, lye, pesticides, chemicals, poisons, or any potentially poisonous substance comes in contact with a child's skin, eyes, or hair, brush off any residual material while wearing rubber gloves, if possible. Remove contaminated clothing. Wash skin, eyes, or hair with large quantities of water or mild soap and water. Call the Poison Center for further advice.

If a child is unconscious, becoming drowsy, having convulsions, or having trouble breathing, call 911 or an emergency number. Bring the poisonous substance (safely contained) with you to the hospital.



NOSEBLEEDS

Keep the child in a sitting position with the head tilted slightly forward. Apply firm, steady pressure to both nostrils by squeezing them between your thumb and index finger for 10 minutes. If bleeding continues, or is very heavy, call the pediatrician or seek emergency care.

Does your community have 911? If not, note the number of your local ambulance service and other important numbers below.

**BE PREPARED: CALL 911
KEEP EMERGENCY NUMBERS
BY YOUR TELEPHONE**

PEDIATRICIAN _____

PEDIATRIC DENTIST _____

POISON CENTER _____

AMBULANCE _____

EMERGENCY DEPARTMENT _____

FIRE _____

POLICE _____

Turn Over for Choking and CPR Instructions

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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Fact First Aid For Children Today Leaders Guide

Susan Echaore-McDavid



Fact First Aid For Children Today Leaders Guide:

Children Today, 1988 *Resources in Education*, 2000-04 **Fire Safety Education Resource Directory** Barry Leonard, 1998-10 This compendium of materials will be useful in building and supplementing a public education program for fire safety Lists a wide range of programs videotapes booklets manuals pamphlets brochures program kits and web sites that are available from diverse sources throughout the U S There are 13 categories burn and scald prevention CPR and first aid electrical hazards escape plans and drills fire and the elderly fire extinguishers fire safety and the disabled flammable fabrics residences residential fire inspections and home safety fire safety programs for schools and day care programs smoke detectors and other programs *Handbook of Research on Leadership and Advocacy for Children and Families in Rural Poverty* Greene, H. Carol, Zugelder, Bryan S., Manner, Jane C., 2020-03-27 Rural poverty encompasses a distinctive deprivation in quality of life related to a lack of educational support and resources as well as unique issues related to geographical cultural community and social isolation While there have been many studies and accommodations made for the impoverished in urban environments those impoverished in rural settings have been largely overlooked and passed over by current policy The Handbook of Research on Leadership and Advocacy for Children and Families in Rural Poverty is an essential scholarly publication that creates awareness and promotes action for the advocacy of children and families in rural poverty and recommends interdisciplinary approaches to support the cognitive social and emotional needs of children and families in poverty Featuring a wide range of topics such as mental health foster care and public policy this book is ideal for academicians counselors social workers mental health professionals early childhood specialists school psychologists administrators policymakers researchers and students *Emergency Medical Services for Children* Institute of Medicine, Committee on Pediatric Emergency Medical Services, 1993-02-01 How can we meet the special needs of children for emergency medical services EMS when today s EMS systems are often unprepared for the challenge This comprehensive overview of EMS for children EMS C provides an answer by presenting a vision for tomorrow s EMS C system and practical recommendations for attaining it Drawing on many studies and examples the volume explores why emergency care for children from infants through adolescents must differ from that for adults and describes what seriously ill or injured children generally experience in today s EMS systems The book points the way to integrating EMS C into current emergency programs and into broader aspects of health care for children It gives recommendations for ensuring access to emergency care through the 9 1 1 system training health professionals from paramedics to physicians educating the public providing proper equipment protocols and referral systems improving communications among EMS C providers enhancing data resources and expanding research efforts and stimulating and supporting leadership in EMS C at the federal and state levels For those already deeply involved in EMS efforts this volume is a convenient up to date and comprehensive source of information and ideas More importantly for anyone interested in improving the emergency services available to children

emergency care professionals from emergency medical technicians to nurses to physicians hospital and EMS administrators public officials health educators children s advocacy groups concerned parents and other responsible adults this timely volume provides a realistic plan for action to link EMS C system components into a workable structure that will better serve all of the nation s children

Scouting ,1994-10 Published by the Boy Scouts of America for all BSA registered adult volunteers and professionals Scouting magazine offers editorial content that is a mixture of information instruction and inspiration designed to strengthen readers abilities to better perform their leadership roles in Scouting and also to assist them as parents in strengthening families

Serving Military Families Karen Rose Blaisure,Tara Saathoff-Wells,Amy Laura Dombro,Colonel Angela Pereira,Shelley M. MacDermid Wadsworth,2015-08-11 This text introduces readers to the unique culture of military families their resilience and the challenges of military life Personal stories from nearly 70 active duty reservists veterans and their families from all branches and ranks of the military bring their experiences to life A review of the latest research theories policies and programs better prepares readers for understanding and working with military families Objectives key terms tables figures summaries and exercises including web based exercises serve as a chapter review The book concludes with a glossary Readers learn about diverse careers within which they can make important differences for families Engaging vignettes are featured throughout Voices from the Frontline offer personal accounts of issues faced by actual program leaders practitioners researchers policy makers service members veterans and their families Spotlight on Research highlights the latest studies on dealing with combat related issues Best Practices review the optimal strategies used in the field Tips from the Frontline offer suggestions from experienced personnel Updated throughout including the latest demographic data the new edition also features New chapter 9 on women service members that addresses the accomplishments and challenges faced by this population including sexual bias and assault and combat related psychological disorders New chapter 10 on veterans and families looks at veterans by era e g WW2 each era s signature issues and how those impact programs and policies and challenges veterans may face such as employment education and mental and physical health issues Two new more comprehensive and cohesive chapters 11 12 review military and civilian programs policies and organizations that support military and veteran families Additional information on TBI and PTSD the deployment cycle stress and resilience the possible negative effects of military life on families same sex couples and their children and the recent increase in suicides in the military More applied cases and exercises that focus on providing services to military families Intended as a text for advanced undergraduate or graduate courses on military families or as a supplement for courses on the family marriage and family stress and coping or family systems taught in family science human development clinical or counseling psychology sociology social work and nursing this book also appeals to helping professionals who work with military and veteran families

The Comprehensive Handbook of School Safety E. Scott Dunlap,2016-04-19 In most schools you will probably see one if not all of the following Metal detectors to prevent handguns

and other weapons from being brought onto school property Students in standardized uniforms to prevent the appearance of gang affiliations Police officers patrolling the property to deter violent activity as well as respond to incidents Such evol

Free and Inexpensive Learning Materials ,1976 Facts for American Education Week December 3-9, 1922 National Education Association of the United States. Research Division,1922 Leader's Manual National Center on Child Abuse and Neglect (U.S.),J.A. Reyes Associates,1979 Desktop Guide to Good Juvenile Detention Practice David Walter Roush,1996

Handbook of Evidence-Based Therapies for Children and Adolescents Ric G. Steele,T. David Elkin,Michael C. Roberts,2007-12-03 Growing numbers of young people some 10% to 20% of school age populations have mental health problems requiring intervention and current policy initiatives identify evidence based therapies as the most effective and relevant forms of treatment By reviewing evidence based treatments EBTs across a wide spectrum of conditions the Handbook of Evidence Based Therapies for Children and Adolescents Bridging Science and Practice closes the gaps between children s needs and services as well as those between research training and practice Several EBT options both proved and promising are offered for each covered disorder and are bolstered by case examples tables and reference lists Features include chapters on implementation issues such as diversity family treatment assessment strategies and community settings and step by step guidance for the researcher looking to gather empirical support for therapies With comprehensive coverage provided by numerous leading experts in the field this volume covers the broadest range of disorders over the widest pediatric adolescent age range including Behavioral disorders ADHD aggression bullying Phobias panic disorders school refusal and anxiety Autism and pervasive developmental disorders Depression mood disorders and suicidal behavior Alcohol and drug abuse Eating disorders and obesity PTSD With its emphasis on flexibility and attention to emerging issues the Handbook of Evidence Based Therapies for Children and Adolescents is essential reading for anyone who works to address the mental health needs of children including clinical child school and counseling psychologists clinical social workers and child psychiatrists as well as advanced graduate level students in these and other related fields Career Opportunities in Education and Related Services, Second Edition Susan Echaore-McDavid,2010-04-21 Presents opportunities for employment in the field of education listing over ninety job descriptions salary range education and training requirements and more

Current Awareness in Health Education ,1983-07 *The Facts on File Illustrated Guide to the Human Body* TBD,Diagram Group,2005 Contains information on anatomy physiology major ailments and healthy lifestyles with each volume covering a distinct body system **Fast Facts for the School Nurse** Janice Loschiavo,2023-06-22 Fast Facts for the School Nurse provides quick access to information that busy school nurses need to practice competently and efficiently Written by a nurse with more than 25 years of school nursing experience this consistently organized reference offers straightforward guidelines to a range of daily tasks and nursing responsibilities It provides clinical protocols for safe management of common childhood illnesses accidents and emergencies along with legal and ethical considerations

documentation and high risk areas in school nursing practice The fourth edition has been substantially revised Of significance is the first chapter which provides Words of Wisdom from school nurses and self help guidance Included also is expanded coverage of mental health issues gender identity and transgenderism and drug use Information on technology in the school health office will also be updated In addition the new edition features new information on the COVID 19 pandemic and its lasting influence on school nursing practice The summary questions at the end of each chapter will provide readers with immediate feedback Most school nurses are thrown into their positions with little or no experience or orientation to the school setting Finding appropriate resources is difficult Fast Facts for the School Nurse provides the concise and practical information needed for immediate school nurse performance and is suitable for both the nurse new to practice and the experienced school nurse New to This Edition Guidance in answering difficult questions posed by students teachers parents and administrators Words of Wisdom from school nurse colleagues and self help suggestions for a healthier you New chapter dedicated to the National Association of School Nurses 21st Century Framework for School Nurse Practice New chapter on pandemic awareness readiness and steps a school nurse must take Expanded chapter on technologies for the school health office Updated information on mental health issues and awareness including depression anxiety stress Expanded chapter dealing with gender identify issues including transgender Additional information on use of marijuana and vaping Review questions at the end of each chapter with answers and rationale Key Features Addresses the five content components included in the National Certification Examination for School Nurses health problems and nursing management health appraisal health promotion and disease prevention professional issues and special health needs Covers guidelines management protocols and care plans for childhood disorders accidents and emergency situations Includes new information on pandemic readiness and measures mental health conditions substance abuse sexual orientation and emerging technologies Provides quick reference for health office set up recommended immunizations national health observances and a handy month by month calendar Handbook of Psychological Services for Children and Adolescents Jan N.

Hughes,Annette M. La Greca,Jane Close Conoley,2001-01-11 This handbook provides a comprehensive discussion of the key elements which should be part of any successful program tailored to the needs of children with diagnosable mental behavioral or emotional disorders The overall goal of the book is to provide an overview of the psychological services available to children and adolescents in school and community settings The book is divided into five parts Framing the Issues Delivering Psychological Services in Diverse Settings Preventive Interventions Treatments with Specific Populations and System Level Consultation Settings Preventive Interventions **Index-catalogue of the Library of the Surgeon General's Office, National Library of Medicine** National Library of Medicine (U.S.),1959 Collection of incunabula and early medical prints in the library of the Surgeon general s office U S Army Ser 3 v 10 p 1415 1436 Index-catalogue of the Library of the Surgeon-General's Office, United States Army National Library of Medicine (U.S.),1961

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Table of Contents Fact First Aid For Children Today Leaders Guide

1. Understanding the eBook Fact First Aid For Children Today Leaders Guide
 - The Rise of Digital Reading Fact First Aid For Children Today Leaders Guide
 - Advantages of eBooks Over Traditional Books
2. Identifying Fact First Aid For Children Today Leaders Guide
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Fact First Aid For Children Today Leaders Guide
 - User-Friendly Interface

4. Exploring eBook Recommendations from Fact First Aid For Children Today Leaders Guide
 - Personalized Recommendations
 - Fact First Aid For Children Today Leaders Guide User Reviews and Ratings
 - Fact First Aid For Children Today Leaders Guide and Bestseller Lists
5. Accessing Fact First Aid For Children Today Leaders Guide Free and Paid eBooks
 - Fact First Aid For Children Today Leaders Guide Public Domain eBooks
 - Fact First Aid For Children Today Leaders Guide eBook Subscription Services
 - Fact First Aid For Children Today Leaders Guide Budget-Friendly Options
6. Navigating Fact First Aid For Children Today Leaders Guide eBook Formats
 - ePub, PDF, MOBI, and More
 - Fact First Aid For Children Today Leaders Guide Compatibility with Devices
 - Fact First Aid For Children Today Leaders Guide Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Fact First Aid For Children Today Leaders Guide
 - Highlighting and Note-Taking Fact First Aid For Children Today Leaders Guide
 - Interactive Elements Fact First Aid For Children Today Leaders Guide
8. Staying Engaged with Fact First Aid For Children Today Leaders Guide
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Fact First Aid For Children Today Leaders Guide
9. Balancing eBooks and Physical Books Fact First Aid For Children Today Leaders Guide
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Fact First Aid For Children Today Leaders Guide
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Fact First Aid For Children Today Leaders Guide
 - Setting Reading Goals Fact First Aid For Children Today Leaders Guide
 - Carving Out Dedicated Reading Time

12. Sourcing Reliable Information of Fact First Aid For Children Today Leaders Guide
 - Fact-Checking eBook Content of Fact First Aid For Children Today Leaders Guide
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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