



Care for Children

Addendum

Dear Emergency First Response Care for Children Course Participant,

In October 2010, the American Heart Association (AHA) and the European Resuscitation Council (ERC), two members of the International Liaison Committee on Resuscitation (ILCOR), released new CPR and Emergency Cardiac Care (ECC) guidelines. Emergency First Response programs follow guidelines established by these ILCOR member associations and implement changes whenever protocols are revised.

The 2010 guidelines represent the most extensive research into emergency cardiac care to date. These are based on extensive review of various studies, literature, debates and discussions by international resuscitation experts.

The new guidelines do not show a great change to the information found in the Care for Children Participant Manual. Most practices, such as the compression to ventilation ratio of 30:2, have not changed. Compression-only CPR continues as a recommendation for untrained individuals. However, the recommendation remains for the trained lay rescuer to perform compressions and ventilations. A summary of the changes in administering CPR and AEDs for both ERC and AHA follows:

American Heart Association Changes

The changes listed below affect some aspects of the Emergency First Response training materials. Please note the change and where in the Care for Children Participant manual it applies

New Guideline

No "Look, listen, and feel" for breathing

Compression depth for children and infants is one third the diameter of the chest. This corresponds to approximately 2 inches (5cm) for children and 1½ inches (4cm) for infants

Give compressions at a rate of at least 100 per minute

To minimize interruptions in chest compressions, if there is more than one rescuer present, continue CPR while the AED is switched on and the pads are being placed on the patient

Old Guideline

Look, listen and feel" for breathing before administering rescue breaths and chest compressions

Administer chest compressions at one third to one half of the diameter of the chest for child and infant CPR

Give compression at a rate of approximately 100 per minute

No reference to continuing chest compressions while preparing the AED

Rationale & (page) affected

Minimize the delay in providing chest compressions.
(1-21, 2-5, 2-7, 2-9, 2-11)

Emphasis is on providing quality compressions of an adequate depth (2-10, 2-12)

Emphasis is on good quality chest compressions at a rate to provide adequate circulation
(2-9, 2-10, 2-11, 2-12)

Emphasis is on reducing the number and duration of pauses during chest compressions
(1-28, 2-26, 2-27)

New Guideline

For infants (less than 1 year of age) use of an AED with pediatric dose reducer is recommended. An AED without a dose attenuator may be used if a pediatric one is not available.

Reduced emphasis on barrier use when providing CPR.

Although still recommended, treatment should not be delayed if barriers are not available.

When obtaining help, ask someone to call for an ambulance

Old Guideline

AED use for infants (less than 1 year of age) was not recommended

Emphasized use of barriers

Rationale & (page) affected

Use of AED on infants has shown to be effective
(1-23, 2-12, 2-28, 2-29)

Research has shown that disease transmission is very rare when providing CPR
(1-15, 2-3)

AHA First Aid Changes

Allergic Reactions

- For patients carrying an epinephrine kit, help patient use it following directions. If symptoms of anaphylaxis persist despite epinephrine administration, seek medical assistance before administering a second dose of epinephrine. In unusual circumstances, when advanced medical assistance is not available, a second dose of epinephrine may be given if symptoms of anaphylaxis persist.

Venomous Bites and Stings

- For snake bites, apply a pressure immobilization bandage around the entire length of the bitten extremity. This is an effective and safe way to slow the dissemination of venom. Care must be taken to ensure the pressure bandage is not too tight. You should be able to slide a finger under the bandage.
- Treat jellyfish stings by liberally washing the affected area with vinegar (4-6% acetic acid solution) for at least 30 seconds to inactivate venom and prevent further envenomation. After the nematocysts are removed or deactivated, treat pain with hot-water immersion when possible.

Thank you for participating in an Emergency First Response course