

Basic Life Support in the home

DRS ABC

DANGER

Check for danger to yourself and others. This could include toys in the bed, pets, slippery floor or other hazards.

RESPONSE

Approach the child, touch and talk to check if they are responsive.

Make a loud noise (clap).

Check if they respond to pain by squeezing their earlobe, watch their face for a grimace.

If the child has not responded or you are worried, send for help.

SEND FOR HELP

Yell for help. If a second person is present they should call for an ambulance immediately and then help you.

Call 000 or 112 from your mobile phone and put your phone on speaker

State "my child is not responding. I need an ambulance now".

Provide exact address including specific instructions. Stay on the line. Do not hang up.

(It is recommended to start CPR as quickly as you can. It may be appropriate to start resuscitation prior to calling the ambulance if you are on your own).

AIRWAY

Lie the child on their back on a firm flat surface.

Lift their chin off their chest.

Support the lower jaw at the point of the chin with your fingers. Other hand may be supporting the forehead.

Open mouth, look for obstructions and remove anything visible with your little finger. If there is vomit/ milk present in the mouth turn the child onto their side to drain the fluid using your little finger or cloth to sweep it out.



BREATHING

Check for normal breathing.

Look, listen and feel for chest rise and air escaping from the nose and mouth.

Check the colour of the child by looking around the face and mouth. Blue, grey or extremely pale is not normal.

Observe the child's chest/abdomen for rise and fall with each breath for up to 10 seconds.

If breathing is abnormal or absent give 2 breaths.

- If less than 6 months: place your mouth over your baby's mouth and nose
- If older than 6 months: place your mouth over your child's mouth or mouth and nose ensuring a good seal.

On bigger children you may have to block off their nose and give breaths by covering just the mouth with your mouth.

Good seal over the mouth (and or nose) and head position is important to get the breath in to the lungs.

Each breath should be about 1 second blowing in and then allow a natural exhalation for about 1 second (cycle every 2 seconds).

COMPRESSIONS

Using 2 fingers press down in the centre of the chest on the lower half of the breastbone.

Each compression should be a 1/3 of the depth of the chest.

This helps circulate blood whilst the child heart has either stopped or is beating poorly.

Don't try to listen for a heartbeat or feel for pulses as this wastes time and can be inaccurate.

Give 30 compressions and then 2 breaths (30:2).

Continue this cycle aiming for 100-120 compressions/minute.

Every 2 minutes (or 5 sets of 30:2), reassess the child for signs of life.

Keep calm. If your baby starts to breathe normally lie them on their side and continue to observe them until the ambulance arrives.



Any resuscitation is better than none.