version 1.0

HLTAID003

Provide First Aid

RTO no. 6019

Part 1.
CPR

- Assessment requirements
- **CPR practical components**
- Bandages, slings, Epipen and asthma practical components
- **Multiple choice theory component**
- Nearest exits
- **Amenities**
- Please let your trainer know if you have any health issues or injuries prior to the commencement of the course.

You must be able to perform CPR on the floor.

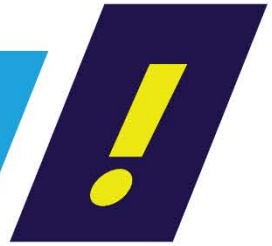
Course Outline

Principles of First Aid

- Consent to act
- Duty of care
- Confidentiality
- Documentation
- Skills and limitations
- Stress management

Primary assessment

- DRS ABCD and CPR in action!



Provide First Aid

- Bleeding / bandages and slings
- Toxic substances
- Anaphylaxis
- Asthma

Consent

- Right to refuse?
  Do we need consent to act?

- Implied consent
- Good Samaritan
- Culture awareness

Duty of Care

Do you have a Duty of Care?

Duty of care describes a legal duty owed by one person to another to act in a certain way. In providing first aid you have a duty of care towards your causalities to exercise reasonable care and skill in providing first aid treatment.

- **Does this apply in the community?**
- **Does this apply in your workplace?**

Confidentiality

Can you discuss information about the injured person?

On the scene..

Documentation –
(incident reports)

Must be accurate -

- **NO estimations,**
- **NO assumptions**

If you didn't do it, don't write it!
If you didn't write it, you didn't do it!

Skills and Limitations

- Know your limitations
- First aid training involves primary care for the injured person until advanced help arrives

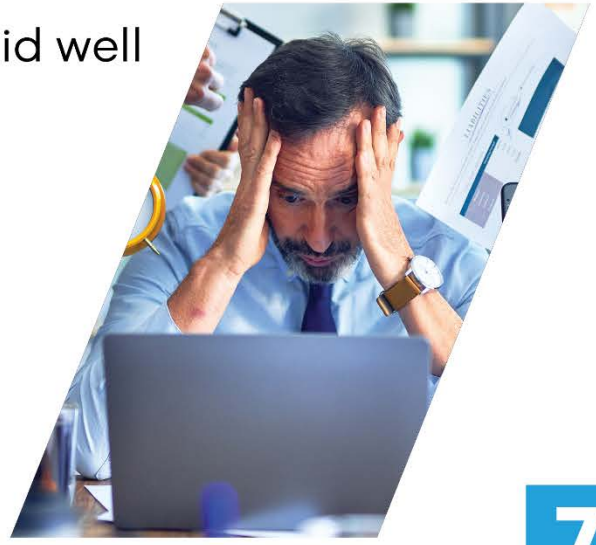
Stress management

In the case of deaths, serious injuries, major disasters

- Talk to others that were there
- Look for the positives and remember what you did well
- Seek support

Physiological Signs & Symptoms of severe stress:

- Tension / sleep disturbance /flashbacks / mood swings / depression and guilt.



Primary Assessment

What happened? – **history**

Chain of Survival – The best way to save sudden cardiac arrest casualties.

- Early defibrillation – **70%** chance of survival
- Every minute that passes, the survival rate drops by 7-10%
- Defibrillation is the third link in the chain of survival

Primary Assessment *(continued)*

Drs. ABCD

An acronym that explains the priorities / order for first aid treatment!

Danger

- Hazards and risks
- Types of hazards or danger
- Who can be in danger?
- Who is most important?
- What can we do?

PERSONAL
PROTECTIVE
EQUIPMENT

R...

Response

- What is their level of **responsiveness**?
- Can they / do they answer you?
- Are they asleep or **unresponsive?**

C O W S -

- **C**an you hear me?
- **O**pen your eyes
- **W**hat is your name?
- **S**queeze my hands

Infant (birth – 1 year)

Tickle feet
Blow in face
Tap in hands (grip reflex)

Send for help

- What numbers can we call?
- Triple zero hero – 000
- Describe where you are, how many injured persons
- Do not hang up the phone until the emergency operator tells you it's OK to do so
- The first responder might be the MFB (Fire Brigade)

Airway

- Hazards and risks
- Types of hazards or danger
- Who can be in danger?
- Who is most important?
- What can we do?

A...

Partial airway obstruction:

- Encourage to cough and monitor

Severe airway obstruction:

Adult/child (1-8 years):

- Perform up to 5 sharp back blows in the middle of the back with the heel of one hand, between shoulder blades.
- Then commence 5 chest thrusts in a sitting or standing position.

Infant (birth – 12 months) :

Infant placed over rescuer's thigh in a head downwards position to deliver 5 back blows, then commence 5 chest thrusts. Turn the infant over onto their back, head downwards across the rescuer's thigh.

B...

Breathing

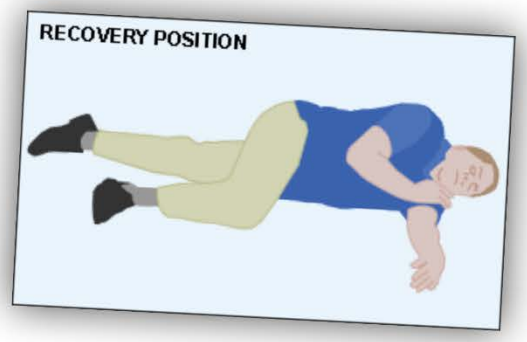
Look – Watch for the rise and fall of the chest
Listen – Listen for effective breathing coming from the nose and mouth
Feel – Feel for the passing of air against your cheek and gently place one hand on casualty's diaphragm to feel for the rise and fall – count to ten.

Demo /Assess DRSAB recovery

B... *(continued)*

Breathing

- If normal breathing is present...
  Roll into **RECOVERY POSITION** and commence **SECONDARY SURVEY**.
- Check for bleeding, fractures, shock and medic alert tags.
- The airway takes precedence over any neck or spinal injury. Even if you suspect the casualty has spinal injury, they should be rolled in to the recovery position.



if abnormal breathing is present;

C...

Compressions

- If normal breathing is present...
  Roll into **RECOVERY POSITION** and commence **SECONDARY SURVEY**.

- Check for bleeding, fractures, shock and medic alert tags.
- The airway takes precedence over any neck or spinal injury. Even if you suspect the casualty has spinal injury, they should be rolled in to the recovery position.

30:2

or

100-120 p/min

(compressions only)

Administering CPR on Adults and Children

- Tilt head,
- Pinch nose,
- Lift chin

	Adult (8+)	Child (1-8)	
Ratio	30:2	30:2	
Rate	100-120 per min	100-120 per min	
Depth	1/3 of chest > 5cm	1/3 of chest 5cm approx	
Strength	2 hands	2 hands	
Head tilt	Full	Full	
Position	Centre of chest	Centre of chest	
Breaths	Full	Full	

Administering CPR for infants 0-1 year

1. Place infant on a table / bench – firm surface
2. **Clear the nose**
3. Neutral head position
4. **2 Fingers**
5. Location of hands for compressions : middle / nipple line
6. **1/3 depth = 3-4cm**
7. 30:2 puffs
8. **To give puffs – place your mouth over their mouth and nose**

Administering CPR for infants 0-1 year

Compressions or breaths first?

Always start with compressions.

Unwilling or unable to give breaths?

Give 100-120 compressions per minute.

Pregnant Women
Rib Fractures
When to stop CPR

D...

Defribrillation

What is fibrillation?
CPR alone is unlikely to restart the heart - its main purpose is to restore partial flow of oxygenated blood to the brain and heart.

Administration of electric shock to the heart is needed in order to restore a viable heart rhythm.
Timing is the key – every minute = less 10% reduction in survival if the casualty is in cardiac arrest.

Automated External Defibrillator (AED)

Open the lid of the defibrillator OR press **ON** button (usually green) to start defibrillator.

Whilst it starts up, continue CPR until prompted otherwise.

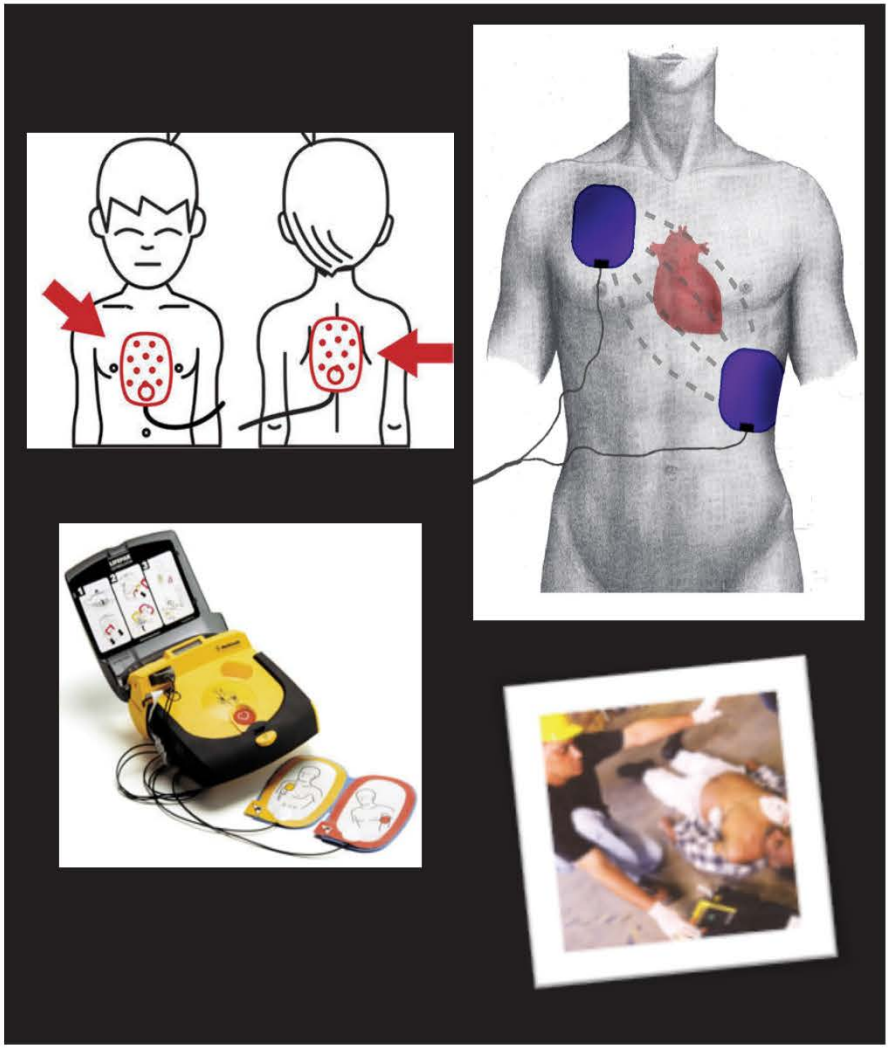
Expose the injured person's chest.
The chest needs to be dry and clean (no mud/water).
Shave excessively hairy chests.

The defibrillator should come with scissors, razor and cloth or towel.
Don't place pads over a pacemaker, medical ports, medication patches or visible piercings.

Bras can be left on as long as the defibrillator pads does not touch the fabric or metal underwire.

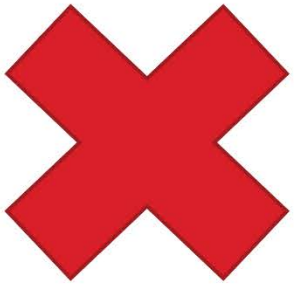
AED Pad Position

Pad position for both Adult, children and infants;



AED for infants and children

- Casualty is 8 years and below use paediatric pads front and back.
- ***If paediatric pads are unavailable, then the standard adult AED pads can be used.***
- **When shouldn't you use an AED?**
- Casualty is conscious and breathing normally.
- Surroundings are saturated with water.
- Casualty is immersed in water.
- Gas in the environment.
- Ensure **no one** is touching casualty when shock is advised.



Practical Assessment Scenario Stations

Station 1: Adult/Child manikin

Station 2: Infant manikin

Station 3: AED (Defribrillation)

Station 4: Recovery Position

Station 5: Incident Report

CPR Participants: Multiple choice questions and feedback form

First Aid Participants: CPR Multiple choice questions and take a break.

Part 1 Completed!

Break Time.

Part 2 - First Aid (continued)

Anaphylaxis

- Most severe form of allergic reaction
- Generally a rapid onset and quick to progress
- An immune response

Triggers -

- ***Food*** (peanuts, nuts, milk, egg, fruits, etc)
  - *Even a minuscule amount of food can cause a severe reaction.
- Insect bites and stings.
- ***Medications*** (aspirin, herbal, etc).
- ***Other***: Latex, exercise, anaesthesia.

Venomous stings and bites	30%
Medication (antibiotics, NSAIDs)	22%
Food (nuts, seafood)	18%
Unidentified	25%
Other	5%

Signs and Symptoms

Mild-Moderate Reaction -

- Swelling lips, face and eyes
- Tingling in mouth
- Abdominal pain, vomiting
- ***(Insect allergy - this is a sign of anaphylaxis)***
- Body redness , hives or welts, itching

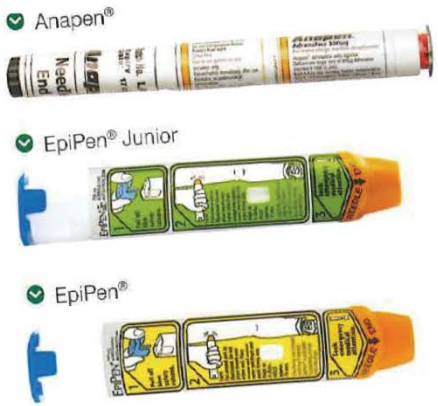
Severe Reaction -

- Difficult/ noisy breathing
- Swelling of tongue
- Swelling/ tightness in throat
- Difficulty talking and or/ hoarse voice
- Wheezy, persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

Adrenalin Auto-Injectors

How does adrenalin/epinephrine work?

- Naturally produced by the adrenal glands in times of stress
- When swelling occurs as an allergic reaction, the soft tissue within the patient's throat can also swell, compromising the airway
- Adrenalin rapidly reverses severe effects of allergic reactions by reducing throat swelling, relaxing and opening airways, and maintaining blood pressure



Question:

Do you need a prescription to purchase an Epipen ?

Children (and Epipen use)

EpiPen Junior versions are available, for children approximately between 1-5 years.

- Adult dose – **.3mg**
- Junior dose – **0.15mg**

Question:

What if you only have an adult pen available?

Epipen usage (continued)

What do you do if a severe reaction occurs...

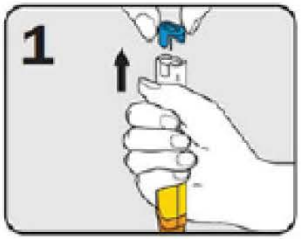
Check Action Plan
Administer adrenaline auto-injector – note the time!
Call 000
Lie casualty down – (if hard to breathe, sit more upright)
If difficulty breathing continues after 5 minutes, administer further doses
Each injection is single use only

To administer...

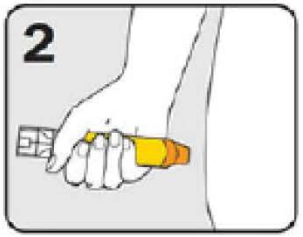
Remove safety cap and hold against outer aspect of thigh
Push against thigh until you hear a 'click'
Hold in place for 3 seconds before removing
Repeat every 5 minutes if available until ambulance arrives
Keep casualty sitting, no walking
Give used Epipen to ambulance paramedics

How to administer an EpiPen

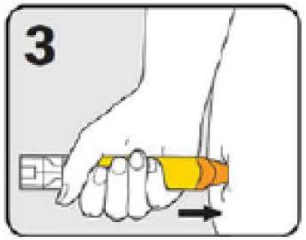
(epinephrine) autoinjectors



1. Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



2. Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing).



3. PUSH DOWN HARD until a click is heard or felt and hold for 3 seconds

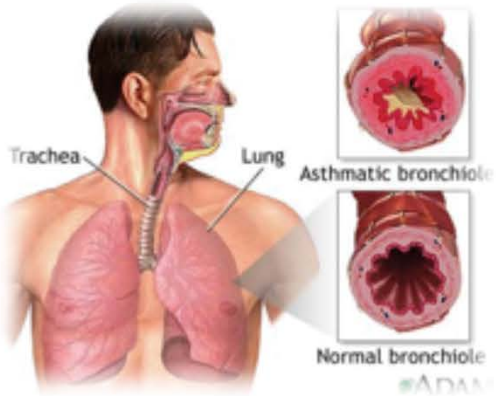
   REMOVE EpiPen®

Note: All EpiPen®s should be held in place for 3 seconds regardless

Asthma

Who has asthma?

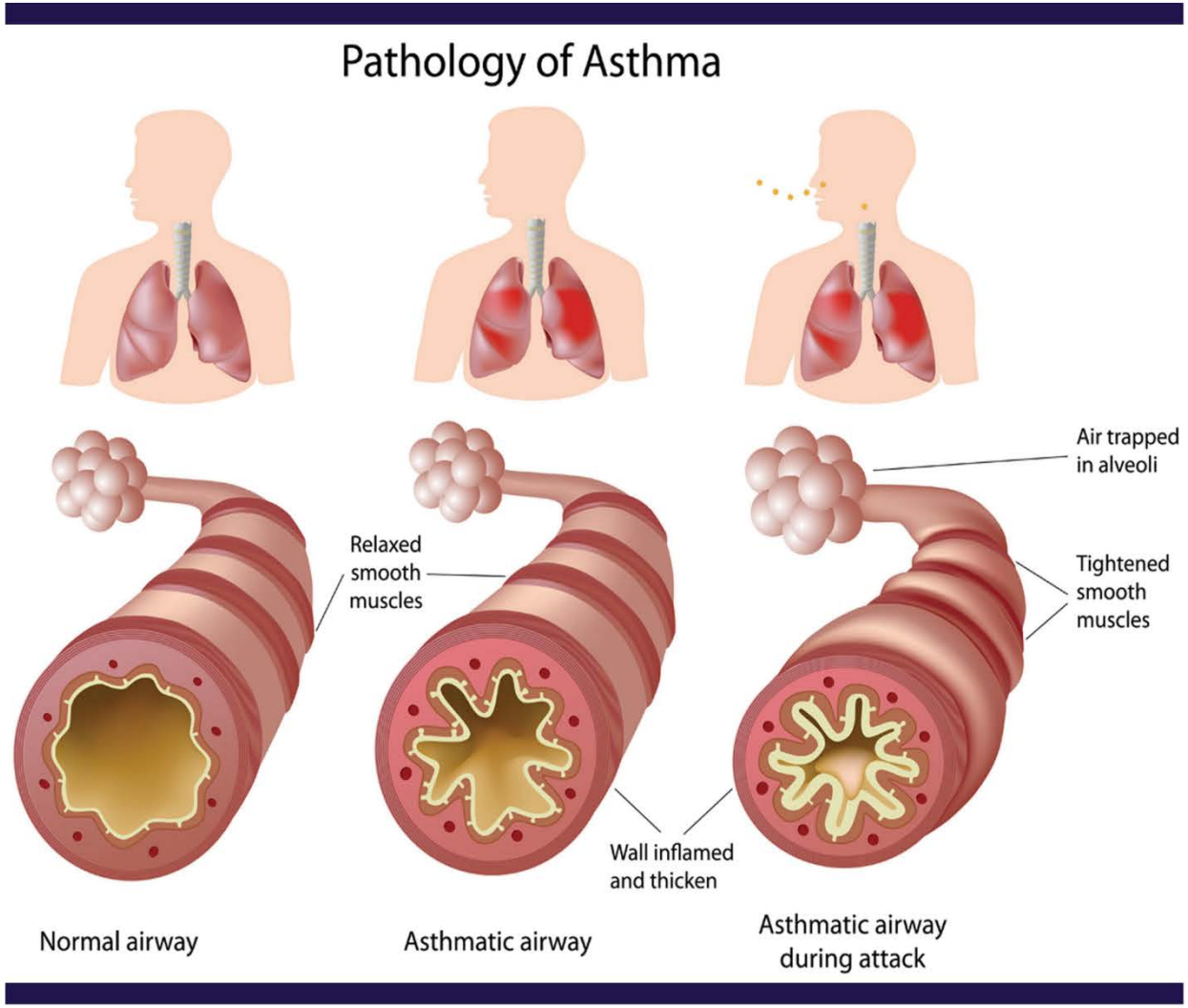
- 1 in 10 people suffer from asthma
- 7 people in Australia die each week..
- In 1989 – 964 deaths in Australia
  2011 – 378 deaths
  2012 – 394 deaths
  2013 – 389 deaths



Asthma triggers

- Colds and flu
- Inhaled allergens
- Exercise
- Cigarette smoke
- Changes in temperature and weather
- Chemicals and strong smells

Pathology of Asthma



Severe Asthma Attack

- Severe wheezing (both on breathing in and out)
- Coughing that won't stop
- Severe difficulty breathing
- Inability to catch breath
- Inability to fully exhale
- Chest pain or pressure
- Tightened chest and neck muscles
- Difficulty speaking more than single words
- Feeling of anxiety or panic
- May have blue lips or fingertips
- Pale and sweaty skin

Asthma Medications

Reliever Medications

Preventer Medications

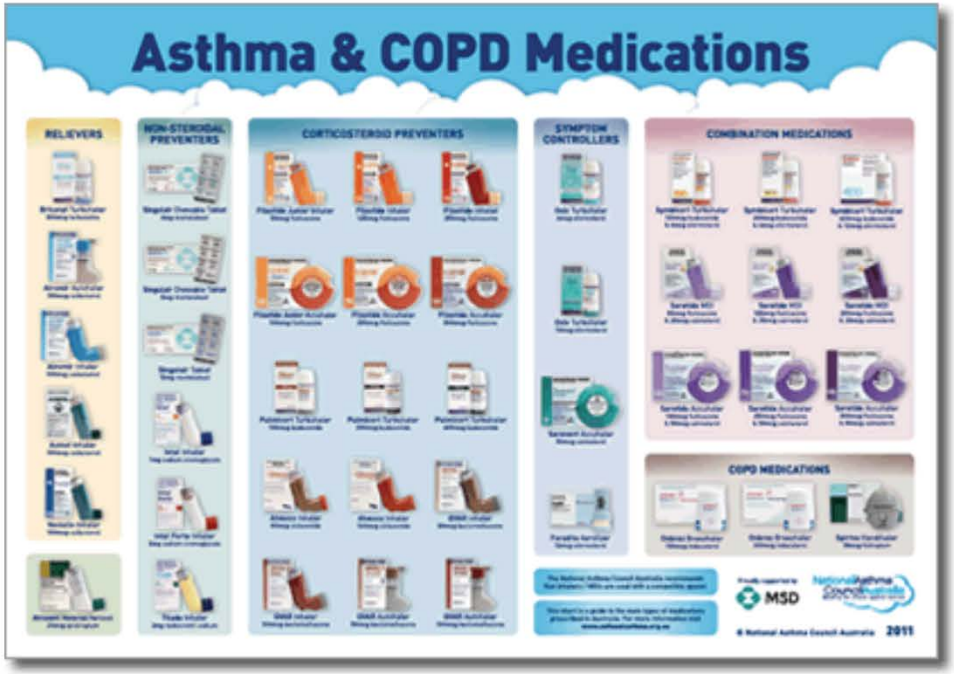
Asthma

Question #1:

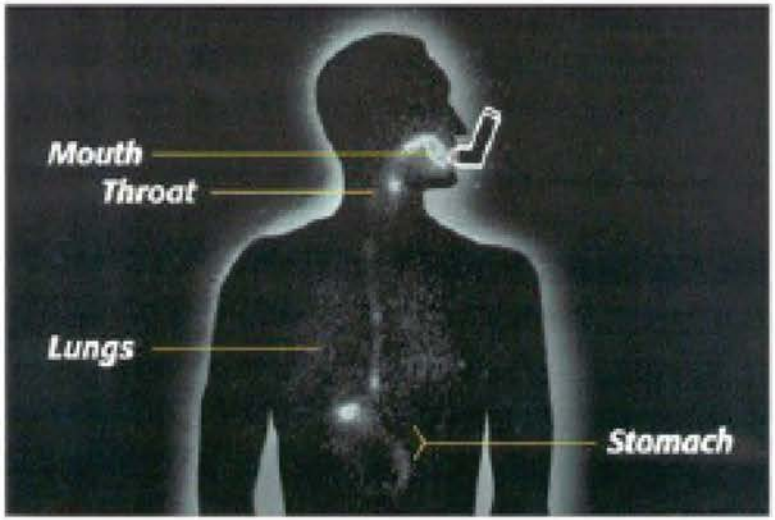
Do you need a prescription to purchase an inhaler?

Question #2:

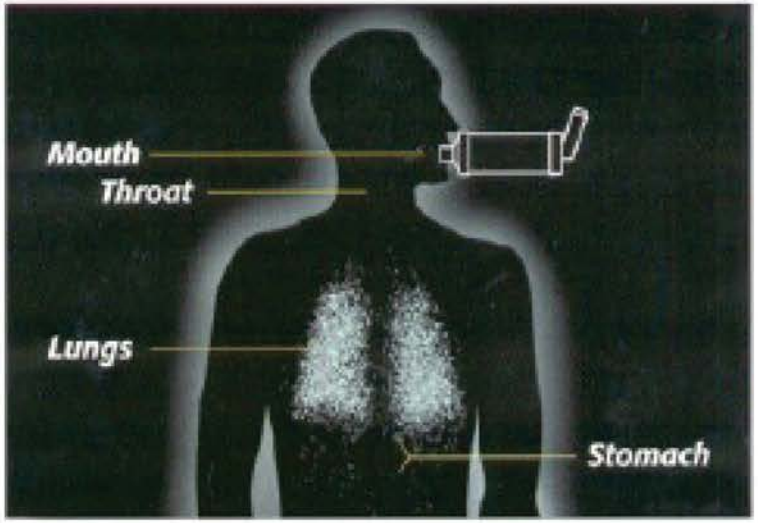
If casualty does not have their own reliever /inhaler with them, can they borrow?



Asthma (continued)



Inhaler alone



Inhaler used with spacer device

The spacer allows time for the patient to inhale ***sufficiently*** down the trachea, not into the oesophagus.

What can we do?

Sit the casualty upright
Be calm and reassuring, don't leave the casualty
Ensure to shake the inhaler well

If no spacer -

Give 4-6 puffs with 4-6 breathes from casualty
(1x1, 1x1, 1x1, 1x1/ , 1x1 /, 1x1)
Wait 4-6 minutes

If spacer is available – Give 1 puff at a time with 4-6 breaths after each puff (1x4, 1x4, 1x4, 1x4/ 1x4/ 1x4)

If no improvement after the 4-6 minutes, give another 4-6 puffs and call 000
Continue administering 4-6 puffs every 4-6 minutes until help arrives

Bandaging

Embedded Objects -

Do we remove the object?

Slings

Three major immobilisation techniques

Forearm sling – Fractured forearm and wrist

Aims to keep the forearm horizontal and evenly supported from the elbows to the knuckles

Always check for signs of circulation in injured person's fingers

Elevated arm sling – Fractured hand, collar bone and dislocated shoulder

Breaks in smaller bones such as those in hands must be immobilised and elevated

This sling should capture hand and support it in an elevated position

Collar and cuff sling – Fractured upper arm

Due to natural movement of the upper areas, immobilisation is difficult to gain

Easy to set to comfortable height

Elevated Arm Sling

Fractured hand / collar bone / dislocated shoulder

Collar and Cuff Sling

Fractured upper arm

Burns

Superficial burns (first degree)

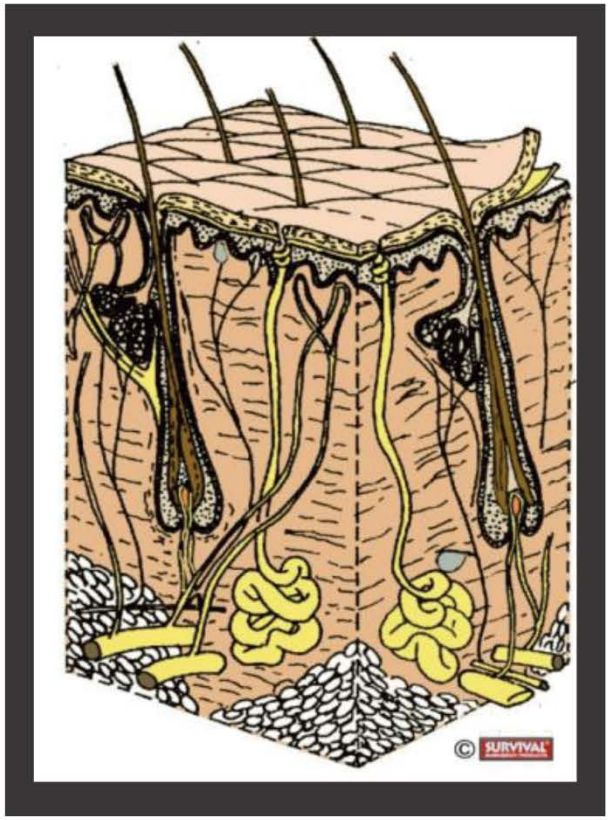
- Red and painful

Partial thickness burn (second degree)

- Severe pain, redness, blistering

Deep/full thickness burn (third degree)

- Charred or translucent, may be painless



In the event of a burn injury

The aim is to:

- *Cool* the burnt area
- Cover the burnt area with non-stick dressing
- Minimise the risk of infection
- Minimise the shock process
- Seek medical assistance

Burn Injury (continued)

- **Do not** - touch a burn injury
- **Do not** - prick or break blisters
- **Do not** - use ice to cool a burn
- **Do not** - apply ointments/lotions
- **Do not** - peel off clothing stuck to the skin
- **Do not** - use adhesive dressing/cotton wool

Chemical burns to the eye

- Position effected eye down
- Call 000 ASAP
- Irrigate for 20-30 minutes
- Do not wash *irritant* into uninjured eye
- Reassure and manage shock
- Apply dressing over the affected eye

Bleeding

Question #1:

Can it be life threatening?

Question #2:

What can we do?

Triage -

- Breathing
- Bleeding
- Burns
- Breaks

Bleeding

Arterial bleeding – Bright red and spurting
Venous bleeding – Darker in colour and oozing from site
Capillary damage – Abrasions where skin has been scraped, blood sits on surface
Internal bleeding – Symptoms include

- Signs of shock
- Pale
- Cold and clammy skin
- Anxiety
- Pain
- Restlessness
- Tenderness and swelling

What does basic treatment of bleeding include?

- **R**est & **R**estrict movement – Rest casualty in order to lower heart rate
- **I**mmobilize the part
- **D**irect pressure – Apply pressure over the wound with sterile dressing and firm bandage

Tourniquets

- If bleeding is not controlled and is life-threatening, place a haemostatic dressing and tourniquet ***(5-7cm above wound site)***

- Once applied, the injured person requires urgent transfer to hospital and the tourniquet should not be removed until the injured person receives specialist care.

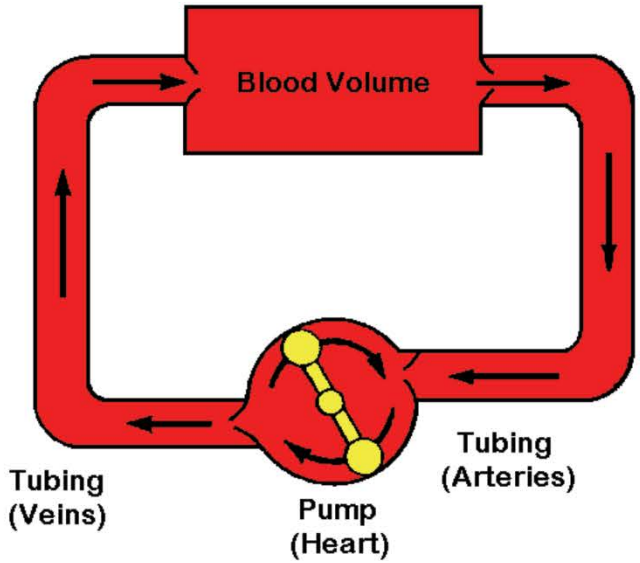
Amputation

- Rest & Restrict movement –
  Rest casualty in order to lower heart rate
- Immobilize the part
- Direct pressure –
  Apply pressure over the wound with sterile dressing and firm bandage

- Place part in airtight bag
- Float in iced water
- Transport with casualty

Shock

Shock is a condition resulting from an **inadequate** oxygen supply to the body's major organs. It is caused by a **lack** of circulating blood volume throughout the body.



Signs and Symptoms

- Rapid, weak pulse
- Rapid, shallow breathing
- Pale, cold, clammy skin
- Excessive thirst
- Dizziness
- Nausea, vomiting
- Restless, drowsy, collapse
- Unresponsive
- Heart failure

Management (of shock)

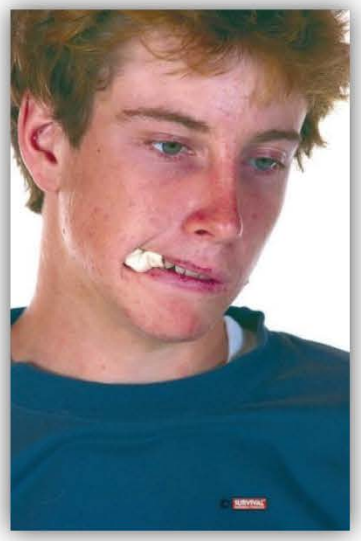
- Treat the cause
- Lay the casualty down
- Maintain temperature
- Rest, reassure
- "Nil by mouth" - Do **NOT** feed casualty
- Seek medical aid

Nose Bleeds

- Sit casualty up
- Pinch soft part of nostrils for 10 minutes
- Apply a cold compress to forehead/neck
- Seek medical assistance if bleeding continues for more than 20-30 minutes

Tooth knocked out

- Sit casualty upright, head forward
- Control bleeding promptly
- Replace tooth in its original position in the mouth if possible, or preserve in milk.
- Get casualty's blood and saliva into cup with tooth
- Seek dental advice ASAP



Eye Injuries

Foreign body in the eye

- Reassure the casualty
- Flush eye with clean water/saline
- If chemicals – flush for at least 20mins
- Pad the eye/eyes
- Seek medical aid

Embedded object in the eye

- Do not try to remove it
- Place covering over injured eye/s
- Seek medical aid

Potential spinal injury

History is a prime indicator of any potential spinal injury

History

- A fall from heights
- Diving into shallow water
- Vehicle accidents
- Sporting incidents

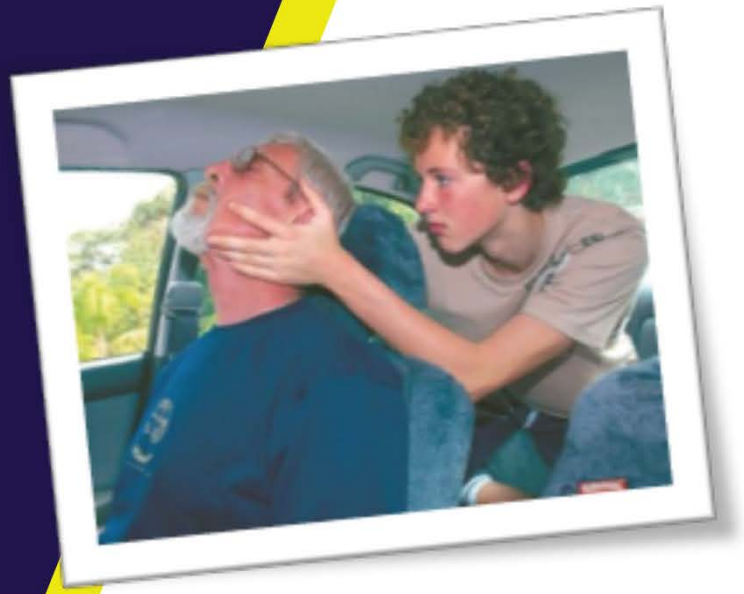
Signs & Symptoms

- Altered sensations
- Irregular bumps
- Difficulty breathing

*Anyone who has sustained a head injury regardless of severity must seek medical aid

Management of a spinal injury

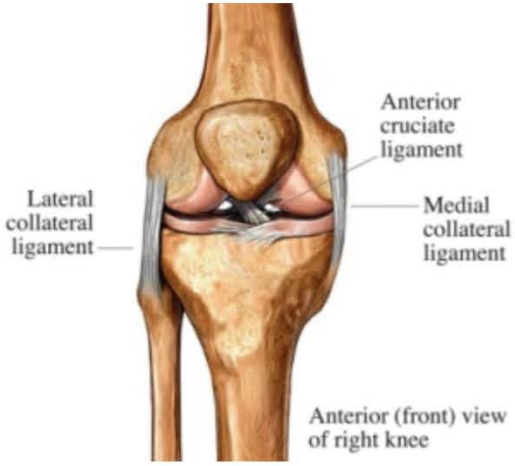
- DRSABCD
- Call 000
- Loosen tight clothing
- Support head, neck, shoulders
- Rest, reassure

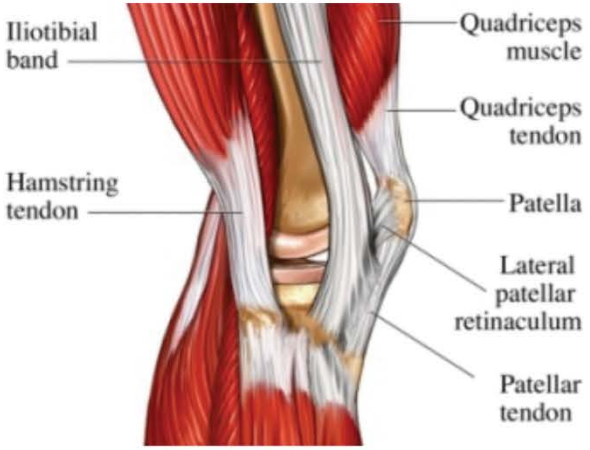


Airway management takes priority over any other injury.

Soft tissue injuries

Sprain	Overstretched or torn ligament
Strain	Overstretched or torn muscle or tendon
Fracture	A crack or break in a bone
Dislocation	A joint is displaced





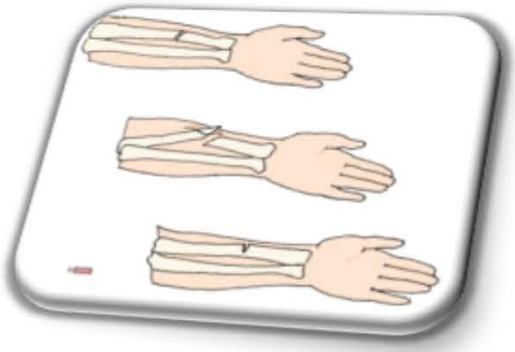
Sprains and Strains

R	• Rest
I	• Ice
C	• Compress
E	• Elevate
R	• Refer/ Report

Fractures and dislocations

Fractures are generally classified as:

Closed	Overlying skin unbroken
Open	Open wound at fracture site
Complicated	Damaged organs/blood vessels



Insect bites and stings

Land/Sea Animal	First Aid
Snakes	Pressure Immobilisation Technique (PIT)
Funnel Web Spider	
Blue Ringed Octopus	
Cone Shell (Tropics)	
Red Back Spider/other	COLD COMPRESS (PIT if allergic to bite/sting)
Bees, wasps, ants	
Box Jelly Fish	VINEGAR – minimum of 30 seconds salt water if vinegar is not available
Blue Bottles	HOT WATER – use cold compress if no pain relief with hot water
Fish stings	

Venemous bites

Question #1:

Are all snakes venomous?

What should we do?

- Keep injured person calm, talk to them to slow heart rate.
- Lay them flat and keep them still – very important!
- This technique is all about trying to slow the circulation of the venom around the body via the lymphatic system.
- P.I.T.....Pressure immobilisation technique

Pressure Immobilisation Bandage

Pressure bandage on the bite site

Pressure bandage the length of the limb from the fingertips

Immobilise the limb and rest the casualty until medical help arrives

Do not:

Do not - Use a tourniquet

Do not - Wash the bite site

Do not - Elevate the limb

Do not - Move the casualty

Do not - Cut and suck the wound

Do not - Remove the bandages

Poisons

Routes of entry:

- Ingestion
- Inhalation
- Injection
- Absorption

Poisons Information Centre

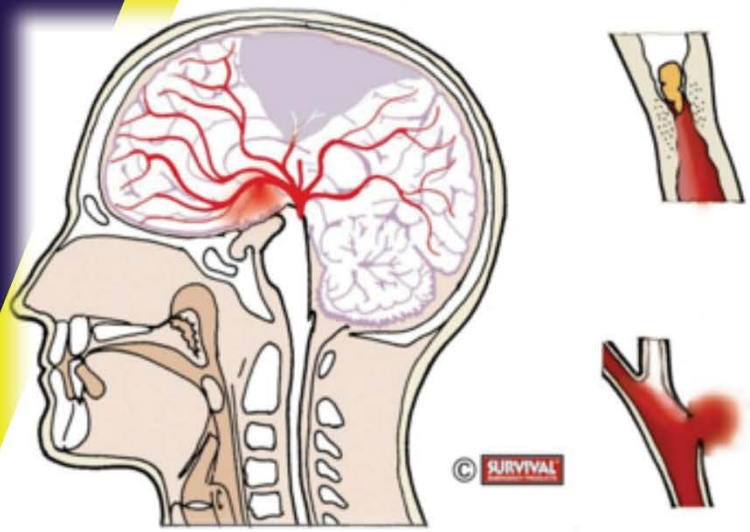
13 11 26

What do they need to know?

- What has happened?
- To whom did it happen?
- How much does the casualty weigh?
- What substance is involved?
- How much was the casualty exposed to?
- When did it happen?
- Does the casualty have any symptoms?
- What treatment has been given already?
- Your telephone number.

Stroke

A stroke occurs when a blood vessel in the brain *bursts* ***(aneurysm)*** or becomes *blocked* ***(thrombus or embolism)***, not allowing the brain tissue to receive necessary oxygen.



Stroke (continued)

Signs & Symptoms of stroke

- Severe headache
- Nausea, vomiting
- Absent or slurred speech
- Incontinence
- Weakness or paralysis
- F.A.S.T.

Stroke management

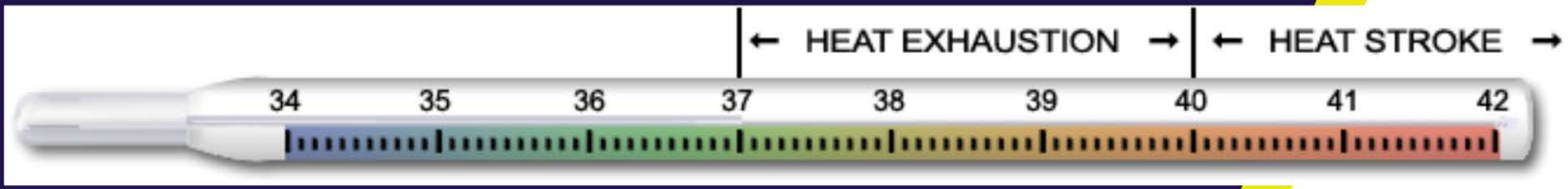
- Comfortable position
- Slightly elevate the head
- Reassure
- Call 000

Hyperthermia

The two most common forms of hyperthermia are ***heat exhaustion*** and ***heat stroke.***

Heat Exhaustion - is a warning that the body is getting too hot.

Heat Stroke - can be LIFE-THREATENING! A person with heat stroke has a body temperature above 40° C.



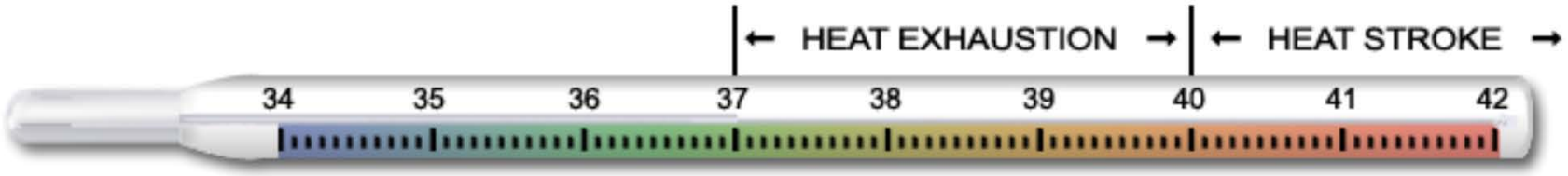
Heat Exhaustion

Signs / Symptoms

- Profuse sweating
- Weak, rapid pulse
- Nausea, vomiting
- Headache, dizziness
- Muscle cramps
- Thirsty

Management

- Rest casualty
- Sips of cool water
- Any available sports drink (with electrolytes)
- Cool casualty's body
- Seek medical advice



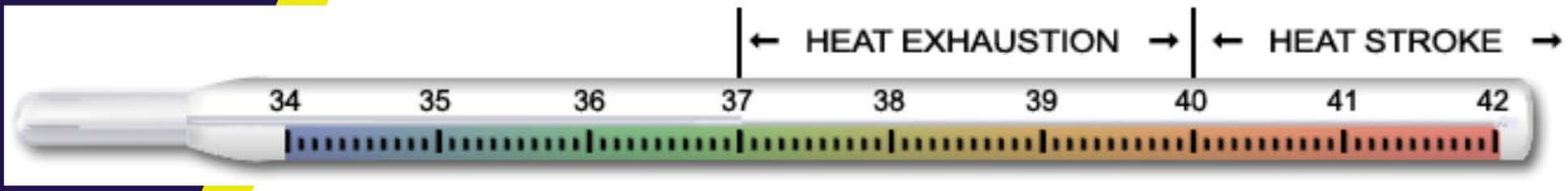
Heat Stroke

Signs / Symptoms

- DRY red hot skin
- Weak, rapid pulse
- Fits / seizures
- Semi / unresponsive

Management

- Call 000
- Cool body rapidly
- Ice pack - arm pits and groin
- Monitor vital signs



Hypothermia

Mild Hypothermia - 35° to 33°

Maximum shivering
Pale, cool skin
Poor coordination
Slurred speech

Moderate Hypothermia - 33° to 30°

Shivering may stop
Muscle stiffness
Slow pulse and breathing
Lower level of responsiveness

Severe Hypothermia - Below 30°

Pupils fixed and dilated
Slow irregular pulse
Slow breathing
Semi/unresponsive

Management of Hypothermia

- Prevent further heat loss
- Give sips of warm of sweet fluids
- Warm the casualty gradually
- If moderate or severe – call **000**
- Do not expose to excessive heat

Epilepsy

Management

- Protect from injury
- **Manage airway when safe**
- Cover casualty
- **Rest and reassure**
- Call 000

Diabetes

For our bodies to work properly, we need to convert glucose (sugar) from food into energy. A hormone called ***insulin*** is essential for the conversion of glucose into energy. In people with diabetes the body does not produce insulin, or does not produce sufficient amounts of insulin.

Hypoglycaemia is when your blood glucose level has dropped too low.
It is important to treat a 'hypo' immediately to stop your blood glucose level from dropping lower.

Hyperglycaemia eans high blood sugar level. This can develop over many hours or days.

- It is possible to be unaware that your blood sugar level is high.
- Many people do not experience the symptoms of hyperglycaemia until their blood sugar levels are extremely high.

Hypoglycaemia (Low)

- Weak, light-headed or dizzy
- Confused, disoriented
- Irrational, aggressive
- Pale & sweaty skin
- Altered responsiveness

Hyperglycaemia (High)

Hot dry skin
Confusion, fatigue
Thirsty
Increased urine output
Smelly breath - fruity/acetone

Diabetes Management

If responsive, give the patient some sugar.

- If the casualty is still fully responsive and able to swallow, give a sweetened drink, chocolate or glucose sweets to suck – an improvement usually occurs within minutes.
- When the casualty is more alert, offer a more substantial carbohydrate meal of a sandwich or several sweet biscuits.

If unresponsive...

- It is common for these casualties to be unresponsive. If so, support the casualty on their side and call 000.
- In this situation, DO NOT give the casualty anything to eat or drink.
- Give frequent reassurance during recovery because the casualty may be confused until fully recovered.

Crush Inury

A crush injury occurs when force or pressure is put on a body part. This type of injury most often happens when part of the body is squeezed between 2 heavy objects.

Damage from crush injuries include:

- Wounds
- Bruising
- Fracture
- Nerve injury
- Smashed fingers
- Laceration (open wound)
- Compartment syndrome (increased pressure in an arm or leg that causes serious muscle, nerve, blood vessel, and tissue damage)

Crush Injury Treatment

Treatment for crush injuries are:

- Stop bleeding by applying direct pressure.
- Cover the area with a wet cloth or bandage.
  Then, raise the area above the level of the heart, if possible.
- If there is suspicion of a head, neck or spinal injury, immobilize those areas if possible and then limit movement to only the crushed area.
- Call your local emergency number (such as 000) or local hospital for further advice.

*** Crush injuries are most often evaluated in a hospital emergency department.**
Surgery may be required

Needle Stick I

Needle Stick Injuries

Refer to injuries caused by anything sharp, such as blades, needles, scalpels, and so forth.

They pose a threat of cross infection. If sharp items are routinely used in the workplace, they should be disposed of in a special biohazard sharps container.

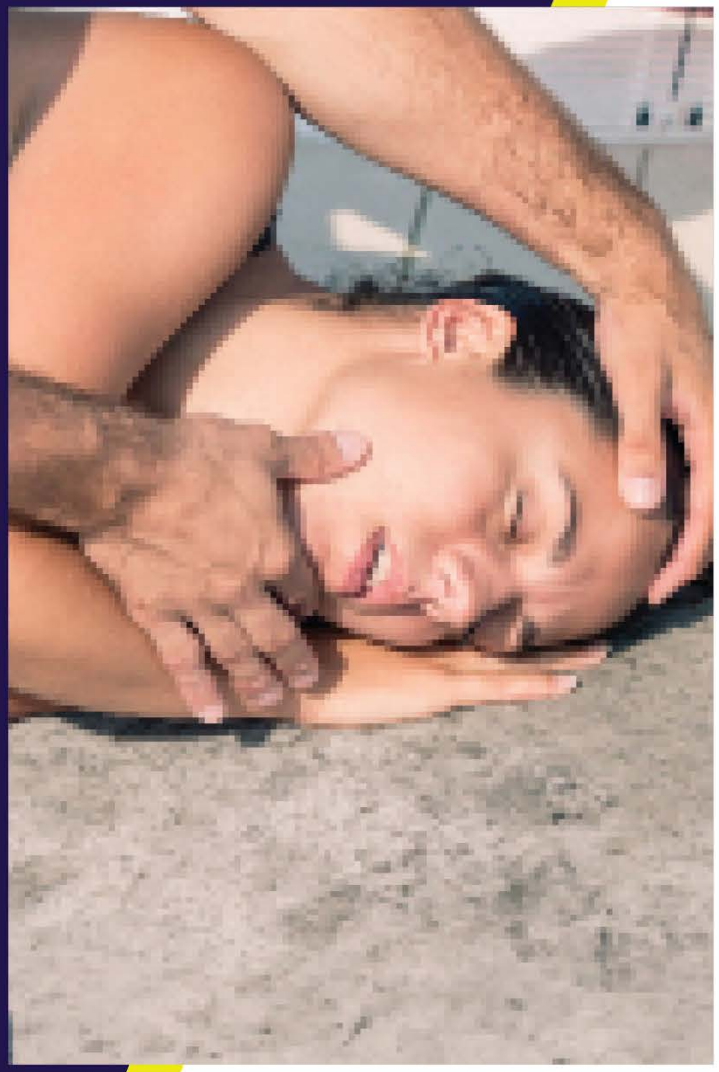
Needle Stick First Aid

If someone is injured by a discarded needle and syringe, do not panic.

Take reasonable care and follow these steps:

- Wash the area gently with soap and running tap water as soon as possible.
- **Notify your supervisor (if the injury occurs in the workplace)**
- Apply an antiseptic and a clean dressing.
- **Obtain prompt medical advice from your local doctor or hospital emergency department, preferably within 24 hours.**
- Dispose of the needle safely.

Drowning



Drowning is defined as respiratory impairment form being in or under a liquid. They are *unable to breathe* because their nose and mouth are submerged in water, or in another liquid.

Drowning can be classified dry or wet, depending whether the voice box (larynx) goes into spasm and water is allowed to enter the lungs.

FIRST AID:

- Take the person out of the water
- **Check for response**
- If no response send or call for help
- **If the person responds, check airways and allow coughing in recovery position**
- If the person is unresponsive, check airways and breathing, clear the mouth and
- **If the person is not breathing, start CPR**

Febrile Convulsions

A febrile convulsion is a fit or seizure caused by a fever.

A sudden change in a child's body temperature is usually associated with a fever ***(a temperature above 38°C)***.

A high temperature is a sign of infection somewhere in the body and is often caused by a virus or bacteria.

Signs and symptoms

During a febrile convulsion:

- The child will usually lose consciousness
- Their muscles may stiffen or jerk
- The child may go red or blue in the face
- The convulsion may last for several minutes

When the movements stop, the child will regain consciousness but will probably remain sleepy or irritated afterwards.

Febrile Convulsions First Aid

***NOTE:**
There is ***nothing*** you can do to make the convulsion stop.

You should:

- Stay Calm.
- Place the Child on a soft surface, lying on his or her side or back.
- Do not restrain the child.
- Do not put anything in their mouth, including your fingers.
  The child will not choke or swallow their tongue.
- Try to watch exactly what happens, so that you can describe it to a doctor.
- Time how long the convulsion lasts.
- Never put a child who is having a convulsion in a bath.

Febrile Convulsions First Aid

Call an ambulance (000) if:

- The convulsion lasts more than five minutes.
- **The child does not wake up when the convulsion stops.**
- If the child looks very sick when the convulsion stops.

If the convulsion stops in less than five minutes:

- The child should be taken to the doctor as soon as possible.
- If the child has been very unwell before the convulsion then they should be taken to see a doctor immediately.

It may be okay to take the child in a car but only do this if there are two adults, one to drive and one to look after the child. Drive very carefully. A few minutes longer will not make any important difference.

Review and Theory Assessment

THANK YOU.

version 1.0

If you have any queries, concerns or feedback about your training, please let us know.

RTO no. 6019