FIRST

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

STINGS AND BITES

Sclingling Property Remove the stinger as quickly as possible with the scraping motion of a fingermat. Put a cold the scraping motion of the scraping and the scraping scraping the streamhing, fainting, or extreme swelling occurs, call \$611 or an emergency number immediately. For Nives, nauros, 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. Amined on Plannam Bibles Wash exound thoroughly with soap and water. Call the pediatrician. The child may require a teramus or rables shot.

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

Smaller Billian Take the child to an emergency department if you are concurred that the renke map be policionous or if you are unsure of the type of snake bite. Keep the child at rext, Do not apply one. Loosely splint the injured area and keep it at rext, positioned as, or slightly below, the level of the heart. Try to identify the snake, if you can do so safety.

BURNS AND SCALDS

Castescraid Terlastromaisms firsts stop the burning process by removing the child from constact with hot water as hot object the example, said if consider as a hot object the example, said if consider a series of the consideration of the co

ice or apply any butter, grease, medication, or circiment. Bernes With Misters Do not break the blisters. Call the pediatrician for advice on how to cover the burn and about any burns on the face, hands, foet, or genitals.

Example our Design Baumes 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.

Effects food Burres Disconnect electrical power. Do NOT touch the victim selfs have hands. Pull the victim selfs have the power source with a wooden pole. ALL electrical burns need to be seen by a disctor.

EYE INJURIES

If amything is solashed in the eye, flush gently with water for at least 15 minutes. Call the Poisson Center or the pediatrician for further advice. Any injuried or painful eye should be seen by a doctor. Do NOT touch or rub an injured eye. Do NOT apply medication. Do NOT nemove objects stuck into the eye. Cover the painful or injured eye this paper cup or eye shield until you can get medical help. An eye injury may require a betanus 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 injuried area is painful, swotlen, deformed, or if motion causes pain, wrap it in a towel or soft color and make a splint with cardboard or another nigit material to hold the arm or leg in place. Apply to or a cold compress, call the pediatrician, 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.



0,0

FEVER

Flever in children is usually caused by infection, it also can be canied by chemicals, poisons, medicalions, an emilioniment that is too hot, or an extreme level of overactivity. Take the child's temperature to see if he has a flever. Most prefactious consider any thermometer mading above 100.47 (28YC) a sign of a flever, meter mading above 100.47 (28YC) a sign of a flever, considerable to the child's temperature in. Call the conditioning immediately if the child has a

- Appears very iff, is unusually drowny, or is very
- Has been in an extremely hot place, such as an overheated car
 Has additional symptoms such as a stiff neck, severe!
- Has additional symptoms such as a stiff neck, severe headache, severe sore throat, severe air pain, an unexplained rash, or represent vomiting or diarrhea
- Has a condition causing immune suppression butch as sickle cell disease, cancer, or the taking of steroids)
- Hise had a setzure
 Its less than 2 months of age and has a rectal temperature
 of 100.4T (38TC) or higher

To make the child more comfortable, dress him in light clothing, give him cool liquids to drink, and keep him calm. The pedia rician may recommend fever medications. Do not use applied to creat a child's fever. Aspirin has been linked with Raye syndrome, a verticul disease that affects the liver and brain.

FAINTING

Law the child on his back with his head to the side. Do NOT give the child anything to chick, if the child does not wake up right away, call the pediatrician, or did 50 f or an emergency number, if the child is not breathing, begin CTE.

TEETH

Bailey Teath If knocked out or broken, apply clean gause to control bleeding and call the pediatric dentist.

Paramanase Tracelly if anoched out, find the tooth and, if dirty, rises gently without sorubbing or touching the soci. Do not use the control of the soci. To not use the social running easer. Race 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 denoted or an emergency department. If the tooth is broken, see the pieces in milk and call the pediatric denoted immediately.

CONVULSIONS, SEIZURES

If the child is breathing, lay her on her side to prevent cholong. Make sure the child is safe from objects that could injure her On not put anything in the child's mouth, Loosen any tight clothing. Perform rescue breathing if the child is blue or not breathing. Call \$11 or an energency number.

SKIN WOUNDS

Make sure the child is immunized for setanus. 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.

Brestats Apply cold compresses. Call the pediatrician if the child has a crush injury, large bruises, continued pain, or swelling.

Birtase's Appropriate compresses. Call the pediatrician in the child has a crush injury, target brusses, continued plain, or swetting. The pediatrician may recommend acetaminophen for pain.

Casts 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 anti/or deep cuts, or if the wound is gaping. Because strickes should be placed without delay. For major bleeding, call for help 011 or an emergency number. Continue direct pressure with a clean cloth until help arribes.

Scrapes Rinne with soop and water to remove dist and germs. Do not use detergents, alcohol, or perceids. Use antiseptic solar, Apply an ambitroic continent and a bandage that well not stock to the evolund.

Splintary Remove small aptimizes with towards, then wash and apply local antiseptic. If you are unable to remove the splinter completely, call the pediatrician.

Paractizere: Minimals: Do not remove large objects such as a knife or stick from a wound.

Call for emergency medical assistance (SI 1), Such objects must be removed by a doctor.

Call the pediamician for all puncture wounds. The child may need a tetanus booster.

ANTHORIS IN

HEAD INJURIES

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

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 verniting
- Clumsiness or inability to move any body part
 Occing of blood or watery fluid from ears or nose
- Convulsions (seizures)
- Abnormal speech or behavior

Fames, Cases, or Smoke

loison Center for further advice.

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

POISONS

If the child has been expresed to or inquised a poison, call the Poison Center at 805/222-1222.
Swallbored Poisons Any nonfood substance is a potential poison. Call the Poison Center immediately, to not induce vorsiting except on professional advice. The Poison Center will give you further instructions.

Cet the victim into fresh air and call \$11 or the five department, if the child is not breathing, start cardio-polinomary resuscitation (CPR) and continue until help arrives. Skile Exposurer if acids, live, peoploides, chemicals, poisonous plants, or any potentially poisonous substance comes in contact with a child's skin, eyes, or hair, brush off any residual material while securing nubber gioves, if possible. Bemove contaminated clothing, Wash skin, eyes, or hair with

large quantities of water or mild soap and water. Call the

if a child is unconscious, becoming drowns, having convulsions, or having trouble breathing, call \$11 or an emergency number. Bring the possenous substance (safely-contained) with you to the hospital.

NOSEBLEEDS

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

Does your community have 9117 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

PEDIATRIC DENTIST

AMBULANCE

PEDIATRICIAN

EMERCENCY DEPARTMENT

POLICE



Turn Over for Choking and CPR Instructions

American Academy of Pediatrics

Aap First Aid Guide

Gerald P. Koocher, Annette M. La Greca, Olivia Moorehead-Slaughter, Nadja N. Lopez

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The ^AParents' Guide to Psychological First Aid Gerald P. Koocher, Annette M. La Greca, Olivia Moorehead-Slaughter, Nadja N. Lopez, 2024-04-04 The Parents Guide to Psychological First Aid brings together an array of experts to offer parental guidance in helping your child navigate and recover from the everyday stresses they will encounter growing up Clear practical and to the point this is a go to reference that parents will find themselves returning to again and again as their children grow With practical tips nonjudgmental advice and suggestions for additional resources at the end of each chapter this useful and thought provoking book will be of immense value to new and seasoned parents alike

Risk Management in Sport and Recreation John Otto Spengler, Daniel MTS/PFE Study Guide ,1982 Connaughton, Andrew T. Pittman, 2006 Risk Management in Sport and Recreation is a comprehensive resource for those charged with the responsibility of providing for the safety of participants and spectators in a sport or recreation setting It covers a range of safety issues including lightning heat illness aquatics playground safety drug testing and medical emergency action plans Readers receive clear and detailed explanations of issues to consider before making decisions on risk management Risk Management in Sport and Recreation is designed to provide a foundation for approaching key issues in safety and risk management It shows readers how to evaluate and analyze various safety issues and apply the underlying concepts to a variety of situations The following are unique features of the text A safety guidelines finder lists Web sites of accessible standards guidelines and recommendations from leading organizations Chapter objectives and pullout boxes of key points and key statistics stress the importance of the topic under discussion Threshold issues in each chapter highlight important factors to consider when making decisions on risk management Real world applications at the end of each chapter present scenarios involving the potential for harm and readers must make a decision on how to address the issues Examples of public service announcements posters and other publicly viewed safety information are presented An appendix offers examples of emergency action plans checklists and recommendations from organizations such as the National Lightning Safety Institute and university aquatic centers A companion Web site provides links to the Web sites used in the book as well as updates to guidelines and links that may occur after the book is in print The safety guidelines finder gives students and practitioners a single location from which they can easily access important safety information Organized under land based or water based activities each activity lists guidelines recommendations and standards along with the source for that information Each entry includes Web sites where readers can find the full documents The text also features sample quidelines and safety checklists from agencies and associations that demonstrate how organizations might plan for risk and communicate safety information Readers also consider the types of postings and equipment they will need in order to communicate their risk management plans and they are given real life situations in which a risk management plan is needed and are prompted to consider why and how to create a plan for such situations The resource will help students and

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Public Health Nursing - Revised Reprint Marcia Stanhope, Jeanette Lancaster, 2013-10-15 This Revised Reprint of our 8th edition the gold standard in community health nursing Public Health Nursing Population Centered Health Care in the Community has been updated with a new Quality and Safety Education in Nursing QSEN appendix that features examples of incorporating knowledge skills and attitudes to improve quality and safety in community public health nursing practice As with the previous version this text provides comprehensive and up to date content to keep you at the forefront of the ever

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with an instruction manual until now Do you ever worry that you ll make rookie mistakes miss crucial moments or not know how to truly support your partner when it matters most First Time Dad is your practical confidence boosting guide to fatherhood Packed with expert advice real world strategies and easy to follow steps this book helps you step into your role as a strong supportive partner and capable dad without the overwhelm Inside you ll discover how to Navigate the emotional and financial transition into parenthood with clarity and calm Support your partner physically mentally and emotionally through pregnancy birth and postpartum recovery Master essential newborn care from feeding and diapering to recognizing health signals Stay connected in your relationship while sharing responsibilities and avoiding burnout Bond deeply with your baby and build a strong foundation for lifelong family connection You don't need to figure everything out the hard way With this book as your guide you ll feel prepared capable and confident every step of the journey turning uncertainty into excitement and stress into strength Step into fatherhood fully prepared get your copy today and start building the family life you ve always dreamed of Handbook of PTSD, Second Edition Matthew J. Friedman, Terence M. Keane, Patricia A. Resick, 2015-10-20 Widely regarded as the definitive reference this handbook brings together foremost authorities on posttraumatic stress disorder PTSD Diagnostic conceptual and treatment issues are reviewed in depth The volume examines the causes and mechanisms of PTSD on multiple levels from psychological processes to genes and neurobiology Risk and resilience processes are addressed across development and in specific populations Contributors describe evidence based assessment and treatment approaches as well as promising emerging interventions The integrative concluding chapter identifies key unanswered questions with important implications for science and practice New to This Edition Reflects major research advances and the new diagnostic criteria in DSM 5 Chapters on the dissociative subtype of PTSD child assessment couple and family therapies and group treatments Chapters on research methods Internet based interventions telemental health and implementation of best practices Many new authors and extensively revised chapters Family Health From A to Z (Reference), 2012-01-15 This encyclopedia offers quick access to to key information on all aspects of family health care

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children and their families and articles for parents Maintaining current information assures all children will receive Science and Pseudoscience in Clinical Psychology, Second Edition Scott O. consistent competent care every day Lilienfeld, Steven Jay Lynn, Jeffrey M. Lohr, 2014-10-12 This valued resource helps practitioners and students evaluate the merits of popular yet controversial practices in clinical psychology and allied fields and base treatment decisions on the best available research Leading authorities review widely used therapies for a range of child adolescent and adult disorders differentiating between those that can stand up to the rigors of science and those that cannot Questionable assessment and diagnostic techniques and self help models are also examined. The volume provides essential skills for thinking critically as a practitioner evaluating the validity of scientific claims and steering clear of treatments that are ineffective or even harmful New to This Edition Reflects the significant growth of evidence based practices in the last decade Updated throughout with the latest treatment research Chapter on attachment therapy Chapter on controversial interventions for child and adolescent antisocial behavior Addresses changes in DSM 5 Effective Treatments for PTSD, Third Edition David Forbes, Jonathan I. Bisson, Candice M. Monson, Lucy Berliner, 2020-08-30 Grounded in the updated Posttraumatic Stress Disorder Prevention and Treatment Guidelines of the International Society for Traumatic Stress Studies ISTSS the third edition of this definitive work has more than 90% new content Chapters describe PTSD assessment and intervention practices that have been shown to work and provide practical real world implementation guidance Foremost authorities address the complexities of trauma treatment with adults adolescents and children in diverse clinical contexts The book delves into common obstacles and ways to overcome them when to stop trying a particular approach with a client and what to do next Special topics include transdiagnostic interventions for PTSD and co occurring problems dissemination challenges and analyzing the cost effectiveness of treatments Prior edition editors Edna B Foa Terence M Keane Matthew J Friedman and Judith A Cohen New to This Edition Fully rewritten to reflect over a decade of clinical empirical and theoretical developments as well as changes in DSM 5 and ICD 11 Increased research to practice focus helps the clinician apply the recommendations in specific clinical situations New chapters on previously covered treatments early interventions psychopharmacotherapy for adults and children and EMDR therapy Chapters on additional treatments prolonged exposure cognitive processing therapy cognitive therapy combined psychotherapy and medication e mental health and complementary and alternative approaches Chapters on cutting edge topics including personalized interventions and advances in implementation science Pediatric Psychology in Clinical Practice Kristin Kroll, 2020-01-16 A practical guide to providing evidence based mental health care for children and adolescents with chronic medical concerns Public Health Reports, 1984 **Nursing Diagnosis Handbook -**E-Book Betty J. Ackley, Gail B. Ladwig, 2013-01-20 The 10th edition of the Nursing Diagnosis Handbook makes formulating nursing diagnoses and creating individualized care plans a breeze Updated with the most recent NANDA I approved nursing diagnoses this convenient reference shows you how to build customized care plans in three easy steps assess diagnose plan

Authors Elizabeth Ackley and Gail Ladwig use Nursing Outcomes Classification NOC and Nursing Interventions Classification NIC to guide you in creating care plans that include desired outcomes interventions patient teaching and evidence based rationales Unique Care Plan Constructor on the companion Evolve website offers hands on practice creating customized plans of care Alphabetical thumb tabs allow quick access to specific symptoms and nursing diagnoses Suggested NIC interventions and NOC outcomes in each care plan Recent and classic research examples promote evidence based interventions and rationales NEW 4 Color text NEW Includes updated 2012 2014 NANDA I approved nursing diagnoses NEW Provides the latest NIC NOC interventions and rationales for every care plan NEW QSEN Safety interventions and rationales NEW 100 NCLEX exam style review questions are available on the companion Evolve website NEW Root Causing Thinking and Motivational Interviewing appendixes on the companion Evolve website Guide to Clinical Preventive Services U.S. Preventive Services Task Force, 1996

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