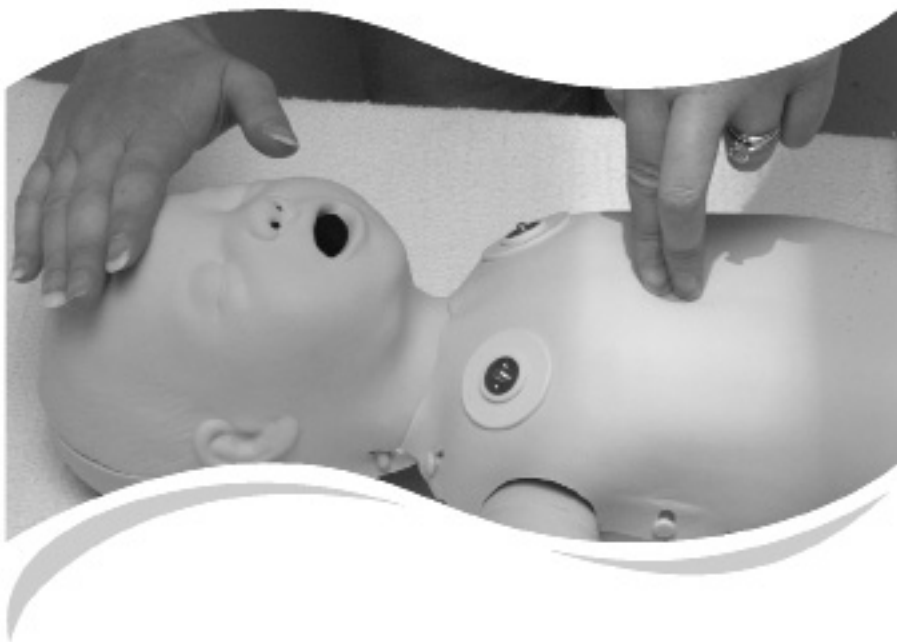


New guidelines for **A B C** Baby Resuscitation (2010)

A guide for patients
from Maternity Services



This handout is designed to accompany the practical training session and provides new parents with guidelines to follow in the event of discovering a baby/young child unresponsive or choking.

This handout follows the current guidelines endorsed by the European Resuscitation Council and UK Resuscitation Council (2010)

A

A IS FOR ASSESSMENT AND AIRWAY

As you approach the infant, make sure there are no obvious dangers to yourself.

Stimulate the infant by flicking the soles of their feet and shout “WAKE UP”. If you cannot wake the infant shout for

HELP!!!

If the infant is unresponsive their AIRWAY must be opened immediately to prevent starvation of air.

1. Place the infant on it's back on a firm surface such as a table or the floor if necessary.
2. Look in their mouth for any obvious foreign bodies that you can remove but don't blindly insert your fingers into their mouth as you may push a foreign body further in. If you think there is a foreign body use the CHOKING MANOEUVRES described further on.
3. Tilt their head back slightly by putting one of your hands on their forehead and using the other to lift up their chin, be careful not to press on their neck while doing this. In infants the head should be placed in a neutral position, a practical way to achieve this is to tilt the head until the face is parallel with the flat surface under the infant. For older children (>1 year) use more head tilt/chin lift to achieve a 'sniffing' position.



B

B IS FOR BREATHING

With the airway open...

LOOK along the infant's chest for evidence of breathing

LISTEN for breathing noises from the infant's mouth

FEEL for their breath on your cheek

FOR NO MORE THAN 10 SECONDS

If the infant is breathing normally, keep the airway open to maintain patency and carry the infant to the telephone to dial 999.

Above all closely observe the breathing to make sure it doesn't stop without you noticing.

If the infant is not breathing normally, YOU must breathe for them...

1. Take a breath and seal your mouth around the infant's nose and mouth then blow slowly over approximately 1 - 1.5 seconds.
2. At the same time watch for the chest rising from the corner of your eye.
3. Remove your mouth and allow the chest to fall.
4. Repeat this breathing procedure 5 times in total.



C

C IS FOR CIRCULATION

Take no more than 10 seconds to: look for signs of life, limbs moving, eyes flickering or any kind of verbal noise.

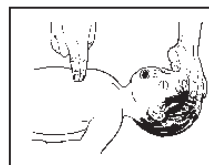
**If no signs of life, or you are at all unsure ...
.. start chest compressions.**

1. Ideally place the infant on a flat surface.
2. Expose the infant's chest and place two fingers on the lower half of sternum/breast bone, one finger breadth above the xiphisternum.

3. Press down on the chest so it depresses at least ONE THIRD of the chest depth.

Don't be afraid to press hard and fast.

Perform 30 compressions - rate: 100 - 120 compressions per minute.



4. After 30 compressions give the infant two breaths.
5. If medical help is on the way continue until its arrival, if help has not been called give breaths and chest compressions for ONE MINUTE then TAKE the infant to the phone and dial 999. Alert the ambulance service and continue CPR. Only stop when the infant begins to show signs of life.

CHOKING MANOEUVRES (*FOR INFANTS*)

If you think the infant is choking, these measures can be used to relieve the obstruction by generating an artificial cough.

Assess Cough - Effective

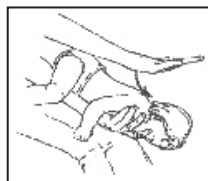
- ❖ crying - speaking
 - ❖ loud cough
 - ❖ able to breathe before coughing
 - ❖ fully alert
- } support infants own attempts to cough

Assess Cough - Ineffective

- ❖ unable to provide voice/cry
- ❖ quiet/silent cough
- ❖ unable to breathe/struggling for breath
- ❖ going blue
- ❖ becoming unresponsive → ACT QUICKLY. SHOUT FOR HELP!

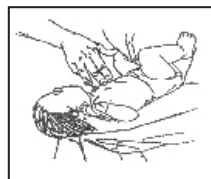
Back Blows

1. Support the infant's head, hold the infant so the face is lower than the body.
2. Support the body on your forearm and/or thigh and give the infant up to FIVE firm blows between the shoulder blades, using the heel of your hand.



Chest Thrusts

1. Turn the infant over and perform up to FIVE chest thrusts in the same position/manner as chest compressions but slightly slower and sharper.

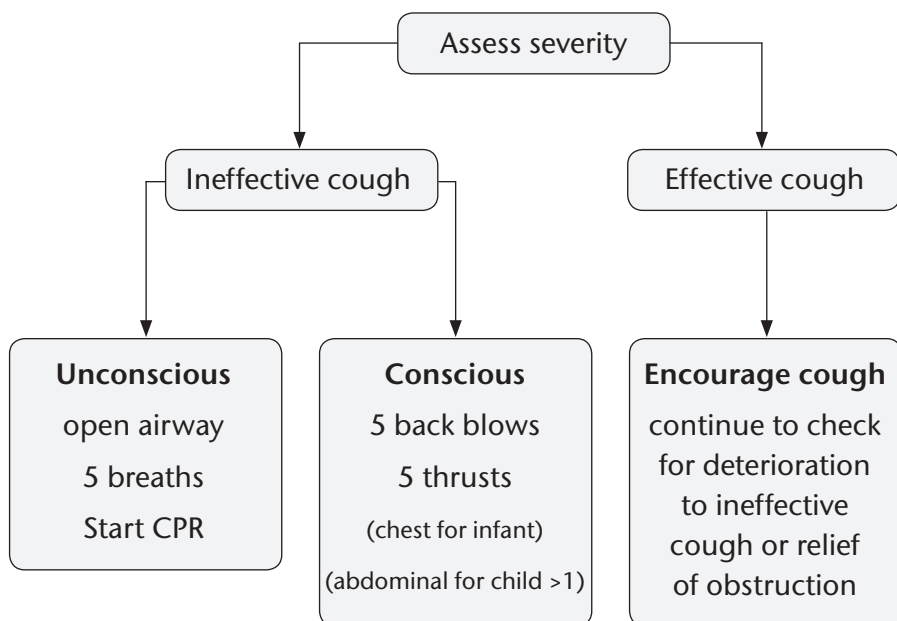


Continue alternating back blows and chest thrusts until airway clears or infant becomes unconscious.

Check the mouth to see if you can see the obstruction, if you can, take one attempt to retrieve it. Do not try to retrieve an object if you cannot see it, you may push it further in! Do not attempt blind or repeated finger sweeps.

If infant becomes unresponsive **CALL 999**. OPEN THE AIRWAY if not breathing normally. Start CPR. Give 5 rescue breaths, 30 chest compressions, continue 30:2 until infant revives or help arrives.

Paediatric Foreign Body Airway Obstruction Treatment



Ref: Resuscitation Council (UK)

CONFIDENTIALITY AND THE USE OF PATIENT'S INFORMATION

For the purpose of your present and future medical treatment, details of your medical care will be recorded. Some use may be made of this information for research purposes and to indicate the kind of future health services which patients may require; some will be processed on a computer. At all times great care is taken to ensure that high standards of confidentiality are maintained in respect of all information held.

The “**Data Protection Act 1998**” gives you the right of access to any personal information which NHS Lanarkshire holds about you either in manual records or on its computers. If you wish to apply for access to your data, or if you would like more information about your rights under the Act you should, in the first instance, contact the **Health Records Officer** at the hospital.

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