



# First Aid/CPR/AED

PEDIATRIC READY REFERENCE CARD



**American Red Cross**  
Training Services

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# Giving CPR—Child

## Check ✓

1. CHECK the scene for safety, form an initial impression, obtain consent from the parent or guardian and use PPE.

2. If the child appears unresponsive, CHECK for responsiveness, breathing, life-threatening bleeding or other life-threatening conditions using shout-tap-shout.

**Note:** CHECK for no more than 10 seconds.



## Call 📞

3. If the child does not respond and is not breathing or only gasping, CALL 9-1-1 and get equipment, or tell someone to do so.



## Care 🛡️

4. Place the child on their back on a firm, flat surface. Kneel beside the child.

5. Give **30** chest compressions.

- **Hand position:** Two hands centered on the chest
- **Body position:** Shoulders directly over hands; elbows locked
- **Depth:** About 2 inches
- **Rate:** 100 to 120 per minute
- Allow chest to return to normal position after each compression



# Giving CPR—Child (Continued)

## 6. Give 2 breaths.

- Open the airway to a slightly past-neutral position using the head-tilt/chin-lift technique.
- Ensure each breath lasts about 1 second and makes the chest begin to rise; allow the air to exit before giving the next breath.



**Note:** If the 1st breath does not cause the chest to rise, retilt the head and ensure a proper seal before giving the 2nd breath. If the 2nd breath does not make the chest rise, an object may be blocking the airway.

- ## 7. Continue giving sets of 30 chest compressions and 2 breaths. Use an AED as soon as one is available!

**30:2**

# Giving CPR—Infant

Check ✓

1. CHECK the scene for safety, form an initial impression, obtain consent from the parent or guardian and use PPE.

2. If the infant appears unresponsive, CHECK for responsiveness, breathing, life-threatening bleeding or other life-threatening conditions using shout-tap-shout.



Call 📞

3. If the infant does not respond and is not breathing or only gasping, CALL 9-1-1 and get equipment, or tell someone to do so.



Care 🏠

4. Place the infant on their back on a firm, flat surface.

5. Give **30** chest compressions.

- **Hand position:** Thumbs (side-by-side) on the center of the infant's chest, just below the nipple line; other fingers encircle the infant's chest toward the back, providing support
- **Body position:** Stand or kneel to the side of the infant; hips at a slight angle
- **Depth:** About 1½ inches
- **Rate:** 100 to 120 per minute
- Allow chest to return to normal position after each compression



# Giving CPR—Infant (Continued)

## 6. Give **2** breaths.

- Open the airway to a neutral position using the head-tilt/chin-lift technique.
- Ensure each breath lasts about 1 second and makes the chest begin to rise; allow the air to exit before giving the next breath.



**Note:** If the 1st breath does not cause the chest to rise, retilt the head and ensure a proper seal before giving the 2nd breath. If the 2nd breath does not make the chest rise, an object may be blocking the airway.

- ## 7. Continue giving sets of **30** chest compressions and **2** breaths. Use an AED as soon as one is available!

**30:2**

# Using an AED

Check ✓

Call 📞

1. Complete the CHECK and CALL steps.

Care 🚑

2. As soon as an AED is available, turn it on and follow the voice prompts.

3. Choose appropriate pads.

- Use pediatric pads or pediatric settings for children and infants up to 8 years of age or weighing less than 55 pounds (25 kilograms).
- Use adult pads for children older than 8 years of age or weighing more than 55 pounds (25 kilograms).

**Note:** If pediatric AED pads are not available, use adult AED pads on a child up to 8 years of age or weighing less than 55 pounds (25 kilograms).

**Note:** Do not use pediatric AED pads on a child older than 8 years or weighing more than 55 pounds (25 kilograms) because the shock delivered will not be sufficient.

4. Remove clothing and attach pads correctly.

- Remove all clothing covering the chest. If necessary, wipe the chest dry.
- For a child, place one pad on the upper right side of the child's chest; place the other pad on the lower left side of the child's chest, a few inches below the left armpit.

**Note:** If the pads may touch, place one pad in the middle of the chest and the other pad on the back, between the shoulder blades.

- For an infant, place one pad in the middle of the chest and the other pad on the back between the shoulder blades.





# Using AED (Continued)

- 5.** Plug the pad connector cable into the AED, if necessary.



- 6.** Prepare to let the AED analyze the heart's rhythm.

- Make sure no one is touching the child.
- Say, "CLEAR!" in a loud, commanding voice.



- 7.** Deliver a shock, if the AED determines one is needed.

- Make sure no one is touching the child.
- Say, "CLEAR!" in a loud, commanding voice.
- Push the "shock" button to deliver the shock.



- 8.** After the AED delivers the shock, or if no shock is advised, immediately start CPR, beginning with compressions.





# Caring for Choking—Child

Check ✓

**1.** Complete the CHECK step and verify the child is choking.

**Note:** If the child can speak, cry or cough forcefully, encourage them to keep coughing. Observe and prepare to act if their condition changes.

Call 📞

**2.** If the child is unable to speak, cry or cough, CALL 9-1-1 and get equipment, or tell someone to do so.



Care 🩹

**3.** Give **5** back blows.

- Position yourself to the side and slightly behind the choking child; for a small child, you may need to kneel behind them.
- Place one arm diagonally across child's chest and bend them forward at the waist.
- Firmly strike the child between the shoulder blades with the heel of your hand. Each back blow should be separate from the other.



**4.** Give **5** abdominal thrusts.

- Have the child stand up and find their navel with two fingers. If you are standing, move behind them and place your front foot in between the child's feet with your knees slightly bent.
- Make a fist with your other hand and place the thumb side against the child's stomach right above your fingers. Cover your fist with your other hand.
- Pull inward and upward to give an abdominal thrust. Each abdominal thrust should be forceful and separate from the other.



**Note:** Alternatively, you may give chest thrusts to a child who is too large to wrap your arms around or is in a wheelchair.

**5.** Continue giving sets of **5** back blows and **5** abdominal thrusts until:

- The child can cough forcefully, speak, cry or breathe.
- The child becomes unresponsive.

**Note:** If the child becomes unresponsive, gently lower them to the floor and begin CPR, starting with compressions. After each set of compressions and before attempting breaths, open the child's mouth, look for the object and, if seen, remove it with a finger sweep.



# Caring for Choking—Infant

## Check

1. Complete the CHECK step and verify the infant is choking.

**Note:** If the infant can cry or cough forcefully, encourage them to keep coughing. Observe and prepare to act if their condition changes.

## Call

2. If the infant is unable to cry or cough, CALL 9-1-1 and get equipment, or tell someone to do so.



## Care

3. Give 5 back blows.

- Hold the infant in a face-down position along your forearm using your thigh for support. Keep the infant's head lower than their body.
- Give 5 firm back blows, with each one separate from the others. Keep your fingers up to avoid hitting the infant's head or neck.



4. Give 5 chest thrusts.

- Turn the infant face-up (support their head and neck) and lower them onto your thigh. Keep the infant's head lower than their chest.
- Give 5 quick chest thrusts about 1½ inches deep with two fingers in the center of the infant's chest. Each chest thrust should be separate from the others.



5. Continue giving sets of 5 back blows and 5 chest thrusts until:

- The infant can cough forcefully or cry.
- The infant becomes unresponsive.

**Note:** If the infant becomes unresponsive, gently lower them to a firm, flat surface and begin CPR, starting with compressions. After each set of compressions and before attempting breaths, open the infant's mouth, look for the object and, if seen, remove it with a pinky sweep.



# Using Direct Pressure for Bleeding

Check ✓

1. CHECK the scene for safety, form an initial impression, obtain consent and use PPE.



Call 📞

2. Immediately CALL 9-1-1 and get equipment, or tell someone to do so.



Care 🩹

3. Find the source of the bleeding.

4. Tell the child to expect pain from the pressure needed to control the bleeding.

5. Place a dressing on the wound.

- Use a hemostatic dressing if available and bleeding is life-threatening.



# Using Direct Pressure for Bleeding (Continued)

## 6. Apply steady, firm pressure directly over the wound.

- Put one hand on top of the dressing and put your other hand on top.
- Position your shoulders over your hands and lock your elbows.
- Push down as hard as you can.

**Note:** If blood soaks through the original gauze pad, you do not need to do anything, but you can put another gauze pad on top. Replace the new gauze pad if blood soaks through the pads. **DO NOT** remove the original gauze pad and **DO NOT** stack multiple gauze pads.



## 7. Apply a roller bandage only if bleeding stops before EMS arrives.

- Apply the bandage over the dressing and secure it firmly.
- Check for circulation beyond the injury before and after applying the bandage.



## 8. Monitor for re-bleeding. If bleeding reoccurs:

- Do not apply an additional dressing or bandage.
- Remove the bandage and leave only the single dressing on the wound in place.
- Apply direct manual pressure.

## 9. After giving care, remove your gloves and wash your hands.