How can I help reduce healthcare associated infections?
Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

Author: Gaynor Tyler/ Sally Harrison
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A BLISS Baby Charity YouTube Basic Life Support Video is available to watch via the following link:

https://m.youtube.com/watch?v=xDBC4rbre5o

Basic Life Support for Infants

Patient information leaflet
If you require a translation or an alternative format of this leaflet please call Patient Advice & Liaison Service on 01296 316042

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Safe & compassionate care, every time
Introduction
This booklet is for parents and carers who have had resuscitation training with a qualified trainer, and have practiced the skills on a resuscitation manikin. Please remember that cardiopulmonary arrest in children is rare.

However, it is very reassuring if someone knows what to do if a child collapses.

Parents often worry about not being able to remember exactly what to do. Please do not worry - should you ever need to use these skills then it is likely that whatever you can remember will be helpful. This booklet can be used as a reminder of what you have learnt.

If you would like further opportunities to practice, this can be arranged through the Paediatric Community Teams or Neonatal Unit Liaison Nurses.

Contents
Infant Resuscitation (Under 1 year old) Page 3
Chest Compressions Page 5
Awake Choking baby Page 6
Recovery Position for Infants Page 7

Check the Baby
If the object is still blocking the airway tell someone to call an ambulance (999).

Repeat the back blows and chest thrusts as often as needed. If the baby becomes unconscious place on a firm flat surface, call for help. Do not leave the baby.
Open their mouth and attempt 5 breaths. If no response move onto 30 chest compressions regardless of whether the breaths made the chest rise.
Continue resuscitation for 1 minute then ring 999 (if this has not already been done).

Each time you begin breaths look inside the mouth to see if the foreign body is visible then turn baby onto their side to help the foreign body be ejected. Remove with a single finger sweep if able.

Recovery Position for Infants
For infants all we need to do is to hold them in our arms, with their head slightly down and to the side. If the infant has to be lain down, then place them on their side.
Awake Choking Baby

Check the Baby
Look at the baby's mouth to see if there is anything you can easily remove. (Remember: Do not put your fingers into the baby's mouth to search for something you cannot see, as you could push the obstruction further into their airway.)

If the baby is choking and cannot cough and is still conscious (awake):

**GIVE 5 BACK BLOWS**
Lay the baby with their head downwards along your arm or across your thigh (this enables gravity to assist removal of the food/obstruction/object/foreign body).

Using the heel of your hand, give up to 5 sharp slaps between the shoulder blades. Check if foreign body has dislodged between every slap.

If foreign body still present:
**GIVE 5 CHEST THRUSTS**
Hold the baby with the head downwards and place your fingertips on their breastbone, in the centre of the chest, just below the nipple line. This is the same place as described for Chest Compressions.
Press down with your fingertips up to 5 times, but more slowly and sharply than before. Check if foreign body has dislodged between every chest thrust.

Infant Resuscitation (for infants under 1 year old)

DANGER - Check for danger to yourself before approaching.
RESPONSE - Try to get a response from the baby:
• Call their name
• Place one hand on their head to steady it
• With your hand rub the baby's chest to try and waken them.

If the baby does NOT respond:
• SHOUT for Help
• Send someone to phone 999 for an ambulance.
• If you are alone, do NOT leave the baby at this stage, but continue with resuscitation as described below:

Airway
Look inside the baby's mouth. If there is any food turn the baby to their side and gently remove any mucous, food or other obstruction from the front of the mouth only.

Open the airway
Lift the chin slightly with your finger. If there is any visible 'food' turn baby on to their side. If anything falls to the front of the mouth, flick it out with your little finger. Never put your fingers into the baby's mouth.
Breathing

Place your ear close to the baby's mouth and check for normal breathing for 10 seconds by:
• Looking for chest movement
• Listening for breath
• Feeling for breath on your cheek

If the baby is not breathing or making infrequent, irregular gasps:
• Give 5 slow breaths by placing your mouth over the baby's mouth and nose. This should result in the chest rising.
• As the chest rises, stop blowing and take your mouth away.
• Watch the chest fall.
• Pause to take another breath and then repeat the sequence above to give five breaths in total.

If none of the breaths go in, move onto Chest Compressions on page 5.

Circulation

Check for signs of life (movement, swallowing, breathing, coughing). If after 10 seconds there are no signs of life, or you are unsure start Chest Compressions.

If the baby is not breathing but is moving or swallowing, just carry on with the breaths. Re-assess the child frequently.

Chest Compressions

Place two fingers on the baby's breastbone, in the centre of the chest, just below the nipple line and press down 30 times in quick succession. Aim to compress the chest 1/3 to half the normal depth. Give two breaths and then repeat 30 compressions.

Continue the resuscitation for about a minute, or 3 cycles of 2 breaths: 30 compressions.

GET EMERGENCY HELP

If you are alone phone 999 for the ambulance yourself.
Continue resuscitation until expert help arrives or the baby shows signs of life or you become exhausted.