

## ACCIDENT IN GENERAL

## SPECIFICALLY FOR CHILDREN

## SPECIFICALLY FOR OLDER PEOPLE

<p><b>Stop the accident</b></p>	<ul style="list-style-type: none"> <li>• What has happened? Fast overview</li> <li>• Is the place of injury safe for the medical caretaker and the injured person?</li> <li>• Is it possible to get in contact with the injured person?</li> <li>• Emergency removal?</li> </ul>	<ul style="list-style-type: none"> <li>• Involve the parents</li> <li>• Try to establish a good relation with the child</li> <li>• Is it possible to distract/"buy" the child by means of toys, candy or the like?</li> </ul>	<p>Be attentive of reduced</p> <ul style="list-style-type: none"> <li>• hearing</li> <li>• sight</li> <li>• pain perception</li> </ul>
<p><b>A Airways</b></p>	<ul style="list-style-type: none"> <li>• In-line stabilisation: secure the position of the head</li> <li>• Establish open airways</li> <li>• Apply a neck brace</li> <li>• Give oxygen</li> </ul>	<ul style="list-style-type: none"> <li>• Remember that the child has a large back of head; therefore, cushioning below the child's shoulders to keep the neck in a straight line</li> </ul>	<ul style="list-style-type: none"> <li>• Prostheses may block the airways</li> <li>• Increased risk of bleeding when applying a tongue depressor</li> </ul>
<p><b>B Breathing</b></p>	<ul style="list-style-type: none"> <li>• Evaluate the quality of the respiration (see – listen – feel)</li> <li>• Valve dressing, if relevant</li> </ul>	<p>Symptoms of respiration problems:</p> <ul style="list-style-type: none"> <li>• Excitement, restlessness</li> <li>• Apathy, ↓consciousness</li> <li>• Dark, grey, bluish colour of skin</li> </ul>	<ul style="list-style-type: none"> <li>• May have chronically laboured respiration</li> </ul>
<p><b>C Circulation</b></p>	<ul style="list-style-type: none"> <li>• Is there a pulse? Frequency and quality?</li> <li>• Examine the capillary response</li> <li>• Evaluate the colour and temperature of the skin</li> <li>• Check for major bleedings</li> <li>• Cannula and drop, if relevant</li> <li>• Reconsider ABC</li> <li>• Consider contacting Radio Medical</li> </ul>	<ul style="list-style-type: none"> <li>• Capillary response checked on lips, chest or forehead</li> <li>• Be especially attentive of increased belly size</li> <li>• Children are taken very ill suddenly and may collapse</li> <li>• It is difficult/impossible to insert a cannula in young children</li> </ul>	<ul style="list-style-type: none"> <li>• The pulse may be an uncertain basis for an evaluation</li> <li>• Capillary responses are often delayed</li> <li>• The skin is often pale and cold</li> <li>• It may be hard to stop bleedings</li> </ul>

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<p><b>D Disability</b></p>	<ul style="list-style-type: none"> <li>• Evaluate the level of consciousness</li> <li>• Examine the pupils' reaction to light</li> <li>• Assess whether it is possible to continue the treatment at the place of the injury</li> </ul>	<ul style="list-style-type: none"> <li>• Good cooperation with the child's parents in order to evaluate the child's level of consciousness</li> </ul>	<ul style="list-style-type: none"> <li>• Consciousness is assessed in relation to the patient's chronic condition</li> <li>• Involve relatives, if relevant</li> </ul>
<p><b>E Expose</b></p>	<ul style="list-style-type: none"> <li>• Top-to-toe examination at the place of injury, if relevant</li> <li>• Fixate the patient in the stretcher</li> <li>• Transport to sick bay</li> </ul>	<ul style="list-style-type: none"> <li>• Increased focus on the abdominal cavity (soreness, discoloration, swelling)</li> <li>• Remember cushioning from shoulders to pelvis</li> <li>• Take care that the child does not get too warm or too cold</li> </ul>	<ul style="list-style-type: none"> <li>• Get exact information about current and previous sufferings, possibly from relatives</li> <li>• May be more chaste</li> <li>• In case of fixation on a backboard, it may be necessary to pad more</li> <li>• May have difficulties stretching legs and hips entirely – also extra padding in this case</li> </ul>
<p><b>Sick bay</b></p>	<ul style="list-style-type: none"> <li>• Re-assess ABC</li> <li>• Write Radio Medical record and make objective measurements</li> <li>• Contact Radio Medical</li> <li>• Continue observations and ordinary first aid</li> <li>• Carry out RM ordinations</li> </ul>	<ul style="list-style-type: none"> <li>• Use the handing over form</li> </ul>	

Respiration		Pulse		Blood pressure	
0-6 weeks	30-50	0-6 weeks	120-160	0-6 years	74-100/50-68
7 weeks-6 years	20-30	7 weeks-1 year	80-140	6-16 years	104-124/64-80
6-13 years	12-30	1-16 years	60-120	Adults	120-140/60-90
13-16 years	12-20	Adults	60-80		
Adults	12-16				