

Managing paediatric illness and injury essay sample



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Be able to provide first aid to an infant and a child with a suspected fracture and a dislocation. 1. 1 Describe the common types of fractures.

Types of fracture

Fractures are divided into two types depending on whether or not they break through your skin. * Closed fractures. This is when your bone doesn't damage your skin. * Open (compound) fractures. In these fractures, the broken end of your bone breaks through your skin and may stick out.

* Hairline fracture. In which the bone does not separate because the line of break is so fine and only partially fractured. These fractures can be difficult to detect on x-rays. * Simple fracture. This is when your injury causes a single crack across the bone. * Complex fracture. These are also called spiral fractures due to their shape. They are caused by a twisting movement.

Fractures in long bones, such as your thigh bone (femur) are often spiral fractures. The surfaces of the broken bone may not come together and be harder to heal properly.

* Greenstick fracture. This is when your bone buckles and splits on one side, but just bends on the other. These usually occur in children as their bones are softer. * Comminuted fracture. In this type of fracture, your bone breaks into several fragments. This is more common after a serious accident. *

Impacted fracture. This is when one of your bone fragments is driven into another after they separate.

Signs and symptoms include deformity, discoloration, crepitus (a cracking, grating or scraping type noise made when bone ends rub together),

tenderness, swelling, inability to move the affected extremity, pain when moving the affected extremity, bleeding and/or bone protrusion. If nerve, muscle or vessel compromise exists, then numbness, tingling and loss of sensation and/or pulses may be encountered. If a significant amount of blood is lost, either through a wound or internally, the patient may exhibit signs and symptoms of shock.

1. 2 Describe how to manage a fracture

Disposable gloves should always be worn, and special attention should be paid to any fracture that may cause bleeding or the exposure of sharp edges. In situations where there's significant bleeding, it may be appropriate to utilize a mask with eye protection and a gown. Furthermore, I would make sure the patient has a patent airway and adequate breathing and circulation prior to assessing and treating any fractures. If a child has broken their arm, wrist or leg you can secure the bone with a sling or a splint to help reduce the pain and prevent further injury, until medical help has arrived.

1. 3 What is the definition of a dislocation including the signs and symptoms of a dislocation? Dislocations occur when a great deal of pressure is placed on a joint or sudden impact to the joint. A dislocated joint may be accompanied by numbness or tingling at the joint or beyond it, intensely painful, especially if you try to use the joint or bear weight on it, Limited in movement, Swollen or bruised, Visibly out of place, discoloured, or misshapen.

Be able to provide first aid to an infant and a child with a head, neck and a back injury.

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2. 1 Describe how to recognise and manage a head injury.

Toddlers tend to fall as they learn to walk; children fall or collide while playing and this remains the number one cause of head injury in children. Head injury signs and symptoms are headache, vomiting, and bleeding. Altered mental status, the child is not acting or behaving normally for that child. Scalp abnormalities, lacerations and swelling that may be associated with skull fracture.

* Concussion

A head injury that makes someone feels ill or become unconscious for a short time.

* Skull fracture

Depending upon the location of the fracture, there may or may not be a relationship between a fractured skull and underlying brain injury. Of note, a fracture, break, and crack all mean the same thing, that the integrity of the bone has been compromised.

* Cerebral compression

Cerebral compression or Compression of the brain – is very serious and almost invariably requires surgery. Cerebral compression occurs when there is a build-up of pressure on the brain. This pressure may be due to one of several different causes, such as an accumulation of blood within the skull or swelling of injured brain tissues. Cerebral compression is usually caused by a head injury. However, it can also be due to other causes, such as stroke,

infection, or a brain tumour. The condition may develop immediately after a head injury, or it may appear a few hours or even days later.

If an accident does happen, and it results in an injury to a child, I will do all I can to aid the child concerned. If a neck or back injury is suspected then I would place my hands on either side of the child's face with my fingertips gently lifting the jaw to open the airway and I would stay with the child until the emergency services arrived and took over.

We keep a first aid box within my work setting; the following staff at the school has been trained in first aid: Mrs Myhre and Mrs Willcocks will be called to assist. If necessary, the school secretary will telephone for emergency services. I would record all incidents involving injury in the school log book, and, in all cases, we inform parents or carers. Should a child be quite seriously hurt, we contact the parents or carers through the emergency telephone number that we keep on file. We update these numbers annually, but it is essential that parents/carers inform us when contact details change.

Know how to provide first aid to an infant and a child with conditions affecting the eyes, ears and nose 3. 1 Describe how to manage an infant and a child with a foreign body in their eyes Firstly put on disposable gloves and get the disposable eye wash, I would sit the child down and use an eye wash if the child had dust, sand or paint in their eyes, talking calmly and getting the child to hold things helps calm the child, we have eye washes in school which is water solution in a small bottle,

Describe how to manage an infant and a child with a foreign body in their ears or nose. Within my work setting I would not be allowed to do anything
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to a child if they put anything in their ears or up their nose, so the first thing I do would be to contact the first aider and together we would sit the child down and contact that child's parents or carer. I would only give the child tissue or an absorbent pad if the child had blood coming from the ear or nose to hold gently on it. If the child's nose is bleeding then I would tell the child to sit down and lean forward while holding the tissue and tell the child to breathe through their mouth.

3. 2 Describe how to recognise and manage common eye injuries

If any children come to me with any eye injury then I would sit the child down, put on disposable gloves, look at the child's eye to see if it has swollen or bleeding, if swollen then put on a cold compress and get the child to hold it and check it every few minutes, I would ask the child to tell me what happened and what symptoms they have, then I would look up the contact number for that child and call their parents or carer to advise them of the incident, then follow their advice. If the child's eye was bleeding then I would give the child or hold an absorbent pad over the eye, maybe if the child needed then I would put a bandage around the child's head and call the emergency services.

The school policy states that all injury to children should be recorded and log in the school's incident/ accident book.

Know how to provide first aid to an infant and child with a chronic medical condition or sudden illness

4. 1 Describe how to recognise and manage chronic medical conditions including: * Sickle Cell Anaemia

Sickle cell anaemia is one type of anaemia. Anaemia is a condition in which your blood has a lower than normal number of red blood cells. This condition also can occur if your red blood cells don't contain enough haemoglobin.

Sickle cell anaemia is an inherited, lifelong disease. People who have the disease are born with it. They inherit two genes for sickle haemoglobin—one from each parent. Children who have sickle cell anaemia need routine health care (just like children who don't have the disease). They need to have their growth checked regularly. They also need to get the routine shots that all children get. Young children who have sickle cell anaemia should have regular checkups with a haematologist (a blood specialist).

* Diabetes

Type 1, diabetes is an autoimmune disease that permanently destroys beta cells in the pancreas, meaning that the body can no longer produce insulin.

Type 1 diabetes can be deadly without regular insulin injections. Type 2, diabetes occurs when the pancreas does not produce enough insulin to meet the body's needs or the insulin is not metabolised effectively.

Hyperglycaemia, or high blood sugar, is common amongst diabetics. It occurs when a diabetic person eats too much food, and has too little insulin to regulate their blood sugar. Sometimes stress can cause diabetes. Being aware of the following symptoms and staying alert for their presence, * Need for frequent urination

* Drowsiness

* Nausea

* Extreme hunger and/or thirst

- * Blurring of the vision

Hypoglycaemia, or low blood sugar, occurs when a diabetic has not eaten enough food, or has too much insulin within his or her body. Being aware of the following symptoms and staying alert for their presence,

- * Shaking

- * Fast heartbeat

- * Sweating

- * Anxiety

- * Dizziness

- * Extreme hunger

- * Weakness and tiredness

- * Irritability

Some children within my school have their blood tested every day by the first aide officer and drinks or fruit or biscuits are given accordingly.

- * Asthma

Asthma is caused by inflammation of the airways. These are the small tubes, called bronchi, which carry air in and out of the lungs. If you have asthma, the bronchi will be inflamed and more sensitive than normal. When you come into contact with something that irritates your lungs, known as a trigger, your airways become narrow, the muscles around them tighten, and there is an increase in the production of sticky mucus (phlegm). This makes it difficult to breathe and causes wheezing and coughing. It may also make your chest feel tight. A preventer and reliever inhaler contains medication.

Examples of reliever medicines include salbutamol and terbutaline and it is often blue. Examples of preventer medicines include beclometasone, budesonide, fluticasone, and mometasone and are often brown, red, or orange. Within my school the first aider will have a list of children, who have asthma and a copy of this and where their inhalers are will be passed on to the appropriate personnel.

4. 2 Describe how to recognise and manage serious sudden illnesses including:

* Meningitis

Meningitis is an infection of the meninges (the protective membranes that surround the brain and spinal cord). The infection can be caused by bacteria or a virus, and it leads to the meninges becoming inflamed (swollen). This can damage the nerves and brain. The glass test; a rash that does not fade under pressure, will still be visible when the side of a clear glass is pressed firmly against the skin. Meningitis causes symptoms such as:

* severe headache

* vomiting

* high temperature (fever) of 38°C (100. 4°F) or over

* stiff neck

* sensitivity to light

* a distinctive skin rash (although not everyone will develop this) Symptoms

can differ in young children and babies. The symptoms of bacterial

meningitis are different in babies and young children. Possible symptoms

include:

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- * becoming floppy and unresponsive, or stiff with jerky movements *

becoming irritable and not wanting to be held

- * unusual crying

- * vomiting and refusing feeds

- * pale and blotchy skin

- * loss of appetite

- * staring expression

- * very sleepy with a reluctance to wake up

Some babies will develop a swelling in the soft part of their head (fontanelle).

- * Febrile convulsions

Febrile convulsions/ seizures are a relatively common childhood condition, referring to a child having a seizure (fit) when they have a high temperature of 38°C (100.4°F) or above, a violent shaking of the body or limbs caused by uncontrollable muscle contractions, which can be a symptom of brain disorders and other conditions but usually the result of an infection.

- * Epilepsy

Epilepsy is currently defined as a tendency to have recurrent seizures (sometimes called fits). A seizure is caused by a sudden burst of excess electrical activity in the brain, causing a temporary disruption in the normal message passing between brain cells. This disruption results in the brain's messages becoming halted or mixed up. Epilepsy is usually treated with anti-epileptic drugs (AEDs).

They act on the brain, trying to reduce seizures or stop seizures from happening. Lots of people with epilepsy find that when they take their AEDs properly, they have fewer or no seizures. During any seizures I would attempt to cushion the child's head and move any objects out of the child's way, as so not to hurt the child, I would need to stay calm and not restrain the child, I would lay the child on their side and loosen any tight clothing from around their neck, reassuring the child at all times and waiting with the child until the emergency services arrived.

Know how to provide first aid to an infant and child who is experiencing the effects of extreme heat and cold 5. 1 Describe how to recognise and treat of extreme cold (hypothermia) for an infant and a child Severe hypothermia needs urgent medical treatment in hospital. Shivering is a good guide to how severe the condition is. If the person can stop shivering on their own, the hypothermia is mild, but if they cannot stop shivering, it is moderate to severe. If children have very cold body temperature, they will start to become sluggish or unconscious, have uncontrollable shivering.

If any children behaved like this then I would move the child indoors or somewhere warm, as soon as possible, call for help from the first aider, then gently remove any wet clothing and dry the child, then wrap them in blankets, towels, coats, protecting the head and torso first. My own body heat can help someone with hypothermia and I would hug them gently. If possible I would give the child a warm drink or high energy foods, such as chocolate, to help warm them up. I would stay with this child until emergency services have arrived.

5. 2 Describe how to recognise and treat the effects of extreme heat

(hyperthermia) for an infant and a child Hyperthermia occurs when the body produces or absorbs more heat than it can dissipate. It is the stage before the full onset of a heat stroke or sunstroke, when the elevated body temperatures are sufficiently high, hyperthermia is a medical emergency and requires immediate treatment. Overheating a young child is life threatening. The signs of hyperthermia are

- * paleness,
- * muscle cramps,
- * tiredness,
- * heavy sweating,
- * weakness,
- * dizziness,
- * headache,
- * moist skin,
- * fast or weak pulse rate,
- * nausea or vomiting,
- * fainting,
- * Fast or shallow breathing.

If I see any children reacting in this way, I would stop them, take them indoors, and cool them down by removing any excess clothes, cool them by applying cold water to their head and torso, and giving plenty of cold water to drink, I would call for help from the first aider within the school.

Know how to provide to an infant and a child who has sustained an electric shock

6. 1 Describe how to safely manage an incident involving electricity. 6. 2 Describe the treatment for electric shock including how to manage the symptoms

As a first aider if I came into contact with a child that has had an electrical shock then I would call for help and do the following; * Firstly access the area for all dangers

* Try and find the power source and turn it off

* Then find a broom or wooden chair to move the child away from the electricity. * If the child is responsive, then I would look for burns from the entry and exit points on the body, wearing my disposable gloves then treat the burns with cold water and continue to cool the burnt area until pain is relieved and place the child in the recovery position. * If the child was nonresponsive then I would start the a b c * A = airways B= breathing C= circulation and chest compressions And continue to do this until emergency services arrive and take over CPR.

Know how to provide first aid to an infant and a child with burns and scalds

7. 1 Describe how to recognise the severity of burns and scalds to an infant and a child and respond accordingly. Burns can be caused by fire, chemicals, electricity, very hot metals and the sun. Scalds are caused by liquids, usually water and hot drinks.

There are 3 factors that affect the severity of a burn or scald, which are size, depth and location. Size is meant by the percentage of the body, the palm of a hand or the size of a credit card is 1% Depth is meant superficial which is

affecting the top layer of skin cells, partial thickness which is causing blisters and full thickness causing charring or ash whiteness.

Location is meant by where on the body the burn or scalds are. All need emergency treatment, I would douse the burn or scald with cold water for at least 10 -15 minutes and continue to do this until pain is relieved. If possible to remove any clothing or jewellery, I would use a sterile dressing to cover the area and bandage loosely. If the burn or scald is around the fingers or feet then I would dry and separate the fingers or toes before I bandage them. Always call for the school's first aider and if necessary call the emergency services.

7. 2 describe how to treat burns and scalds to an infant and a child. Describe the treatment of mild sunburn

If you have sunburn, you should avoid direct sunlight by covering up the affected areas of skin and staying in the shade until the sunburn has healed. Cool the skin by sponging it with lukewarm water or by having a cool shower or bath. Applying a cold compress, such as a cold flannel, to the area affected will also cool your skin. Drinking plenty of fluids will also help you to cool down and will replace water that is lost through sweating.

Apply a moisturising lotion or aftersun cream. Aftersun cream will cool your skin and moisturising it, helping to relieve the feeling of tightness.

Moisturizers that contain aloe Vera will also help to soothe your skin.

Calamine lotion can relieve any itching or soreness. Describe the treatment of splashes from hot beverages or facial burns or scalds Cool down the area

by running it under cool water for 10-20 minutes or until the pain eases. This <https://assignbuster.com/managing-paediatric-illness-and-injury-essay-sample/>

will prevent the burn from getting worse. Lightly cover the burned area with cling film, a clean plastic bag or cold, wet cloth (but not wrapping). This will help to protect the sore skin from further irritation and infection.

Describe the treatment of burns to the mouth and throat

For this I would loosen any clothing around the neck and offer ice and small sips of cold water. Continue checking the child's lifeline until emergency services have arrived and taken over.

Within my working setting I would call for the first aider from the school and the emergency services, all parents and carers would be contacted and I would record and report this to the Headteacher.

Know how to provide first aid to an infant and child who has been poisoned

8. 1 Describe how poisons enter the body.

Poisons can enter the body in different ways,

- * Ingested poisons -Swallowing dangerous fluids, cleaners, solvents.

Medications, tablets. And plant material * Inhaled poisons -carbon monoxide, gases and breathing in toxic fumes or dust * Absorbed poisons -Entering the body through the skin, poison ivy, oak or sumac and chemical sprays * Food poisons - Eating toxic plants or fungi and toxins in foods

8. 2 Describe how to recognise and treat an infant and a child affected by common poisonous substances, including plants. A child that has come into contact with any poisonous substances will have a range of signs and symptoms depending on what the poison is and how it was entered the body. If a child has swallowed by mistake sleeping tablets left unattended or

cleaning fluids in an unlocked cupboard or even berries from plants or trees, the child would show any symptoms like nausea, vomiting, stomach pain, diarrhoea, weakness, difficulty in breathing, swelling, rash , itching, burning, blisters and general discomfort.

I would gather information about what, when and how much poison was ingested or inhaled, make a record of this to give to the emergency services, if a child had absorbed a poison then I would carefully remove contaminated clothing and wash the skin in clean fresh water. If a child is vomiting and has diarrhoea I would offer some sips of water to prevent dehydration. Then I would sit them in the recovery position and wait with the child until the emergency services arrived. Within my working setting I would call for the first aider from the school and the emergency services, all parents and carers would be contacted and I would record and report this to the Headteacher.

8. 3 identify sources of information that provide procedures for treating those affected by poisonous substances There are many sources of information which will help in any emergency in the care of children. Some are listed here;

- * First aid manuals

- * Books or magazines

- * NPIS (national poisons information service) 08448920111 * NHS Direct 24/7 365 days year, number; 0845 4647

- * Pharmacies

- * National grid Gas emergencies 0800111999

* Patient UK

* The internet

Know how to provide first aid to an infant and child who has been bitten or stung

9. 1 Describe how to recognise the severity of bites and stings to an infant and a child and respond accordingly.

9. 2 Describe how to recognise and treat to bites and stings

Any child that receives a bite from an animal is likely to become infected and may carry the risk of disease. I would suggest to any parent or carer that the child needs to see a doctor or go to the walk in clinic. It is not only animals that bite as many children themselves will bite another child in angry or frustration. The most common bites or stings are minor and just require cleaning and reassurance. Allergic reactions develop quickly, from wasps, bees and ants I would look for severe swelling, redness or a raised rash, itching, pain, difficulty in breathing, teeth marks or puncture wounds and any cuts.

For bites I would wash the area with soap and water, then apply a dressing if there are any cuts in the skin, apply a cold compress to the area to help with swelling. For stings I would remove the child to a safe area as to not to get any further stings, check the sting area and remove the sting or any insect body parts, then wash with soap and water, apply a cold compress to reduce swelling and ease the pain I would then record all the information and report it to the parents/ carers and to all appropriate personnel within my school.