

Choking

Choking becomes life threatening when the flow of air to the lungs is blocked. When this happens, the infant will have breathing difficulty, absent or ineffective cough, and will not be able to make normal sounds. The infants face will turn from bright red to blue or may be dusky in color. The way to handle a choking incident depends on the condition and age of the child. Do not use the Heimlich maneuver (abdominal thrusts) for infants. The following first-aid tips are recommended for an infant under 1 year of age.

Coughing but able to breathe and make normal sounds

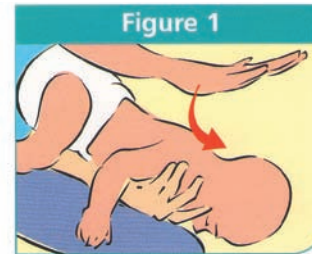
- Coughing is a natural mechanism for expelling an object or blockage from the throat.
- If the infant is coughing forcefully or crying, do not interfere with the infant's attempts to clear the object. Let the infant cough.

Conscious infant with complete airway obstruction:

- If the infant cannot breathe and is turning blue (unable to cry or cough effectively), call out for help or have someone phone for emergency medical aid (911).

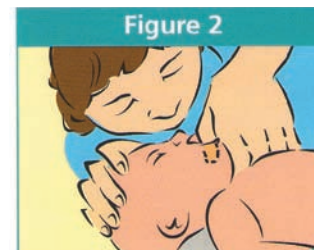
Be gentle in use of the following steps, as an infant's internal organs are fragile

- Place the infant face down on your forearm. Support the infant's head and neck with one hand. Firmly hold the jaw. The infant's head should be lower than the rest of the body. (See Figure 1)
- Rest your forearm firmly against your thigh for additional support. If the infant is large, you may lay the infant over your lap, with the head lower than the body and firmly supported.
- With the heel of your free hand, give up to 5 back blows forcefully between the infants shoulder blades.
- If the infant still cannot breathe, turn him or her over, sandwiched between your hands, onto his or her back, keeping the head lower than the trunk.
- Deliver 5 rapid chest compressions, using only 2 or 3 fingers, on the breastbone in the same position as for CPR, 1 finger's width below the nipple line.
- If the infant remains conscious, but still unable to breathe, repeat the back blows and chest thrusts until the object is expelled or the infant becomes unconscious.
- Stop thrust as soon as object is dislodged or after 5 thrusts/blows, then repeat process.



If the infant becomes unconscious:

- Begin CPR (as described on other side)
- Check for foreign bodies in the back of the throat each time the mouth is opened. (See Figure 2) Only if you can see an object should you try to remove it. A blind finger-sweep may push objects further in, causing more obstruction.
- If infant remains unconscious after 1 minute of CPR and you are alone, phone for emergency help (911) and continue CPR.



Infant Basic Life Support



A ready reference for emergencies for infants younger than one year

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Check our website for further
information and events!

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Cardiopulmonary Resuscitation (CPR)

Evaluate the infant's responsiveness:

1. Tap the infant's shoulder to see if the infant will respond.
2. Call out for help or, if available, have someone phone for emergency medical aid (911).
3. If you are alone with an unresponsive infant, provide approximately 1 minute of CPR before phoning for emergency help.

If the infant is not responsive:

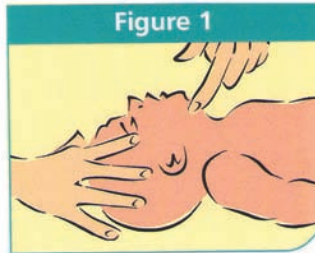
Move the infant carefully, supporting head and neck

- Be careful to avoid bending or twisting if there has been a possible injury to the neck or spine
- Position the infant on his or her back on a firm, flat surface.

Open the infant's airway:

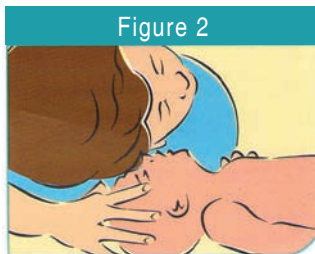
- If there is not a suspected neck or spinal injury, gently tilt the head back with one hand on the forehead while lifting the chin gently up and out with the fingers of the other hand. The infant's nose should be aimed at the ceiling. Do not push the infant's head back too far, this can block the airway.

(See Figure 1)



- If there is a suspected neck or spinal injury, open the airway with a jaw-thrust movement. Place 2 or 3 fingers under each side of the lower jaw at its angle and lift up and out.

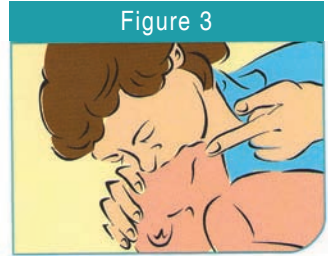
- If you suspect a foreign body is blocking the airway, look into the throat to see if a foreign object or a piece of food is visible. Only if you see something should you try to remove it.



Check for breathing:

- Look to see if the infant's chest is moving. Watch for the chest to rise. Listen for breath sounds. Feel for breath on your cheek. (See Figure 2)

- If the infant is not breathing, and does not appear to be choking, give 2 slow breathes:
- Place your mouth over the infant's nose and mouth, making a tight seal. (See Figure 3)

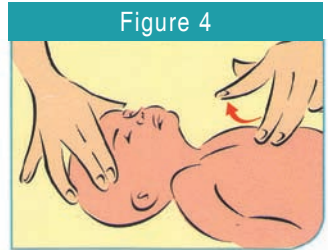


If you are unable to cover and seal both the nose and the mouth of the infant, you can cover and seal the infant's nose and hold the infant's mouth closed.

- Give 2 slow rescue breaths (1-1.5 seconds per breath), pausing to inhale between breaths. Blow in enough to see the infant's chest rise slightly. Allow the infant's chest to fall between breaths.
- If the chest does not rise and fall, reposition the infant's head and try again.
- If you still do not see the chest rise and fall after several attempts, look for and carefully remove any object you can see blocking the airway.

Check for signs of circulation:

- Signs of circulation include normal breathing, coughing and movement in response to the rescue breathing.
- If there is no sign of circulation, begin chest compressions:
- Place 2 or 3 fingers on the breastbone, one finger's width below an imaginary line drawn between the infant's nipples. Press down approximately 1/3 to 1/2 the depth of the chest. (See Figure 4)
- Give 30 compressions (at a rate of 100 per minute), then 2 rescue breaths.



After 5 cycles (approximately 1 minute) of CPR:

- If you are alone, stop and quickly call for emergency medical help (911) then continue CPR.
- If infant is small enough or uninjured, you can carry him/her with you to the phone when you call for help.
- Check for signs of circulation and breathing:
- If circulation and breathing have returned, and there is no concern about injury to the neck, place the infant on his or her side in recovery position and continue to observe.

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