

FIRST AID IN PEDIATRIA



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First Aid is defined as the *helping behaviours* and *initial care* provided for an acute illness or injury. First Aid can be initiated by anyone in any situation. A First Aid Provider is defined as someone trained in First Aid who should:

- recognise, assess and prioritise the need for first aid;
- provide care using appropriate competencies;
- recognise limitations and seek additional care when needed.

The goals of First Aid are to preserve life, alleviate suffering, prevent further illness or injury, and promote recovery.

Primo Soccorso

Insieme di comportamenti e cure iniziali atti ad affrontare un evento acuto avverso per la salute.

Obbiettivo

Preservare la vita

Alleviare la sofferenza

Prevenire ulteriori danni per la salute

Favorire la guarigione

L'educazione al primo soccorso migliora l'outcome delle vittime

L'educazione al primo soccorso è raccomandata!

First Aid education and training

Education and training in First Aid has been shown to increase survival from trauma among those patients cared for by trained first aid providers¹³² and to improve the resolution of symptoms.¹³³ Education in the form of a public health campaign has also improved the ability to recognise life-threatening illness, such as stroke¹³⁴ and from a prevention perspective it has been shown to reduce the incidence of burn injury.¹²²

2015 First Aid Guideline

First aid education programmes, public health campaigns and formal first aid training are recommended in order to improve prevention, recognition and management of injury and illness.

EDUCARE IN:

PREVENZIONE



INCIDENTI CASA/FUORI CASA
IN ACQUA
INTOSSICAZIONE/AVVELENAMENTO
EDUCAZIONE ALIMENTARE
SORVEGLIANZA/SICUREZZA
OGGETTI E GIOCHI
SIDS

GESTIONE DELLE
PRINCIPALI
EMERGENZE
IN ETA' PEDIATRICA



FERITE/SANGUINAMENTO
FRATTURE
USTIONI
AVVELENAMENTO/INTOSSICAZIONE
CONVULSIONI
.....

BLSD
PEDIATRICO



RCP DI BASE
DISOSTRUZIONE VIE AEREE DA CORPO ESTRANEO



BLS-D Pediatrico
per operatori non sanitari

**Paediatric Basic Life Support
and Early Defibrillation**

*Rianimazione Cardiopolmonare
Pediatrica di base e Defibrillazione
Precoce per operatori non sanitari*

Secondo le linee guida Italian Resuscitation Council
e European Resuscitation Council 2015

in collaborazione con



6-7 NOVEMBRE 2015 PARMA
CONGRESSO NAZIONALE 2015
LE NUOVE LINEE GUIDA 2015 DELLA RIANIMAZIONE CARDIOPOLMONARE



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EDUCAZIONE ADATTATA ALLE DIVERSE CATEGORIE DI POPOLAZIONE

ations. Training should be tailored to the needs of different types of learners and a variety of different teaching methods should be used to ensure acquisition and retention of resuscitation knowledge and skills. Self-instruction programmes with synchronous or asynchronous hands on practice (e.g. video, DVD, on-line training, computer giving feedback during training) appear to be an effective alternative to instructor-led courses for laypeople and healthcare providers learning BLS skills.³¹⁻³⁵

PROGRAMMI DI ADDESTRAMENTO anche su **SUPPORTI MEDIATICO INFORMATICO DIGITALE**

I NOSTRI BAMBINI
come proteggerli, come soccorrerli

1	2	3
PREVENIRE	CURARE	CASI GRAVI
ELETTRICITÀ VELENI OGGETTI PERICOLOSI SICUREZZA IN CASA SICUREZZA IN AUTO	FERITE, BOTTE OSSA ROTTE FEBBRE, USTIONI CONGELAMENTO AVVELENAMENTO	RIANIMAZIONE (da 1 a 8 anni) SOFFOCAMENTO (da 1 a 8 anni) RIANIMAZIONE (da 0 a 1 anno) SOFFOCAMENTO (da 0 a 1 anno)



L'ADDESTRAMENTO al BLS

Basic Life Support (BLS) is the cornerstone of resuscitation and it is well established that bystander CPR is critical to survival in out-of-hospital cardiac arrests. Chest compressions and early defibrillation are the main determinants of survival from an out-of-hospital cardiac arrest and there is some evidence that the introduction of training for lay people has improved survival at 30 days and 1 year.^{8,9}

For this reason a primary educational goal in resuscitation should be the training of lay people in CPR. There is evidence that training lay people in BLS is effective in improving the number of people willing to undertake BLS in a real situation.¹⁰⁻¹² The term 'lay people' includes a wide range of capabilities from those without any formal health care training to those with a role where it may be expected that they would provide CPR (e.g. lifeguards, first aiders). Despite the increase in access to training for lay people, there is still an unwillingness of some to perform CPR. The reasons identified for this include fear of infection, fear of getting it wrong, and fear of legal implications.¹³

For the resuscitation of children, rescuers should be encouraged to attempt resuscitation using whichever adult sequence they have been taught, as the outcome is worse if nothing is done. Non-specialists who wish to learn paediatric resuscitation because they have a responsibility for children (e.g. parents, teachers, school nurses, lifeguards), should be taught that it is preferable to modify adult basic life support and give five initial breaths followed by approximately 1 min of CPR before they go for help, if there is no-one to go for them.⁴⁴

...DELLA POPOLAZIONE LAICA
MIGLIORA LA SOPRAVVIVENZA...

....MIGLIORA LA VOLONTÀ DELLE
PERSONE AD INTRAPRENDERE
LE MANOVRE RIANIMATORIE....

RCP NEI BAMBINI

INCORAGGIATA

ANCHE SE SI CONOSCE SOLO LA
SEQUENZA X ADULTI

PUNTI DI MIGLIORAMENTO

DISPONIBILITA' CORSI

PAURE DELLE PERSONE

CONDIZIONI SPECIALI

CORSI BLSD PEDIATRICO X LAICI

		PBLSD CAT A
OTTOBRE	2014	8
NOVEMBRE		20
DICEMBRE		9
GENNAIO15	2015	10
FEBBRAIO		14
MARZO		23
APRILE		14
MAGGIO		21
GIUGNO		14
LUGLIO		3
AGOSTO		2
SETTEMBRE		15
OTTOBRE		15
TOTALE		168



PAURE DEI SOCCORRITORI LAICI



Cardiopulmonary resuscitation in real life: The most frequent fears of lay rescuers

A total of 1000 questionnaires were analysed. The sample group was predominantly made up of males (77.7%), Italians (82.2%), individuals aged between 26 and 35 years (41.2%) and individuals possessing a high-school diploma (61.8%). The percentages that would perform CPR on an unknown adult or child were different (86.2% vs. 73.9% $p = 0.005$). The prevalent fears were regarding infection, being incapable, legal implications and causing damage and fear in general. The first three differ significantly in adult and paediatric cases. Subdividing the population according to sex, age and education did not demonstrate significant differences regarding willingness to perform adult or paediatric CPR.

- INFEZIONI
- NON ESSERE CAPACI
- IMPLICAZIONI LEGALI
- CAUSARE DANNO
- PAURA GENERICA

In the case of paediatric resuscitation, the predominant fear is that of causing damage, followed in order of importance by fear of being unable, general fear, fear of being caught up in legal implications and, finally, fear of contracting infectious diseases.

RIANIMAZIONE PEDIATRICA

PAURE PREDOMINANTI IN ORDINE DI IMPORTANZA:

1. CAUSARE DANNO
2. NON ESSERE CAPACI
3. PAURA GENERICA
4. IMPLICAZIONI LEGALI
5. CONTRARRE INFEZIONI

SPUNTI DI RIFLESSIONE: CONDIZIONI SPECIALI..IN PEDIATRIA



...SMA-distrofie muscolari-miopatie...

Posizioni obbligate

Corsetto

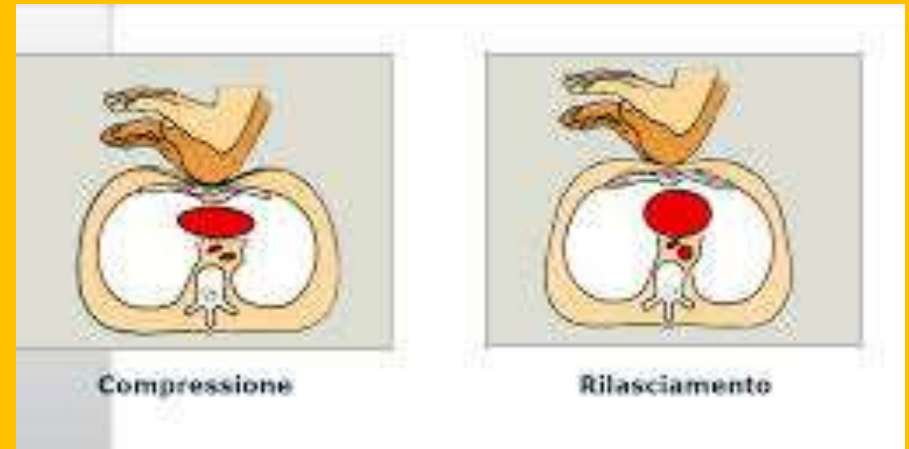
Pervietà vie aeree :
posizione standard
applicabile?



Pervietà delle vie aeree
ottenuta nella posizione in
cui si ottiene il migliore
flusso d'aria possibile.



SPUNTI DI RIFLESSIONE: CONDIZIONI SPECIALI..IN PEDIATRIA



PROMOZIONE E DIFFUSIONE CULTURA PRIMO SOCCORSO PEDIATRICO



EVENTI/CORSI IN COLLABORAZIONE CON ASSOCIAZIONI,
SOCIETA' SCIENTIFICHE, COMUNI E REGIONI

- ✓ MANUALE PER OPERATORI NON SANITARI
- ✓ APP PIC NIC MOZZAFIATO
- ✓ GAME RELIVE



PROGETTO SCUOLA

INSEGNAMENTO DELLA RIANIMAZIONE CARDIOPOLMONARE
NELLE SCUOLE PRIMARIE E SECONDARIE

One of the most important steps in increasing the rate of bystander resuscitation and improving survival worldwide is to educate all school children.



Grazie per l'attenzione

dank

danke

thank you

Ευχαριστού'με

tak

gracias

díky

paldies



dank u

merci grazzi

благодаря

kiitos

tānan

obrigado

go raibh maith agat

dèkoju

dzi

