Episode Book

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Family First Aid Audiobook: Children and Infants

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SYNOPSIS

Childhood emergencies require techniques that diverge sharply from adult first aid. Based on published guidance from Magen David Adom and United Hatzalah, this protocol review details life-saving interventions for infants and children. It covers resuscitation mechanics, why rescue breaths cannot be omitted, specific depth and finger placements for cardiac compressions, automated external defibrillator operation with paediatric pads, and the vital differences between treating an infant and an older child who is choking.

TRANSCRIPT



Corn

Welcome to the Family First Aid Audiobook, the children and infants edition. This is a refresher run-through of Israeli first aid guidance, the published material from Magen David Adom and United Hatzalah, put together as a public service for anyone who looks after a child.



Herman

And it's built to be heard more than once. Daniel's view, and I share it, is that guidelines like these need refreshing every few months, not one careful read-through that never gets revisited. The headline stays with you. The details drift... which way the baby faces, how deep to press, how long to hold the injector. So play it again in the car, or while you fold laundry.



Corn

A word on how this works. Herman, Hilbert and I are your instructors, and we give you the key lessons and the common mistakes for each protocol. Dorothy is our protocol reader. She reads the step-by-step run-through itself, calmly, like a reference recording. Hilbert, the small print.



Hilbert

Light version. This is a refresher based on published Magen David Adom and United Hatzalah guidance. It isn't official advice, and it doesn't replace a proper first aid course. In an emergency, call one-oh-one.



Corn

Now the numbers, once, clearly. Magen David Adom, the ambulance service: one-oh-one. United Hatzalah, the volunteer first responders: twelve twenty-one. Police: one hundred. Fire and Rescue: one-oh-two. Home Front Command: one-oh-four.



Herman

The Poison Information Center at Rambam: oh-four, seven seven seven, one nine oh oh. It answers twenty-four hours a day. And Terem, the urgent care clinics, national line: one, five nine nine, five two zero, five two zero. That's for non-emergencies.



Hilbert

One thing about how we'll talk. Infants and children are not handled the same way in a lot of these protocols.



Herman

Infant means under one year old. Child means from one year up, to about puberty. Some protocols draw the child line at one to eight years, and then we'll say so. Whenever the technique differs, we'll say infant or child out loud, every time.



Corn

Five groups: breathing and circulation, bleeding and trauma, medical emergencies, environment, and bites and stings. We'll announce each so you can skip ahead.



Herman

Starting with group one, breathing and circulation, and the first protocol, CPR. Here's what matters most. In children, cardiac arrest is almost always the result of a breathing failure, a lack of oxygen, rather than a heart problem to begin with. That is why rescue breaths are not optional. Compression-only CPR is not adequate for infants and children.



Hilbert

And the part everyone gets backwards is the phone call. If you're alone with the child, you don't call first.



Corn

You do two minutes of CPR first, about five cycles of thirty compressions and two breaths, and then you call one-oh-one. If anyone else is there, you send them to call one-oh-one and to fetch a defibrillator, and you start immediately.



Herman

Dorothy, take us through it.

D

Dorothy

Make sure the scene is safe. Check responsiveness. For an infant, tap the sole of the foot. For a child, tap and shout, and use the child's name. If they respond, no CPR. Keep watching. If they don't respond, check breathing, looking, listening and feeling, for no more than ten seconds. If they're breathing normally, put them in the recovery position and call one-oh-one. If they aren't breathing, or only gasping, that's cardiac arrest. Lay them on a firm, flat surface and start compressions.



Corn

Compressions next, Dorothy.

D

Dorothy

Compress the lower third of the breastbone, on a line between the nipples. Push hard and fast, one hundred to one hundred twenty a minute, let the chest come fully back up each time, and keep interruptions short. The depth is about one-third of the chest, which is roughly four centimetres for an infant and roughly five centimetres for a child. Technique, infant versus child. Infant, one rescuer: two straight fingers on the centre of the chest. Infant, two rescuers: the two-thumb encircling technique, both hands around the torso, thumbs on the chest, fingers supporting the back. Child: the heel of one hand, or two hands, depending on the child's size.



Hilbert

Then the breaths. Dorothy, over to you.

D

Dorothy

Open the airway. Infant: head in a neutral, sniffing position, only a gentle chin lift. Do not tip the neck back. Child: head-tilt chin-lift with mild extension. Give two breaths, each about one second, only enough to see the chest rise. Infant: the rescuer's mouth seals over the infant's mouth and nose together, and these are gentle puffs from the cheeks, not deep lung breaths. Child: pinch the nose closed and seal over the mouth.



Herman

A mistake to avoid with compressions. Never press on the very bottom tip of the breastbone, the xiphoid process.



Hilbert

The other classic is too much air. Too much volume or pressure inflates the stomach. If the chest doesn't rise, tilt and lift again and retry. Still nothing, suspect a foreign body blocking the airway. And do not put fingers into the mouth.



Corn

Then you keep going. Dorothy?

D

Dorothy

One rescuer: thirty compressions, two breaths. Two or more rescuers: fifteen compressions, two breaths, and for an infant the two rescuers switch to the thumb technique. As soon as a defibrillator arrives, use it. Paediatric pads or a paediatric dose attenuator if there is one. If only adult pads, use those, but the pads must not touch each other. After any shock, go straight back to compressions, and do five cycles before the machine reassesses.



Herman

And when do you stop? Three reasons only. Professional help arrives. The child starts breathing and responding, and then you roll them onto their side. Or you physically cannot continue. And don't stop to check a pulse unless there are clear signs of recovery, like breathing or movement.



Corn

Next, the machine itself. The defibrillator.



Herman

The AED. The guidance here says child means one to eight years, and the paediatric settings apply to a child under eight or under twenty-five kilograms.



Hilbert

People freeze because it's a machine that shocks a child. It cannot harm a child whose heart doesn't need a shock. If the rhythm isn't shockable, it says no shock advised. Dorothy, when do we use it?

D

Dorothy

Same trigger as CPR: unresponsive, not breathing normally. Send someone for the AED and one-oh-one, begin compressions while you wait, and if alone, two minutes of CPR first. To find one, use the Eifo-Defi app, or call one-oh-one and dispatch can locate the nearest smart stand and unlock it remotely.



Corn

And once it's in my hands, Dorothy?

D

Dorothy

Open it. Most models switch on when you open the cover, some have a button. Many Israeli machines have a child mode, a switch or a key, or you swap to paediatric pads. Use it for a child under eight or under twenty-five kilograms. With neither, use adult pads. Don't delay the shock for want of paediatric pads.



Herman

Pads, Dorothy.

D

Dorothy

Bare, dry chest. Cut the clothing if needed. Wipe off sweat or water. Remove any medication patch. If there's an implanted device, a visible lump under the skin, keep the pad at least two and a half centimetres away from it. Then placement, which is where age matters. If the chest is big enough for both pads on the front, with at least two and a half centimetres between them and no overlap, use the usual front placement. If not, which is the case for infants and small children, one pad on the centre of the chest and one on the back, between the shoulder blades, directly behind it. Pads firmly down, no air gaps, and connect the cable if it isn't pre-connected.



Hilbert

Then everybody stands back. Dorothy.

D

Dorothy

The machine analyses, so nobody touches the child. If it advises a shock, call out stand clear, check nobody is touching, and press the button when told. Right after the shock, or after a no-shock message, resume CPR with compressions straight away, for two minutes, with age-appropriate technique: one hand for a child, two fingers or two thumbs for an infant.



Corn

And the don'ts. Don't turn it off or remove the pads once they're on, even if the child wakes up. Don't use it on a child who is conscious and breathing normally. Not while the child is in water or a puddle, so move them to dry ground. Not near flammable gases or oxygen-enriched air. And no adult-depth compressions: one-third of the chest, no more.



Hilbert

Next. Choking. Start with the opposite of what instinct says. If the child can cough forcefully, cry, or breathe adequately, do not intervene. Coughing is the body's most effective way to clear an airway. Watch closely.



Corn

What if they can't cough?



Herman

The signs are inability to speak, cry or make a sound, a weak or absent cough, hard breathing with the chest sucking in, bluish skin, or high-pitched noise. Young children often don't grab their throats the way adults do. Once the airway is blocked, have someone call one-oh-one. Alone, one to two minutes of intervention first.



Hilbert

Infant first. Dorothy.

D

Dorothy

Infant, under one year. Back blows and chest thrusts. Never abdominal thrusts, because of the risk of organ damage. Lay the infant face-down along your forearm, supporting the jaw and head with your hand, forearm resting on your thigh, head lower than the body. Five quick, firm strikes between the shoulder blades with the heel of your other hand. If the object isn't out, turn the infant face-up, supported along your other arm. Find the line between the nipples, put two fingers just below it at the centre of the chest, and give five chest thrusts about four centimetres deep, firm but controlled. Keep alternating five back blows, five chest thrusts, checking after each round.



Corn

Now the child, Dorothy.

D

Dorothy

Child, one to eight years. Abdominal thrusts, the Heimlich manoeuvre. Stand or kneel behind, arms around the waist, fist above the navel and below the rib cage, grasp it with your other hand, and thrust quickly inward and upward. For a smaller child, position them against your leg with the fist just below the ribcage. Not so much force that you lift the child off the ground. The guidance adds that for a child who is pregnant or obese, use chest thrusts with the fist on the middle of the breastbone instead.



Herman

And when they go limp, Dorothy?

D

Dorothy

Stop the manoeuvres. Lay them on a firm flat surface, call one-oh-one if not already done, and begin CPR. Alone, five cycles first, about two minutes, then call. Before each set of breaths, open the airway and look in the mouth. If you can clearly see an object, take it out. No blind finger sweeps. Infant: slight head tilt only, the look-to-sky position, because full extension blocks an infant airway, and mouth over mouth and nose. Child: normal head-tilt chin-lift.



Hilbert

Now the question of what isn't choking. Don't use this protocol if the blockage comes from asthma, infection or swelling like croup, or from a head injury. Seek immediate medical care. Never give food or fluids to a choking child, and never force anything into the mouth. Even after success, get the child medically evaluated.



Corn

Recovery position. Used for a child who is unconscious but breathing normally, with no suspected spinal injury. Call one-oh-one for any unconscious child, and place them in this position while you wait. Not breathing, or only gasping, is CPR instead.



Herman

And the spine caveat. Suspect it after a fall from a height, a vehicle collision, a head or neck injury, or neck or back pain. Then do not move the child. Hold the head and spine as found, keep the airway open with a jaw thrust, without tilting the head, and wait for help.



Hilbert

Right. The technique, Dorothy.

D

Dorothy

Child, one to eight years. Kneel beside them. Put the arm nearest you at a right angle, elbow bent, palm up. Bring the far arm across the chest, back of the hand against the cheek nearest you. Bend the far knee and gently pull it to roll the child toward you. Adjust the upper leg so hip and knee are both at right angles. Tilt the head back gently, mouth angled down so fluid drains, and don't let the head flex forward. Infant, under one year: not the side position. Hold the infant face-down along your forearm, head supported in your hand and lower than the body, jaw supported with your fingers. For both ages: check breathing about every minute, cover the child with a blanket, and stay. If breathing stops, roll them onto their back and begin CPR.



Corn

Heart attack and chest pain, in a child.



Herman

It is rarer, but the guidance lists the warning signs: persistent or severe chest pain, especially during or after exercise, fainting or near-fainting during activity, a racing or pounding heart, unexplained shortness of breath, sudden collapse during sport, blue lips or fingertips, or chest pain with a fever. Red flags: pain during exertion, a known heart condition, or a family history of sudden cardiac death.



Hilbert

The do-nots. Don't give aspirin to a child. Unlike the adult protocol, aspirin isn't indicated here, and it carries a risk of Reye's syndrome. No nitroglycerin or cardiac medication unless prescribed by a physician. Don't dismiss chest pain in a child who was recently ill or has a heart condition. No food or drink. And don't drive them yourself if cardiac arrest is suspected, since the ambulance carries monitoring and defibrillation equipment. Dorothy, what do we do?

D

Dorothy

Call one-oh-one first, before other interventions, and describe the symptoms, the age and any known conditions. If you can, have a bystander call while you stay with the child. A conscious child sits up or semi-reclined, whatever feels easiest. Loosen tight clothing, keep them warm but not overheated, and note when symptoms began. Unconscious but breathing: recovery position. Not breathing: CPR as before, thirty to two alone, fifteen to two with two rescuers, and rotate the compressor every two minutes if you have help.



Corn

One special case. Commotio cordis. A child collapses right after a direct blow to the chest during sport. If they're unresponsive and not breathing, start CPR and get the defibrillator as fast as you can. Defibrillation within three minutes gives the best chance of survival. Magen David Adom has deployed more than four thousand public defibrillators across Israel, with locations on the MDA app.



Herman

Stroke in children. The guidance is blunt about it. Do not assume a child cannot have a stroke. Children can have strokes at any age.



Corn

The adult acronym is FAST. Face, arms, speech, time.



Hilbert

Which is fine as a start, but it isn't validated for children and can miss atypical presentations, so don't rely on it alone to rule stroke out. Children often present differently. A seizure at onset is more common, symptoms can come on gradually, and a very young child may only show irritability, feeding difficulty, or lethargy. Also sudden severe headache with vomiting, sudden loss of balance or vision, confusion.



Herman

So what do we do, Dorothy?

D

Dorothy

Call one-oh-one immediately. Don't wait to see if it passes. Note the exact time symptoms began, or the last time the child was seen acting normally, because clot-dissolving treatments only work within a limited time window. Lay a conscious child down comfortably, head and shoulders slightly raised.



Corn

And a seizure inside a stroke?

D

Dorothy

Don't restrain, don't put anything in the mouth, clear the area, and afterward place them on their side. Unconscious and breathing: recovery position. Not breathing: CPR. No food, drink or medication, especially not aspirin, which worsens a bleed. And don't drive them yourself unless Magen David Adom says to. The ambulance can begin treatment on the way.



Hilbert

Asthma. Signs: cough, wheezing, trouble breathing out, tight chest, blue lips, ribs pulling in, flared nostrils, sweating. First move, Dorothy.

D

Dorothy

Sit them upright, or slightly forward, however they breathe best. Do not lay them down. Stay calm and speak directly to the child, not only the parent, because anxiety worsens the spasm. Then the child's own prescribed rescue inhaler, the Ventolin or salbutamol, typically two to four puffs, one at a time, thirty to sixty seconds apart. Child under six: use the inhaler with a spacer. Never use someone else's inhaler without medical direction.



Corn

And if there's no inhaler of their own?

D

Dorothy

Keep the child calm and upright and call one-oh-one immediately. Reassess after five to ten minutes. If better, keep watching, and a second dose can be given after ten to fifteen minutes if needed.



Herman

When to call. Call one-oh-one if the child doesn't improve after the inhaler, can't speak in full sentences, has blue lips or fingernails, is breathing very fast, or if it's a first attack with no prescribed inhaler. Drowsiness is a dangerous sign. It points to carbon dioxide building up.



Hilbert

Quiet sounds like progress. It isn't. A silent chest, with no wheeze while the child is clearly in distress, means the airways are too tight to move air. That's life-threatening. Call, be ready for CPR, and keep giving the inhaler every five to ten minutes until help arrives. No cold drinks, because cold can worsen the spasm, and never leave the child alone. Report how many puffs, and when.



Corn

Allergic reaction. Anaphylaxis.



Herman

The rule is: any involvement of breathing, circulation or consciousness means anaphylaxis, and you don't wait. Signs: hives, swelling of the face, lips or tongue, wheezing, a hoarse voice or changed cry, a weak rapid pulse, pallor, confusion, vomiting. In babies and young children, watch behaviour: sudden distress, inconsolable crying, drooling, trouble swallowing.



Hilbert

And the treatment is one thing. Epinephrine is the primary and most critical treatment, the only effective one. Do not substitute antihistamines such as Benadryl for it. Call one-oh-one on speaker and give the child's age and approximate weight, any known allergy, and whether an EpiPen is available.



Corn

The dose, Dorothy.

D

Dorothy

By weight. A child from fifteen to thirty kilograms: the EpiPen Junior, zero point one five milligrams, green label. A child over thirty kilograms: the EpiPen, zero point three milligrams, yellow label. Some Israeli allergists prescribe the three-tenths dose from twenty kilograms, so follow the child's own prescription if there is one. Under fifteen kilograms there's no auto-injector made for that range, but the Junior is still recommended over withholding treatment.



Herman

And now the injector itself, Dorothy.

D

Dorothy

Out of the case. Blue cap off, blue to the sky. Orange tip down, orange to the thigh. Hold it at ninety degrees to the middle of the outer thigh. For a small or thin child, pinch the thigh muscle to make a firm surface and avoid the bone. Press firmly until it clicks, and hold ten seconds. It works through clothing, so don't waste time removing trousers. Afterward, massage the spot for ten seconds, and give the used injector to the paramedics. Never touch the orange tip. Never inject into fingers, hands, feet or buttocks. Outer thigh only.



Hilbert

And while we wait for the ambulance. Dorothy.

D

Dorothy

Remove the trigger if you can: food out of the mouth, a bee stinger scraped away sideways, not squeezed. If breathing is hard, let the child sit upright, don't force them flat. If not, lie flat with legs raised. Unconscious and breathing: recovery position. Not breathing: CPR. For an infant's airway, neutral head, no overextension. No oral medications, antihistamines included, if the throat is swollen or swallowing is hard. Reassess at five minutes. If there's no improvement and you have a second injector, give it.



Herman

The effect lasts about twenty minutes, and symptoms can come back, even up to seventy-two hours later. Every child who has had anaphylaxis goes to hospital, even if everything resolves, for typically four to six hours of monitoring at minimum. And storage: not in the fridge, not in a car, not in direct sun. The Israeli climate makes heat damage a particular risk.



Corn

Drowning.



Hilbert

Drowning is a hypoxic emergency, an oxygen emergency, so rescue breaths are critical. Compression-only CPR is not enough. This protocol is for a child from one year to puberty.



Herman

And the most important rule isn't medical. Do not enter the water unless you're a trained water rescuer. Drowning rescuers frequently become victims. Use a reaching aid, like a pole, rope or towel, or throw a flotation device.



Corn

Then, Dorothy?

D

Dorothy

Get the child out as fast as you can without risking your life. After a dive, a fall or an unknown mechanism, suspect a spinal injury and keep head and neck neutral during extraction. Lay them on a firm flat surface away from the water. Tap the shoulder firmly and call out. If they respond, recovery position, call one-oh-one, and they always go to hospital.



Hilbert

And if they don't respond? Dorothy.

D

Dorothy

Have a bystander call one-oh-one. Alone, two minutes of CPR first, five cycles of thirty to two, then call. Open the airway with head-tilt chin-lift and check breathing for five to ten seconds. If not breathing, pinch the nose, seal your mouth over theirs, and give two gentle breaths of about one second. No chest rise: re-tilt, re-lift, try again, and if it still doesn't rise, go on to compressions anyway.



Corn

Compressions, Dorothy.

D

Dorothy

Heel of one hand on the lower third of the breastbone, between the nipples. Depth one-third to one-half of the chest, a hundred to a hundred twenty a minute, full recoil. Thirty to two alone, fifteen to two with two rescuers, switching every two minutes, with no pause longer than ten seconds. Signs of life: stop, recovery position, keep them warm, because children chill quickly after immersion.



Herman

And the do-nots. Don't try to get water out of the lungs. It's impossible and dangerous. No abdominal thrusts for water. And always go to hospital, even if the child seems fine, because of secondary drowning, delayed fluid in the lungs that can show up hours later.



Corn

Group two. Bleeding and trauma. First, severe bleeding in a child.



Herman

A three-year-old has only about twelve hundred millilitres of blood in total. So what looks moderate on an adult can threaten a child. Children also deteriorate faster. Tell the dispatcher it's a child, with approximate age and weight.



Hilbert

The escalation ladder, Dorothy.

D

Dorothy

Scene safe, gloves if you have them, involve a parent. Call one-oh-one. If you are alone and the bleeding is immediately life-threatening, control the bleeding first and call as soon as you can. Talk to the child softly, say what you're doing, shield them from the sight of the wound, and be honest if something will hurt.



Corn

Then the wound, Dorothy.

D

Dorothy

First check for an embedded object, a knife, glass, shrapnel. Do not remove it. Pad around it and press around the object, not on it. A frightened child may try to pull at it, so gently restrain the hands. If there is no object, strong direct pressure with a gloved hand or gauze. If it soaks through, add layers on top, and never remove the soaked dressing.



Herman

And if that fails?

D

Dorothy

Elevate the limb above the heart if you can, as an extra. Next step, the Israeli emergency bandage. White pad on the wound, wrap the elastic through the pressure bar, reverse direction, keep wrapping, secure with the closure bar. On a small child, fold the wrap so it doesn't cover too large an area. Still bleeding: a limb wound goes to a tourniquet. A wound at the groin, neck, armpit or shoulder goes to wound packing. Gauze in finger by finger, filled in a sunburst pattern, the attached dressing pressed on for one to two minutes. Don't pack stab wounds, and don't enlarge the opening.



Hilbert

Tourniquet detail is next. Age first. A manufactured tourniquet only for a child aged two or older, with a limb circumference of at least thirteen centimetres. Under two, there's no evidence for manufactured tourniquets, so use sustained direct pressure. Never over a joint. And once on, you don't loosen it because the child is screaming, because pain is expected.



Corn

The tourniquet gets its own protocol. When a limb bleeds massively and direct pressure can't control it, an amputation, a near-amputation, or direct pressure is impractical, you apply it at once. Don't delay it with prolonged pressure, or for the phone call.



Herman

Which device, Dorothy?

D

Dorothy

Child about two and older, limb thirteen to sixteen centimetres or more: the CAT, Gen seven. For smaller limbs: a SWAT-T, the elastic wrap type, or a RATS, the ratcheting type, work across all paediatric sizes. For an infant or toddler with a limb under thirteen centimetres: direct pressure and wound packing, or SWAT-T or RATS if available. A standard CAT won't work on a limb that small. If nothing paediatric exists, maximum direct pressure with packing, or an improvised tourniquet from a triangular bandage and a windlass. Between the wound and the heart, five to seven centimetres above the wound, over a single bone, upper arm or upper thigh, not over a joint, not on the wound. With a CAT, pull the strap tight, turn the windlass until bleeding stops, and lock it in the clip. Check that the bleeding below it has stopped completely. Write the time on the tourniquet, on the skin, or on tape, in the twenty-four hour format.



Hilbert

And what if it doesn't stop?

D

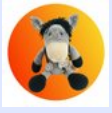
Dorothy

Put a second one above the first, closer to the body, and tighten both. Still bleeding, add maximum direct pressure.



Corn

Now the common mistakes with tourniquets.



Herman

Too loose is a real problem: it blocks the veins but not the arteries and makes the bleeding worse. Never remove it. Only hospital staff do that, because removing it can bring back life-threatening bleeding. Keep the child warm, watch for shock, and hand over the time. And never use a tourniquet for a venomous bite.



Corn

Shock, on its own.



Hilbert

A child goes into shock from bleeding, but also from dehydration, burns, severe allergy, severe infection. A newborn has only about two hundred forty millilitres of blood, a one-year-old about eight hundred, so small losses matter. The earliest, most reliable sign is a fast heart rate, then pale, cool, clammy or mottled skin, fast shallow breathing, confusion. Low blood pressure is a late sign, so don't wait for it.



Herman

The routine, Dorothy.

D

Dorothy

Call one-oh-one at once. Check airway and breathing, and start CPR if needed. Control visible bleeding, but no visible bleeding doesn't exclude shock. Conscious: flat on the back with legs raised, on a chair, pillow or folded blanket. Unconscious: if you suspect a spinal injury, don't move the child, hold the head and neck, and use a jaw thrust. If not, recovery position. Keep them warm, insulate from the cold ground, loosen tight clothing, reassure, moisten the lips only.



Corn

And the don'ts. Do not sit the child upright, because that reduces blood flow to the brain. Nothing to eat or drink. Don't leave them. Don't assume normal blood pressure means no shock, since children hold it steady until they suddenly collapse, and don't blame a rapid pulse on fear alone.



Hilbert

Head and spinal injury. The single most important instruction is: keep the child completely still. Call one-oh-one for any suspected head or spine injury, especially after a fall from higher than a metre, a car accident, a bicycle or scooter crash, playground equipment, or a blast. Call even if the child looks fine. For an infant, a fall onto a hard surface with a direct head impact counts.



Herman

The technique, Dorothy.

D

Dorothy

Check responsiveness without moving them, tapping gently and, for an infant, the sole of the foot. Don't shake the child. Tell a responsive child to lie still. Don't sit up a lying child, and don't lay down a sitting one unless they become unconscious. Move them only the minimum distance if there's immediate danger like fire or traffic. Hold the head with a hand on each side, in line with the spine, no twisting, until paramedics take over. If unresponsive, jaw thrust only, fingers behind the angles of the lower jaw, lifting forward. No head-tilt chin-lift. If not breathing, CPR while keeping alignment as best you can.



Corn

And the scalp, Dorothy?

D

Dorothy

Scalp bleeding: gentle pressure with a clean cloth, because scalp wounds bleed heavily. But if you suspect a skull fracture, a depressed area, visible bone, clear fluid from the ears or nose, then no pressure. Cover loosely with a sterile non-adherent dressing, and do not stop the clear fluid, since it may be spinal fluid.



Hilbert

What do we tell the dispatcher? Red flags: loss of consciousness even briefly, seizures, repeated vomiting, unequal pupils, fluid from the nose or ears, weakness in a limb, odd behaviour or drowsiness, and in an infant a bulging soft spot. Dorothy, what else?

D

Dorothy

Cover the child to prevent hypothermia, or provide shade in the heat. If the child vomits, a second person supports head and neck while you log-roll them onto their side as one unit. That takes training, so do your best. Leave the helmet on. Removing one takes two trained rescuers.



Herman

And the mistakes. No food or drink, since they may need surgery or imaging under anaesthesia. Don't let them stand or walk, even if they want to. Don't straighten the neck, and don't leave them alone.



Corn

Fractures and sprains.



Hilbert

A key detail: what looks like a sprain in a child may be a growth plate fracture, because children's ligaments are stronger than their growth plates. So any suspected sprain gets seen by a doctor. In young children, watch for refusal to use a limb after a fall, or inconsolable crying. Call one-oh-one for bone through the skin, suspected neck or spine injury, a suspected hip or pelvis fracture, loss of feeling or circulation below the injury, severe deformity, heavy bleeding, multiple injuries, or any fracture in an infant or very young child. A less severe one can go to the emergency department with the limb immobilised.



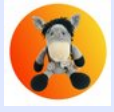
Corn

The steps. The big rule: do not straighten, pull, or push the bone back. It can tear arteries and nerves, and damage growth plates. Leave the limb as found. Dorothy.

D

Dorothy

Arm: support it with the child's healthy hand, or a sling from a shirt or scarf folded in a triangle, tied at the neck and secured to the chest. Leg: ask the child not to move it, pad both sides with pillows or rolled blankets, and gently bandage it to the healthy leg with padding between. Suspected hip fracture: don't move the child at all.



Herman

An improvised splint, Dorothy.

D

Dorothy

Cardboard, rolled newspaper, a ruler. It must extend beyond the joints above and below, padded, tied firmly but not tight enough to cut circulation. Cold: an ice pack wrapped in a towel, never on bare skin, fifteen minutes on, fifteen off. No heat. Take off rings, watches and the shoe from an injured foot, because swelling comes fast. Cut clothing away rather than pulling it over the injury.



Hilbert

Open fracture. Dorothy.

D

Dorothy

Emergency. Cover the exposed bone with a sterile dressing or the cleanest cloth, control bleeding by indirect pressure around the wound, not on it, and never push the bone back in. If bleeding is severe and uncontrollable, use a tourniquet. Prevent shock: keep warm, lying down, legs slightly raised unless spinal injury or vomiting. No food or drink, as surgery may follow. No aspirin for children, because of Reye's syndrome. Paracetamol or ibuprofen if needed for pain. And don't let them bear weight on an injured leg.



Herman

Burns. The single most important intervention is cooling the burn under cool or lukewarm running water for a minimum of twenty minutes. Not ice. Ice or ice-cold water causes more damage.



Corn

Start at the start, Dorothy.

D

Dorothy

Fire: roll the child on the floor and smother flames with cloth. Electrical: separate them using a non-conductive object like a broom handle. Chemical: take off contaminated clothing carefully, protecting yourself. Hot liquid soaks into fabric and keeps burning, so remove wet clothing and constrictive items like shoes, watches and rings before swelling. If clothing is stuck to the burn, leave it and cut around it.



Hilbert

A child isn't a small adult for cooling. Cool the burn, not the child. Children chill easily, so keep the rest of the body warm. If the child is shivering, or the burn is extensive, switch to cold-soaked cloths on the burn, changed every few minutes.



Corn

When to call. Call one-oh-one for any burn in an infant under one year, whatever it looks like. Also burns on the face, eyes, mouth, hands, feet, genitals, groin or inner thigh, burns all the way round a limb, white, grey or black burns, large areas, the neck or airway, electrical or chemical burns, and any burn worse than minor redness.



Herman

After cooling, Dorothy.

D

Dorothy

Cover loosely with a sterile non-stick dressing or a clean dry sheet. Avoid gauze pads and cotton wool, which stick to damaged skin. Pain relief: ibuprofen or paracetamol dosed by weight, if the child is conscious and old enough for oral medication, plus small sips of water.



Hilbert

The usual mistakes with burns. No toothpaste, coffee grounds, raw egg, yoghurt or butter, because they trap heat and raise infection risk. Don't pop blisters. No ointments, oils or powders on serious burns before medical evaluation.



Corn

And chemical or electrical, Dorothy.

D

Dorothy

Chemical: rinse with a massive amount of cool running water for at least twenty minutes, eyes at least fifteen minutes, and never try to neutralise the chemical. Call one-oh-one. Electrical: make sure the power is disconnected first, call one-oh-one, and be ready for CPR. Internal damage may not show on the skin.



Herman

Eye injuries. Treatment depends on the type. Chemical splash first, because time is critical. Dorothy?

D

Dorothy

Irrigate with clean flowing water for fifteen to thirty minutes, head tilted so water runs from the inner corner outward, away from the other eye, eyelids held open. A child who resists may need two adults, one holding, one irrigating, and you continue the full time even if the child protests. Call one-oh-one for any chemical burn to the eye, then urgent transport.



Corn

Foreign object, Dorothy.

D

Dorothy

If it's embedded or penetrating, don't remove it. Cover both eyes with sterile dressings, without pressure, and go to hospital immediately. If it's superficial, flush gently with clean lukewarm water for about fifteen minutes. Even after it's out, see an eye doctor.



Hilbert

Penetrating injury, Dorothy.

D

Dorothy

No pressure, no bandage. Place a rigid shield over the eye without it touching, a paper cup or plastic eye shield. Cover the other eye too, to reduce sympathetic movement. Call one-oh-one for any penetrating eye injury. Lay the child on their back for transport.



Herman

And a blunt blow, Dorothy.

D

Dorothy

Cold compress, ice wrapped in cloth, gently over the closed lid for ten to fifteen minutes. Don't press. If there's a vision change, double vision or severe pain, call one-oh-one, since it could be bleeding inside the eye or retinal damage. If not, an eye exam within twenty-four hours.



Corn

The eye don'ts. Don't rub. No eye drops or ointments without medical direction. No antiseptic or alcohol in the eye. And don't delay irrigation for a chemical burn.



Hilbert

Blast and shrapnel injuries. Children are at higher risk because they have a thinner chest wall, less blood, and more energy transferred per kilogram. The sequence is scene safety, airway, breathing, circulation, then exposure.



Herman

First, safety, Dorothy.

D

Dorothy

Check for a secondary device, structural collapse, fire. Don't enter an unsafe scene. Wait for security forces if there's doubt. Call one-oh-one with the blast, your location, the number of casualties, and that children are involved. Then airway: look for blood, debris or vomit in the mouth. A child's tongue is proportionally larger and can block it, and infants

D

Dorothy (continued)

breathe mostly through the nose, so keep the nose clear. Jaw thrust if spinal injury is suspected. Breathing: watch for chest rise and symmetry. Uneven rise suggests chest trauma, so lay the child injured side down if possible. Not breathing: CPR.



Corn

Circulation, Dorothy.

D

Dorothy

Massive bleeding first. Limb that won't stop: a tourniquet above the wound, record the time, and see the tourniquet protocol for children. No tourniquet: maximum direct pressure. Other bleeding: direct pressure with gauze or clean cloth. A silent child isn't necessarily uninjured, since children may be in psychological shock.



Hilbert

And the last parts, Dorothy.

D

Dorothy

Expose to look for more wounds, burns, embedded objects, fractures, then cover the child immediately, because they lose heat fast. Cover wounds, and build padding around any embedded shrapnel without removing it. Keep the child with a parent or another trusted adult, since separation adds to the trauma. Keep monitoring, be ready for CPR. No food or drink with significant injuries.



Corn

Electrocution.



Herman

Your own safety first. If you touch a child who is still connected, you become a second victim. The safest move is turning off the main breaker or unplugging at the wall. If you can't reach it, use a long, dry, non-conductive object, like a wooden broom handle or a



Herman (continued)

plastic chair, to separate the child. Never metal or anything damp.



Hilbert

Power lines. High voltage, power lines, transformer boxes, industrial equipment: don't approach at all. Call one-oh-one, fire at one-oh-two, and the Israel Electric Corporation at one-oh-three, and keep people back. Otherwise, once the child is separated, call one-oh-one with your exact address, the child's age, what happened, and whether they are conscious and breathing.



Corn

After separation, Dorothy.

D

Dorothy

Check response, breathing and pulse. No breathing or no pulse: CPR straight away. Child: thirty to two, about five centimetres deep. Infant: thirty to two, two fingers, about four centimetres. Use an AED, with paediatric pads if you have them. Don't stop CPR early, since electrocution victims have sometimes been resuscitated after prolonged efforts.



Herman

And if they're responsive, Dorothy?

D

Dorothy

Keep them still. Look for burns where the current went in and out, cool them with cool, not ice-cold, running water, cover with a sterile non-stick dressing, no creams, no ice. Treat for shock: lie down, warm, legs slightly raised unless spinal injury is suspected, no food or drink.



Hilbert

Mouth burns. A toddler who bites or sucks a cord may have a white or grey patch on the lip or tongue. Cool it if possible, no pressure. Warn the parents that bleeding from the labial artery can occur hours or even days later. If it bleeds, firm pressure and call one-oh-one. And every child who gets an electric shock, even a minor one, must be evaluated at hospital. Internal damage may not show at first.



Corn

Group three. Medical emergencies. Seizures first.



Herman

A febrile seizure is one in a child aged six months to five or six years, with fever or a rapidly rising temperature.



Hilbert

The instinct is to do something. And most of the do-nots are about resisting that. Do not force the mouth open, because the child will not swallow their tongue. Nothing in the mouth, it can injure teeth or jaw. Do not hold them down. No CPR during the seizure. Nothing by mouth. No bath or shower, no splashing water, no airway device.



Corn

So what do I do, Dorothy?

D

Dorothy

Make the space safe: move furniture and sharp things, pad with pillows. Lay the child on their side, head supported and tilted slightly downward. Don't move them unless they're near traffic or a ledge. Loosen clothing around the neck, and time it.



Herman

When to call. One-oh-one if it's the child's first seizure, if it lasts more than five minutes, if there's difficulty breathing, choking or blue or pale colour, if the child doesn't regain consciousness afterwards, if there are several seizures in a short period, or if prescribed anti-seizure medication was given and the seizure continues. If a doctor has prescribed something like rectal diazepam for this child, give it as instructed, and only that.



Hilbert

Fever, Dorothy.

D

Dorothy

For a febrile seizure, wrap the child in a damp lukewarm towel. Not cold, not ice. In a car, pull over and keep the child in the safety seat. After the seizure, recovery position, watch breathing. Drowsiness afterwards is normal and can last minutes to hours. Afterwards, light clothing, plenty of fluids, and paracetamol or ibuprofen as directed by the family doctor. A lukewarm bath for about twenty minutes is fine, but never during the seizure. After a febrile seizure the child should be seen by a paediatrician.



Corn

Diabetic emergencies.



Herman

The principle that runs through this one: when in doubt, give sugar. If it's low blood sugar, sugar is life-saving. If it's high, sugar will not cause immediate harm. Withholding sugar from a child who is low can be fatal.



Hilbert

Which child are we dealing with? Signs of low sugar: paleness, sweating, trembling, fast heartbeat, irritability, behaviour change, confusion. Sudden irritability in a child with known diabetes should prompt immediate attention. If the child is conscious and can swallow safely, it's the Rule of fifteen. Child six or older: fifteen grams of fast sugar. Child under six: ten grams.



Corn

What counts as fast sugar, Dorothy?

D

Dorothy

A glucose gel syringe is preferred. Or half a cup, one hundred twenty-five millilitres, of sweetened juice, not diet. Four glucose tablets is about fifteen grams. Or two to three teaspoons of sugar in water, a teaspoon of honey, or one cup of milk. Not chocolate, because fat and protein slow the absorption. Not diet drinks.



Herman

Then we wait. Dorothy.

D

Dorothy

Fifteen minutes, then recheck. The target is above seventy milligrams per decilitre for a child six or older, and above eighty for a child under six, with symptoms improving. If not, repeat the sugar. If glucose is still under fifty-four after thirty minutes, call one-oh-one. When it's up, give a complex carbohydrate snack, bread with cheese, a cracker, fruit, so it doesn't drop again. If the child wears an insulin pump and is low, gently disconnect it without damaging the device. A child who needs help but can still swallow: twenty to thirty grams of simple sugar, and if swallowing is hard, honey or glucose gel inside the cheek.



Hilbert

Severe, Dorothy.

D

Dorothy

Unconscious or seizing: nothing by mouth, ever. It's a choking hazard. Disconnect the pump. Is there a glucagon kit and a trained, authorised person, such as a parent or school nurse? If not, call one-oh-one, recovery position, watch breathing. If yes: glucagon by injection into a large muscle or under the skin, buttock, abdomen, upper arm or thigh. Child under six or under twenty-five kilograms: half a millilitre, half the vial. Over six or over twenty-five kilograms: one millilitre, the full vial. Then recovery position, and always call one-oh-one after glucagon. It begins to work in ten to fifteen minutes. When the child wakes and can swallow, give carbohydrate food.



Corn

And the other direction. High sugar and ketoacidosis: heavy thirst, frequent urination, vomiting, belly pain, deep rapid breathing, fruity breath, lethargy. Call one-oh-one. Never give insulin. And if you can't tell high from low, treat it as low.



Herman

Poisoning. About ninety percent of child poisonings happen at home. Some poisons give no symptoms at first, so always seek guidance, even if the child looks well. Poison Information Center, oh-four, seven seven seven, one nine oh oh, twenty-four hours. Call one-oh-one instead for unconsciousness, breathing difficulty, burns around the mouth, seizures, severe vomiting, blue skin, or a known swallow of something highly toxic like drain cleaner or a large quantity of medicine.



Hilbert

The steps, Dorothy.

D

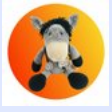
Dorothy

Check consciousness and breathing. Not breathing: CPR and one-oh-one. Work out how: swallowed, breathed in, on the skin, in the eyes. Identify the substance. Keep the container, packaging and any vomit for the medical team, and note how much and when. Wipe any substance out of the mouth with a cloth.



Corn

The part that's changed. Do not induce vomiting. Ever, whatever the substance. Current Israeli protocol prohibits it, because vomiting re-burns the oesophagus with caustics, risks inhaling vomit, and removes only part of the poison. No activated charcoal at home unless the Poison Center or a doctor says so. No home remedies like raw egg or olive oil.



Herman

Caustics, Dorothy.

D

Dorothy

Drain, toilet and oven cleaners, bleach, limescale removers. If the child is conscious and breathing normally, water or milk to dilute: a toddler about a quarter cup, sixty millilitres, an older child about half a cup, one hundred twenty, an adolescent a full cup, two hundred forty. For anything not caustic, no food or liquids unless the Poison Center instructs. Inhaled: fresh air, CPR if not breathing, one-oh-one, and fire at one-oh-two if gas is suspected. Skin: remove contaminated clothing, flush with running water fifteen to twenty minutes, no creams. Eyes: running water at room temperature, at least fifteen to twenty minutes, eyelids gently lifted, no rubbing.



Hilbert

Two last points on poisoning. Every poisoning needs hospital assessment, even mild, because paracetamol, for one, can seem harmless and later damage liver and kidneys. And never mix cleaning products, especially bleach with acids, which releases toxic chlorine gas.



Corn

Smoke and tear gas inhalation. Children are more vulnerable: smaller airways, and closer to the ground where gas concentrates.



Herman

Safety first. Do not go back into a burning building. Wait for Fire and Rescue, one-oh-two, with breathing apparatus. Dorothy?

D

Dorothy

Get the child to fresh air, outdoors, upwind of tear gas, contaminated clothing off. Call one-oh-one, and one-oh-two if the fire is ongoing. Even light smoke exposure should be assessed, since a child who looks fine can deteriorate hours later. Conscious: sit them upright, calm. Unconscious but breathing: recovery position. Not breathing: CPR. Responders give oxygen by face mask; otherwise, the freshest air possible.



Hilbert

Listen for stridor, high-pitched noisy breathing, which after smoke means urgent airway risk. Keep the child calm and upright, don't examine the throat, and be ready for CPR. Dorothy, what else do we watch for?

D

Dorothy

Carbon monoxide shows as pink or reddish lips, headache, confusion, dizziness. Cyanide, from burning plastics, foam or paint, shows as altered consciousness and seizures. Eyes irrigated with clean flowing water for fifteen minutes, skin washed with soap and water, don't rub the eyes. Cover the child with a blanket and monitor breathing.



Corn

No food or drink for a child with stridor or significant breathing trouble, and never lay them flat.



Herman

Dehydration. Children dehydrate faster, with a higher metabolic rate and more water as a share of body weight.



Corn

How bad?



Hilbert

Mild: dry mouth, less urine, thirst. Moderate: no tears when crying, lethargy, and in infants under eighteen months a sunken fontanelle, the soft spot on top of the head. Severe: very sunken fontanelle, rapid weak pulse, cool mottled limbs, altered consciousness. Severe means call one-oh-one, since the child likely needs a drip. A bulging fontanelle is a different problem, needing immediate medical care. Dorothy, what do we do for the rest?

D

Dorothy

Shade or air conditioning, excess clothing off. Oral rehydration solution, ORS packets from the pharmacy, mixed as directed. Infants: small frequent sips by spoon or oral syringe, and keep breastfeeding. Young children: about five to ten millilitres every two to five minutes. No ORS: a sports drink diluted with equal parts water as a stopgap.



Herman

What not to give. Cola, fruit juice, plain water alone, or tea. Not large volumes at once. No anti-diarrhoea medication without medical direction. Don't stop breastfeeding.



Corn

And when to call. One-oh-one if the child refuses to drink or keeps vomiting, if there's blood in the stool, a fever above forty degrees Celsius, yellow or green vomit, or signs of severe dehydration. And any infant under three months with any sign of dehydration goes to hospital, no delay.



Hilbert

Group four. Environment. Heatstroke and heat exhaustion. Children aged zero to four are at highest risk. And young children don't always show the textbook picture. They may go floppy or unusually sleepy.



Herman

Telling the two apart, Dorothy.

D

Dorothy

Sweating, pale and clammy, headache, dizzy, nauseated: heat exhaustion. Hot, dry, red skin, body temperature above forty degrees Celsius, confusion, seizures, or loss of consciousness: heatstroke, life-threatening. Call one-oh-one immediately. For heat exhaustion, call if there's no improvement within thirty minutes of cooling. Move to shade or air conditioning, excess and tight clothing off. Pour or spray tepid or cool water, not ice-cold, fan the child, and put ice packs or cold wet cloths in the armpits and groin. Keep going until Magen David Adom arrives. Conscious, alert, able to swallow: small frequent sips of cool water or ORS, stopping if they vomit. Unconscious: no fluids, recovery position if breathing, CPR if not.



Corn

The don'ts are unusual. No fever-reducing medicines, Acamol, Nurofen, naproxen, for heatstroke, because they don't lower the temperature and may cause harm. No ice-cold water immersion for young children without medical supervision. Never leave the child alone. A locked car in an Israeli summer can reach seventy degrees Celsius. If a child is locked in, break the window if necessary, and tell Magen David Adom they were in a



Corn (continued)

vehicle, and for how long if you know. And never leave a child in a vehicle, even for a moment, even with windows open or air conditioning running.



Herman

Hypothermia. Core temperature under thirty-five degrees Celsius. Infants and small children are at particular risk. An infant may not shiver even when hypothermic, so no shivering doesn't rule it out. Gently. Rough movement can trigger heart rhythm problems in a cold heart.



Hilbert

Rewarming, Dorothy.

D

Dorothy

Get them somewhere warm and sheltered, wet clothes off, dry the child thoroughly, wrap in warm blankets, flat, focusing on head, neck, chest and groin. Warm the core first, not the arms and legs, because rewarming the limbs first can drop the core temperature. Warm blankets or heat packs wrapped in cloth, never directly on skin. No hot water immersion. Airway, breathing, circulation, taking up to sixty seconds, because signs can be very slow. For an infant, keep the nose clear. No breathing or no pulse: CPR, and carry on with rewarming.



Corn

The line they quote is: no one is dead until they are warm and dead. Dorothy, the rest.

D

Dorothy

Conscious and able to swallow: warm, not hot, sweet drinks. No alcohol, no caffeine. Unconscious or semi-conscious: nothing by mouth. Call one-oh-one for moderate or severe signs: confusion, loss of consciousness, severe shivering or shivering that suddenly stops, muscle stiffness, and for any infant with suspected hypothermia. Keep them flat in transport.



Hilbert

Group five. Bites and stings. Snakebite. Treat every snakebite as venomous until proven otherwise. The main venomous snake in Israel is the Palestine viper. Call one-oh-one for every snakebite in a child, without waiting for symptoms. Give the age, weight, bite location and time.



Corn

The steps, Dorothy.

D

Dorothy

Get the child and bystanders away, at least two metres from the snake. Do not catch, kill or handle it. Keep the child calm and lying down, because venom travels through the lymphatic system, which movement activates. Bitten limb below heart level and immobilised against the body, with a splint if available. Take off rings, bracelets, watches and tight clothing. Clean gently with soap and water only.



Herman

And then the long list of don'ts. No tourniquet. No cutting. No sucking. No ice. No alcohol or antiseptic. No pressure immobilisation bandage, since that's not recommended for viper bites in the Israeli protocol. No food or drink, no hot liquids. No inducing vomiting. And don't let the child walk. Watch for spreading swelling, rapid heartbeat, vomiting, trouble breathing, drowsiness, fainting. If they stop breathing: CPR. Everyone bitten goes to hospital, even without symptoms.



Corn

Scorpions. All scorpion stings in children need emergency evaluation. Do not wait and see. Israel has around twenty-one species, five medically significant, and the deathstalker can be deadly for young children. The belief that black scorpions are harmless is wrong. They can be dangerous too.



Hilbert

Steps, Dorothy.

D

Dorothy

Away from the scorpion, and don't handle it. Call one-oh-one, and consider the Poison Information Center for guidance. Keep the child calm and still, because movement and crying speed the spread of venom. Cool the sting with ice or a cold compress wrapped in cloth, ten minutes on, ten off, most effective in the first two hours. Never directly on skin. Immobilise the limb against the body, below heart level.



Herman

What to watch for. Restlessness, drowsiness, confusion, seizures, trouble breathing, fast or irregular heartbeat, heavy sweating, drooling, vomiting, muscle twitching. Delayed reactions happen, so even a child who looks fine goes to hospital, with a minimum observation of six hours from the sting. No tourniquet, no cutting, no sucking, no alcohol or antiseptic, and no medication without medical advice.



Corn

Spiders. Two venomous species in Israel: the brown recluse and the black widow. Treat all spider bites in children with medical evaluation, because of the greater venom per body weight. Brown recluse bites are often painless at first, with effects hours later, and live in wardrobes, shoes and stored clothes. A black widow bite hurts within minutes, and lives in gardens and stone walls. Don't ignore a painless bite.



Hilbert

Steps, Dorothy. And this one differs from the snake, on the limb position.

D

Dorothy

Move the child away. Trap the spider under a glass or photograph it, if safe. Wash with soap and water, nothing else. Cold compress wrapped in cloth, ten to fifteen minutes, off ten, repeat. Immobilise the limb, and here keep it at about heart level, not below as with a snake. Child lies down or sits still. One-oh-one for severe pain, abdominal cramps, trouble breathing, chest tightness, heavy sweating, altered consciousness, any suspected black widow, and any spider bite in an infant or toddler.



Herman

Infants can't describe symptoms, so watch for irritability, unusual crying, poor feeding. Black widow venom can hit children harder, including breathing trouble.



Corn

Don'ts. No tourniquet, no cutting, no sucking, no antiseptic or alcohol, no tight bandage over the bite, no painkillers or antihistamines without medical direction.



Hilbert

That's all the protocols. The handful to carry above everything else. One: call one-oh-one, or twelve twenty-one for United Hatzalah. Two: know the age split. Under one year, infant. One year and up, child. Three: in CPR and drowning, rescue breaths are not optional, and alone, two minutes of CPR first, then call. Four: choking. An infant gets back blows and chest thrusts, a child gets abdominal thrusts, and a child coughing hard gets left alone.



Corn

Five?



Herman

Epinephrine first for severe allergy, outer thigh, ten seconds. Six: severe bleeding, direct pressure, keep adding layers, and a tourniquet is never removed by you. Seven: never induce vomiting, and keep the container. And eight: no aspirin for a child.



Corn

And come back to it every few months. That's the whole design.



Hilbert

Everything in this audiobook comes from Daniel's Family First Aid app, free, open source, for Android, with the code on GitHub. It has these protocols and the emergency numbers, so you aren't relying on memory in the moment.



Corn

Have the numbers handy.



Herman

And once more, one-oh-one. Magen David Adom. If in doubt, call.



Corn

Thanks to Dorothy for reading us through the protocols, and to our producer, Hilbert Flumingtop, for teaching alongside us. This has been My Weird Prompts.



Hilbert

Look after the small ones. See you tomorrow.