

Unit 2: Managing Paediatric Illness and Injury

Unit code: J/600/2037

QCF Level 2: BTEC Award

Credit value: 1

Guided learning hours: 10

Unit aim

The purpose of the unit is for the learner to attain knowledge and practical competences required to deal with a range of paediatric illnesses and injuries.

Unit introduction

An understanding of the more common paediatric illnesses and injuries is essential to individuals who work within an early years setting. Children and infants may arrive at the setting in apparent health but develop illness during the course of the day. Other children may already have chronic conditions, and may suffer from an acute episode which must be managed within the setting. This unit gives learners the knowledge and understanding required to deal with different situations to reduce the distress for children and infants. The unit also enables learners to investigate the causes and treatment of avoidable injuries such as poisoning, electric shocks and exposure to extremes of cold and heat. Learners who successfully complete this unit will be equipped to manage emergency situations in a professional and competent manner to the benefit of both staff and children within the setting.

This unit is intended to be delivered in 6-10 hours and can be offered as a one-day course. This unit must be delivered and assessed by a qualified paediatric first aid trainer. Taking this unit alongside Unit 1: Emergency Paediatric First Aid satisfies the Early Years Foundation Stage statutory requirement for paediatric first aid training.

Please note that all practical assessment within this unit related to the demonstration of first aid skills must be carried out only on infant and child manikins. Application of slings can be demonstrated on other learners. There is no requirement to show competence in a real-life situation.

This unit gives learners opportunities to achieve Functional Skills in ICT and English at level 2.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 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 1.2 describe how to manage a fracture 1.3 describe how to manage a dislocation 1.4 demonstrate the application of a support sling and an elevation sling
2 Be able to provide first aid to an infant and a child with a head, a neck and a back injury	2.1 describe how to recognise and manage head injuries including: <ul style="list-style-type: none"> • concussion • skull fracture • cerebral compression 2.2 demonstrate how to manage a suspected spinal injury
3 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 foreign bodies in their eyes, ears and nose 3.2 describe how to recognise and manage common eye injuries
4 Know how to provide first aid to an infant and a child with a chronic medical condition or sudden illness	4.1 describe how to recognise and manage chronic medical conditions including: <ul style="list-style-type: none"> • sickle cell anaemia • diabetes • asthma 4.2 describe how to recognise and manage serious sudden illnesses including: <ul style="list-style-type: none"> • meningitis • febrile convulsions
5 Know how to provide first aid to an infant and a child who is experiencing the effects of extreme heat and cold	5.1 describe how to recognise and treat the effects of extreme cold for an infant and a child 5.2 describe how to recognise and treat the effects of extreme heat for an infant and a child

6 Know how to provide first aid to an infant and a child who has sustained electric shock	6.1 describe how to safely manage an incident involving electricity 6.2 describe first aid treatments for electric shock incidents
7 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 7.2 describe how to treat burns and scalds to an infant and a child
8 Know how to provide first aid to an infant and a child who has been poisoned	8.1 describe how poisons enter the body 8.2 describe how to recognise and treat an infant and a child affected by common poisonous substances, including plants 8.3 identify sources of information that provide procedures for treating those affected by poisonous substances
9 Know how to provide first aid to an infant and a 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 bites and stings.

Unit content

1 Be able to provide first aid to an infant and a child with a suspected fracture and a dislocation

Recognising fractures and dislocations: primary survey, secondary survey; hairline fracture, compound fracture; fractured limbs, leg fractures, hand fractures; signs and symptoms of fractures; definition of dislocation; signs and symptoms

Management: of fractures (immobilisation of different fractures, applying splints, use of pain relief for infants and children); of dislocations (application of splints, elevation of the joint, use of RICE (Rest, Ice, Compression, Elevation) as a first aid treatment, sending for medical help, need for reassurance, nil by mouth in case of surgery/anaesthesia, demonstrating competence in applying support and elevation slings

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

Recognising head, neck and back injury: definition of head injuries; closed and open head injuries; signs and symptoms of serious head injuries, concussion; skull fractures; cerebral compression; recognising possible connected problems of head injuries eg disruption to sight and hearing, damage to jaws and teeth, nausea and vomiting, skull deformities, leaking of clear fluid from ears or nose and reasons for this; possible damage to major airways and management of this; symptoms of suspected damage to the spinal cord

Management: correct positioning of the head and neck; keeping the casualty as still as possible; sending for medical help; need for reassurance; dealing with conscious and unconscious casualties; dealing with convulsions

3 Know how to provide first aid to an infant and a child with conditions affecting the eyes, ears and nose

Foreign bodies in eyes: keeping the child calm; using sterile water to remove dust, sand; seeking immediate medical help for embedded foreign bodies

Foreign bodies in ears: ascertaining the nature of the object; using tepid water to remove insects; recognition of symptoms; need to seek immediate medical attention if treatment is unsuccessful and for all other objects

Foreign objects in nose: encouraging child to breathe through their mouth; seeking immediate medical help and not attempting to remove the object

Common eye injuries: blows to the eye (checking for injuries to the eyeball, injuries to the eye socket, associated injuries eg to the head or face); cleaning cuts to prevent infection; use of gloves; hand hygiene; checking vision; knowing when to seek medical help

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

Sickle-cell anaemia: recognition of symptoms; administering the infant/child's regular pain relief; keeping the child warm and reassured; sending for medical help

Diabetes: check the infant/child's insulin status; dealing with an insulin comarecovery position; recognising the signs of hypoglycaemia; providing sugar immediately; when to send for medical help

Asthma: recognising the infant/child's distress; noting breathing difficulties/problems with speech; noting changes in colour of face and lips; cough; wheezing; helping the infant/child to use inhalers; correct sitting position; encouraging the infant/child to breathe slowly and deeply; providing sufficient ventilation; sending for medical help

Meningitis: recognition of common symptoms; using the glass test on visible rashes; sending for immediate medical help; reassuring the infant/child; hand hygiene; measures to reduce cross infection; use of PPE; informing relevant personnel

Febrile convulsions: recognition of common symptoms; providing sufficient space for the infant/child; measures to prevent choking (ensuring the infant/child's mouth is clear, positioning the infant/child to help drain any liquids, pulling the chin and jaw forward if breathing is affected); reducing fever by removing clothing and using tepid sponging; reassurance for the infant/child after the convulsion; when to send for medical help

Epilepsy: reasons for remaining calm; preventing injury by placing something soft under the infant/child's head, loosening tight clothing, removing eyeglasses, removing nearby objects which could injure the infant/child; preventing choking by turning the child on one side, avoiding putting anything in the infant/child's mouth, not giving food or drink immediately afterwards; recognising when to send for emergency medical help; offering reassurance following the seizure; reasons for not restraining the infant/child during the seizure

5 Know how to provide first aid to an infant and a child who is experiencing the effects of extreme heat and cold

Hypothermia: definition of; symptoms of hypothermia in an infant and a child; first aid aims; providing first aid to infants (checking whether the infant's skin feels cold, sending for medical help, warming the infant gradually); providing first aid to children (preventing further body heat loss, warming the child, sending for medical help)

Hyperthermia: definition of; symptoms of hyperthermia in an infant and a child; first aid aims; providing first aid (tepid sponging, use of fans to cool, giving cool liquids to drink, removing/loosening clothing, sending for medical help); reassurance of infant/child

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

Safe management of an incident involving electricity: not touching the child if still in contact with electric wire; understanding how to remove the child from electric contact safely; personal safety for the first aider

Treatment for electric shock: artificial respiration; keeping the patient warm and quiet; treating the burn area at the site of contact; sending for medical help; symptoms of shock due to the injury eg colour of skin, possible loss of consciousness, presence of fine perspiration, weak and rapid pulse, dilated pupils, rapid, shallow respirations; how to manage symptoms

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

Difference between burns and scalds: superficial burns; partial thickness burns; full thickness burns; relevance of the extent of burns and scalds; when to seek medical help

Treatment: of superficial burns and scalds eg mild sunburn, slight splashes from hot beverages; of severe burns and scalds (not over-cooling casualty, not removing anything adhering to the burn, not touching the injured area, not bursting blisters, not applying lotions etc to the injury); positive actions, laying the casualty down, dousing the burn with cold liquid, checking airway, respiration and pulse, removing shoes etc to prevent swelling; removing burned clothing unless it is adhering to the burn; covering the injury with a sterile dressing, emergency treatment for facial burns; treatment of burns to the mouth and throat, contacting emergency aid; improving air supply by loosening clothing around the neck etc; dealing with unconscious casualties

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

Poisons entering the body: skin contact, inhalation of fumes, swallowing toxic liquids eg cleaning products, wrongful ingestion of medication; eating toxic plants and fungi, toxins in food

Recognition of common symptoms of poisoning: differences due to age, size and weight of child, amount of poison ingested

Treatment: seeking medical help; recovery position; when to give CPR; reasons for not giving emetics; saving any remaining substances to inform medical personnel

Sources of information: first aid manuals, relevant websites eg Patient UK; National Poisons Emergency helpline; Gas Emergencies Freephone (carbon monoxide poisoning); pharmacies

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

Recognition of symptoms of bites and stings: from different sources eg wasp and bee stings, tick bites, animal bites; assessing severity

Treatment: recognising and dealing with an anaphylactic reaction to bites and stings; seeking medical help; correct method for removing stings left in the skin; application of cold compresses; reassuring the child

Essential guidance for tutors

Delivery

It is essential that this unit is delivered by a qualified and experienced paediatric first aid trainer. Input from other professionals such as practitioner nurses in asthma, diabetes and sickle cell disorder would enhance learning. Learners will need to observe demonstrations of the various competencies such as the application of support and elevation slings, tepid sponging etc. It is essential that learners have opportunities to practice competencies before they are assessed. Competencies can be practiced on others in the peer group or on a manikin if appropriate. Learners will benefit from the observation of relevant DVDs and time to conduct internet research on named paediatric illnesses.

Assessment

Assessment of the competencies for assessment criteria 1.4 and 2.2 will need to be conducted in a simulated environment where learners demonstrate their ability to deal with relevant situations. Additional questioning should also be used to demonstrate understanding of observable procedures. Learners will need to demonstrate confident ability in the required competencies to meet the unit requirements, in view of the nature of the skills required.

Assessment of understanding of chronic medical conditions and serious sudden illnesses and their management could be in the form of an in-class timed assessment or in essay format. Assessors should ensure that all command verbs included in the assessment criteria are fully understood by learners before assessment starts.

Essential resources

Bandages, slings, appropriate dressing packs.

Emergency telephone numbers such as National Poisons Emergency Helpline, Gas Emergency Freephone number (carbon monoxide).

DVDs such as 'Spotting the Sick Child' (OCB Media) and 'Minor Injuries in Accident and Emergency' (OCB Media).

Manuals such as 'Planet Asthma' (info@asthma.org.uk).

Indicative resource materials

Textbooks

Ball J W, Bindler R C and Cowen K J — *Child Health Nursing: Partnering with Children and Families 2nd Edition* (Prentice Hall, 2009) ISBN 9780135153819

Glasper E A and Richardson J — *A Textbook of Children's and Young People's Nursing 2nd Edition* (Churchill Livingstone, 2010) ISBN 978140443074011

Statutory Framework Guidelines

Department for Children, Schools and Families — *The Early Years Foundation Stage: setting the standards for learning, development and care for children from birth to five, Revised Edition* (DCSF, 2008) 00261-2008PCK-EN

Department for Children, Schools and Families — *Statutory Framework for the Early Years Foundation Stage* (DCSF, 2008) ISBN 9781847751287

Journals

Nursing Times (Emap Inform Publications)

Paediatric Nurse (RCN Publishing Limited)

Websites

www.childhood-diabetes.org

Information about diabetes in childhood

www.childrenfirst.nhs.uk

Great Ormond Street Hospital website on dealing with bites and stings

www.epilepsy.org.uk/info/caringforchildren

Epilepsy Action website on caring for children with epilepsy

www.goodtoknow.co.uk/

First aid for electric shocks

www.hcd2.bupa.co.uk/fact

Bupa website providing fact sheets on a variety of medical emergencies

www.meningitis-trust.org

Meningitis Trust

www.relieve-childhood-asthma.com

Advice on managing childhood asthma

www.sicklecellsociety.org

Sickle Cell Society