

# First-Aid Guidebook of Child Health Care

(Child Emergency)

子どもの 救急  
ガイドブック



Public Interest Incorporated Association  
Okinawa Society of Child Health OSCH

Things to check before contacting emergency medical services

## SUDDEN SICKNESS



This guidebook will give you information on how to figure out if your child needs emergency medical care or home care.

# Fever (over 104 F)



Under 3 months



3 months ~ 6 years



- Listless and inactive
- No urine
- Fretful and refuses to sleep
- Refusal to drink fluids
- Vomits repeatedly or feels nausea
- Terrible cough

One or more apply

None of the above

Go to your pediatrician or contact an emergency medical center.



If the symptoms get worse...



Stay home and observe your child carefully.  
If it is within clinic hours, contact your pediatrician.

## ● Point of observation

- A feverish infant might have a temperature spike at night. Even if the child has a fever ,feels well enough to play and her appetite has not diminished, stay home and observe.
- An infant's body temperature is relatively high. Consider as fever when the temperature is over 104F .The body temperature rises after a bath, breastfeeding, milk, meal and exercise. Check the child's temperature when she is at ease.

## ● HOME CARE



- At the onset of a fever, the child might shiver with chills. When the child be sensitive to cold or is trembling,keep the child warm. Cool her when she gets too hot.
- Offer plenty of fluids at more frequent intervals than usual.
- A feverish child sweats profusely. Wipe the sweat clean and change them frequently.
- You don't have to use an antifebrile if your child looks fine.
- If your child is well enough, you can give your baby a bath to clean. The baby is chilled following the bath. Remember to monitor her closely.



### Things your doctor should know

- How long has it going on? How often?
- Did you see a doctor elsewhere?
- Has your child taken any medication?

# FEVER



The most common cause of an infant fever is either a viral or bacterial infection. Viral pathogens are weak against fever. Elevating the body temperature is the way the body fight infection. Having a high fever means your child is infected and it is good that the body mounts such a response. When your child gets better, the fever will be gone.



At the onset of a high fever, a child may shiver and shake with chills.

The body attempts to keep the heat in to fight bacteria by constricting the blood vessels, leaving the hands and legs cold. Bodily responses include shivering, which generate heat through muscle contraction. Keep your child's hands and legs warm to stop the shivering and chills.



Sometimes you might feel that a high fever can cause damage to the brain. But the temperature in itself rarely causes problems.



Do not panic when your child is running a high fever. But it is very important to observe her closely.

# Coughing



Many things can cause your baby's cough, including respiratory virus, inflamed windpipe and vocal cords, exposure to environmental irritants like dust and a foreign object or a change in temperature.



Coughing serves as a protective mechanism that the body uses to keep the airways clear, ridding phlegm or mucus of the baby's throat and lungs.



If coughing is the only symptom and the baby is otherwise healthy, monitor her closely.



Call your doctor immediately when your child has a high fever or a runny nose or sore throat.



Call your doctor as soon as possible if the following symptoms are present: vomits repeatedly when coughing; struggles to lie down and sits up; fusses when not held.

# Coughing or Wheezing



- Wheezing, whooping cough
- Short breaths, labored breathing
- Shoulders rise and fall when breathing
- Breathes by moving the head forward and back
- Ribs are prominent and neck caves in and out with each breath
- Listless and lethargic
- Refuses to take fluids
- Blue in color around the lips or mouth
- Coughs like a barking dog
- Coughs as if snarling
- Trouble laying down, difficulty sleeping
- Twitching nostrils

One or more apply

None of the above

Go to your pediatrician  
or contact an  
emergency medical  
center.

If the symptoms  
get worse

Monitor at home and  
seek medical attention  
the next day

## ● Point of observation

- A few months old toddler can have a whooping cough. If your baby is not particularly irritable and breathing normally, this is not cause for concern.
- Quick short breaths
- Breathing hard, moving the shoulders up and down.
- Snarling coughs
- Has a bluish color to the lips or face or nails

## ● HOME CARE

- Give fluids in small amounts frequently during the bout of acute coughing. It helps loosen mucus in the baby's throat and ease coughing.
- If your child's coughing gets more painful in sleep, let her lie sideways.
- Cigarette smoke only makes it worse. Refrain from smoking.
- Open the windows now and then to let fresh air in.
- Adding humidity to the room can help ease coughing. A steamed hot towel to the mouth can serve the purpose.
- If your child has been diagnosed with asthma, discuss treatment options with your pediatrician.

### Things your doctor should know

- When did the coughing start?
- Does your child have a fever or runny nose?
- Is there any particular time of day when the coughing occurs?
- Does the coughing prevent your child from sleeping?
- Has your child just been diagnosed with asthma?

# Convulsions



## Convulsions (spasm)

- The convulsion stopped but the child is unresponsive.
- The convulsion won't stop.
- Convulses repeatedly
- Loss of color in lips
- Confusion or loss of unconsciousness

- Seizure lasts more than 5 minutes
- First seizure experienced
- Under 6 months
- Aged 6 or above
- A recent blow to the head
- Low temperature (under 104F)
- Listless and inactive
- Vomits or has an accident
- Asymmetric spasms

One or more applicable

Call an ambulance



One or more applicable

Go to your pediatrician or contact an emergency medical center.

## ● Point of observation

- What kind of convulsion?
  - Stiffening of legs and arms
  - Jerking movements of legs and arms
  - The convulsion affects just one side of the body, not the entire body.
- Does your child regain consciousness after an episode of convulsion?
- Check the body temperature.
- Is there a family history of convulsion?
- If your child experiences stiffening of the body after crying hard, this is not convulsion . Do not worry, because it will recover naturally.
- Fever in infants often causes twitching.

## ● HOME CARE

- Do not shake or apply pressure on your child when she is having a seizure.
- Children do not bite the tongue during a convulsion, so do not put anything in the child's mouth. The child may vomit. Ensure to turn him on one side. Loosen any tight clothing to make your child comfortable.
- Please observe asymmetric convulsions or the time that convulsion was followed.
- Monitor your child closely until she regains her consciousness.

## Things your doctor should know

- Describe the convulsion
  - Stiffening of legs and arms
  - Jerking movements of legs and moves
  - The convulsion affected just one part of the body.
- Asymmetric convulsion in legs and hands or eyes.
- Did your child regain consciousness after the episode of convulsion?
- Check the body temperature.
- Any family history of convulsion?

# Vomiting

(Strong nausea)



- Vomits after every breast feeding
- Enlarged stomach
- Green-colored material or blood in vomit
- Listless and lethargic
- Diarrhea
- Stomach pain
- Convulsion
- Consciousness is confused
- No urine for half a day
- Dry lips
- Strong color and smell of urine

One or more apply

None of the above

Go to your pediatrician or contact an emergency medical center.

If the symptoms get worse

Monitor at home and seek medical attention next day

## ● Point of observation

- The problem lies in the fact that the entrance of the stomach (cardia) is not well-developed in infants and tends to let milk to go back up. If your child is gaining weight and developing normally, this is not a cause for alarm.
- How many times vomited? Has a stomach or headache?
- Has your child lost an appetite? How is the mood state?
- Is she passing urine?
- Any diarrhea?
- Is there a pain in the abdomen? Does it hurt when touched?

## ● HOME CARE



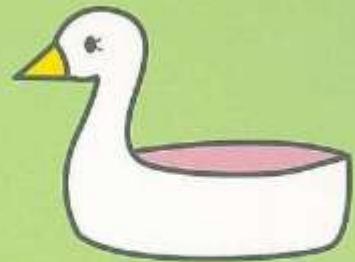
- While nausea is strong ,avoid force-feeding and monitor your child. When the vomiting settles, offer fluids (hot water, tea, ion drinking water, etc...) in small amounts (30-50cc each.) Offer easily digestible solid foods gradually once your child starts drinking enough.
- Avoid carbonated drinks, citrus fruits (orange, mandarin etc.)



## Things your doctor should know

- Check the frequency of vomiting
- Contents of the vomit:  
Smells sour, smells like poo, the color is dark like coffee, green-colored material or blood in vomit.
- You could save contents for doctor to examine.
- Check the color and odor and frequency of the child's urine. If your child's stool odor or color are not normal, collect a stool sample for your doctor to examine.

# DIARRHEA



- Listless and inactive
- Has not passed urine for half a day
- Strong color or odor of urine
- Vomits repeatedly
- Dry lips or mouth
- Refusal to take fluids
- Sunken eye sockets
- Convulsions
- Consciousness is confused

More than one applies

None of the above

Go to your pediatrician or contact an emergency medical center.

If the symptoms get worse

Monitor at home and seek medical attention next day

## ● Point of observation

- Count the number of times the child passes watery diarrhea.
- Is your child's appetite diminished?
- Does your child pass urine?
- Vomiting ?
- Gently touch the child's stomach to see if it hurts.
- What kind of diarrheal stool ?
- Is it watery? Does the smell strong? Is there blood in it?
- Wash your hands well after removing the stool.

## ● HOME CARE



- Avoid solid foods to let the stomach settle.
- Offer plenty of fluids  
You may keep breast-feeding.
- Avoid citrus fruits and carbonated drinks. (orange, mandarin etc.)
- Start with digestible foods like cooked carbohydrates, rice porridge, zosui (porridge), udon noodles. Avoid greasy or sugary food, dairy products and strong irritant
- 



## Things your doctor should know

- Count the number of times the child passes watery motions and how long has continued.
- Describe the watery stool  
It smells rotten or sour or normal? What about the color? Is it whitish or dark or greenish or blood-stained?
- If possible, collect stool sample for the doctor.
- Is any other family member experiencing diarrhea?
- Does the baby take enough fluids?
- The frequency, color and odor of urine.

# Stomach Pain



- Starts crying and then is settled for a while before starting again.
- The child's tummy looks hard and tight
- Tense stomach when touched or pressed
- Draw up legs and curl up in pain
- Passes watery or blood-stained stool
- Vomits repeatedly or feels strong nausea
- Swelling in the groin area
- Testicular swelling
- Won't stop crying, bad mood

One or more apply

None of the above

Go to your pediatrician  
or contact an emergency  
medical center.

If the symptoms  
get worse

Monitor at home and  
seek medical attention  
next day

## ● Point of observation

- Is your child feverish or feeling nausea?
- Any sign of diarrhea?
- Gently touch the child's tummy to figure out where it hurts. Is there any specific part that persistently hurts?
- Pain in the abdomen can be associated with frequent crying or not stop crying

## ● HOME CARE



- Has your child passed motions? If not, let her try.
- Gently stroke the child's stomach in circle.
- If the pain is light and does not cause vomiting, get the child to drink fluids in small amounts frequently.



### Things your doctor should know

- How long has it going on? (How many minutes?)
- Does the child experience pains on and off?
- Check the vomit. Is it greenish or has blood in it?  
Collect stool sample for the doctor to examine.
- Is your child passing motions?  
Check the frequency. Is it watery or small and hard?  
If it's different than usual, take a sample and show the doctor.

# Rashes (skin problem)



Rashes can be catching and infect other children. Be sure to inform the receptionist before seeing the doctor.

- Difficulty breathing
- Loss of face color
- Raspy voice
- Labored breathing

- The baby gets rashes following medication
- Swelling of lips and face
- Many small bruises on the legs
- High fever
- Itching, scratching
- Nosebleeds, joint pains

Call an ambulance



One or more apply

None of the above

Go to your pediatrician or contact an emergency medical center.

If the symptoms get worse

Monitor at home and seek medical attention next day

## ● Point of observation

- Describe a rash  
Size, place, color, watery
- Itching, scratching
- Swollen lips or eyelids
- Acute coughing, wheezing, raspy voice
- Wrong color in the face, nails and lips

## ● HOME CARE



- If the skin itches, and the size is relatively small, cool the area with water or towel.
- A rash does not warrant a visit to nighttime emergency center.
- Take pictures of the rashes with a digital camera or mobile phone. Bring the pictures with you when you visit your doctor.
- It could be catching. Call the receptionist before visiting.



### Things your doctor should know

- When did the child develop rashes?
- Get a fever or runny nose?
- Itching
- Do you know any other child with the same symptoms?
- Does your child take any medication?
- Has this occurred before?

# Uncontrollable Crying Different from his usual cry



- The baby is: Under 3 months and has a fever
- Cries hard every 10 to 30 minutes
- Passes stool with a strawberry jam-like blood in it
- Cries weaker and smaller than usual
- Swelling in the groin area
- Pain in the ears
- Loss of face color, bad mood
- Complains stomach or head ache
- Stops crying suddenly and becomes lethargic

One or more apply

None of the above

Go to your pediatrician or contact an emergency medical center.

If the symptoms get worse

Monitor at home and seek medical attention next day

Things to check before contacting emergency medical care

## Injuries & Accidents



# Accidental Ingestion

(When your child eats foreign objects)



Unconscious

Trouble breathing

Call an ambulance



Button batteries

Heating oil

Benzin

Polish remover

Detergent

Bleach

Block of camphor

Coins, others

Conscious

Cigarettes

Bug repellent

Naphthalene

Medicinal products

Others

Cosmetics

Shampoo

Soup

Crayon

Silica gel

Match

Clay

Refrigerant

Others

Do not induce vomit

Induce vomit immediately

Home Monitor

Contact an emergency medical center.

If symptoms get worse

## ● Point of observation

- Is your child conscious?
- Difficulty breathing
- Wrong face color
- Vomiting or convulsions
- What kind of foreign objects your child has eaten? How much?  
When ?

## ● Home Care



- Turn your child on one side when she is having nausea. This is to prevent choking on a object or vomit.
- Is your child put sharp objects as pins or glass shards, do not let her throw up and seek medical treatment.
- Treatments vary depending on what kind of medicine or chemicals the child swallowed. Try calling the poison centers below and discuss treatment options.

Osaka Chudoku 110 (Time: 24 hours, 365 days)

072-727-2499 (Information providing : Free)

Tsukuba Chudoku 110 (Time: 9am~9pm, 365 days)

029-852-9999 (Information providing : Free)

- Toddlers can swallow objects of 3.5 cm diameter. Keep it out of your child's reach.



## Things your doctor should know

- What, when, how much drank?
- Vomiting
- When you go to your doctor, remember to bring the following: what is left of the object or liquid that she swallowed: the container: the box and manual of the medicine she ate.



## Management At Home



Treatment		Drink Water	Make her vomit
Tobacco	Cigarette butts • leaf	×	○
	Liquid soaked cigarette	○	○
Medicine, drugs		○	○
Refresher, fragrance		○	○
Perfume, Hair Tonic, skin lotion		○	○
Laundry detergent, kitchen detergent		○	○
Insect repellent (Naphthalene, camphor)		○ (Milk X)	○
Wax		○ (Milk X)	○
Petroleum products (benzene, oil)		×	○
Chlorine-based refresher (toilet refresher, bleach)		×	○
Toilet refresher		○	×
Agricultural pesticide		○	×
Button Batteries		×	×

(栃木子ども救急より引用、一部変更)

# Nosebleeds



- Keep your child upright or hold her up, and lean her forward
- Do not tilt her head back or let her lie face-up. That would allow the blood to run down her throat, which could make her vomit.
- Pinch the soft part of her nose shut. Apply pressure for about 15 minutes.



If these don't stop, consult an emergency medical center.

## Watch Out

Do not pack the child's nose with a tissue. Bleeding can start right back up again when you remove the tissue and disrupt any clots that have formed.

# Burns



## Burns

- Use running water to cool the burned area.  
(At least 20-30 minutes)
- Do not pop a blister.
- Do not apply anything on the burn.

The burn is smaller than a palm and a little reddish.  
 No blistering

Blistering  
 Bigger than the size of the child's hand.  
 Burns on the face, joints or on the genitals.

The skin appears charred.  
 The skin appears white.  
 The burn is extensive or entire body.

Call an ambulance

Monitor at home and seek medical attention next day

Go to your pediatrician or contact an emergency



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## ● Point of observation

- Is it blistering?
- Is the skin charred?
- Is the skin white?
- If the burn is on the face, joints or external genitals, take the child to the doctor. It can increase the risk of causing damage to functions.



## ● HOME CARE



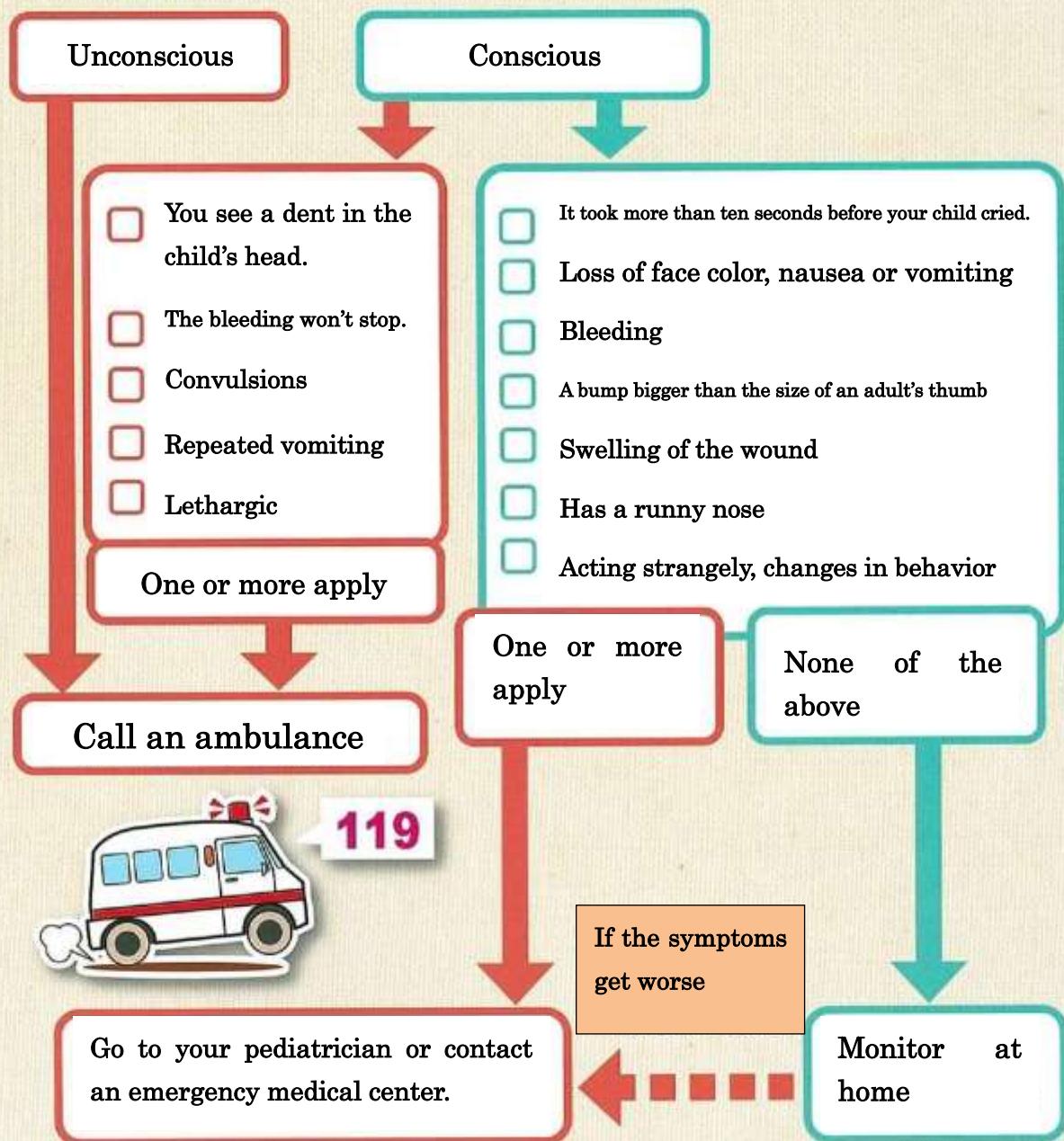
- Rinse the areas with running water (about 20 minutes)
- If the child was clothed when injured, cool the area clothed.  
Do not pull it off if the skin is attached to the clothes.
- Fever-lowering sheets are not useful for cooling burns.
- Do not apply ointments like aloe.
- Never break blisters.
- Precautions to prevent burns in the first place.  
Do not use tablecloths  
Keep potential burn hazards like stoves and irons out of reach.  
Prolonged exposure to a heating carpet or electrical carpet can cause low temperature burn.



### Things your doctor should know

- How did the child get injured?  
Examples include: hot water, oil, stove, rice cooker, steam from pot
- Attempted treatments

# Head Injuries



## ● Point of observation

- Observe your child carefully for the next 48 hours.
- How is the conscious?
- Dizziness
- Prone to fall
- Nausea, vomiting
- Convulsions
- Do you see something different than usual ?

## ● HOME CARE



- If a bump appears, place a wet towel to cool the area.
- When is bleeding, apply strong pressure with a clean dry towel to stop the bleeding.
- Even if your child stops crying soon and you sense no abnormalities, check for disturbances in color, mood, walking or vomiting.



### Things your doctor should know

- How did it happen?  
Fall, tumble, hit
- Place where did it happen? How high was the fall?

# Bee Stings



- Multiple bee stings (more than 10)
- Loss of consciousness
- Breaks out in hives all over the body
- Loss of face color
- Difficulty breathing
- Short breaths
- Blue in color around the lips or mouth

One or more apply

None of the above

Call an ambulance

Stay home and monitor your child or go to your pediatrician or contact an emergency medical center.



If the symptoms get worse

Go to your pediatrician or contact an emergency medical center.

# Jellyfish Stings

## (*chironex yamaguchii*)



Chironex yamaguchi jellyfish stings formed raised welts on the skin.

- Loss of face color. Blue in color around the lips or mouth.
- Labored breathing

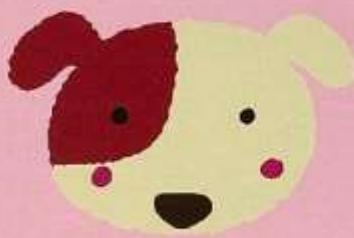
Call an ambulance



- Never touch the tentacles with bare hands.
- Apply plenty of vinegar and slowly remove them with gloved hands.
- Do not use water or alcohol on the tentacles. Jellyfish tentacles release an irritating toxin.  
Also, scrubbing sand on the sting will not help, as this causes stinging cells to release venom.
- Hold an ice pack to the area to release pain.

Go to your pediatrician or contact an emergency medical center.

# 咬まれた



蛇・ハブ

ハムスター

イヌ・ネコ  
ネズミ

- ・息苦しそうにしている
- ・ぜーぜーしている

救急車を呼ぶ



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かかりつけ医、または  
救急医療機関を受診する

動物の口の中にはたくさんの雑菌がいます。  
咬まれた傷は化膿しやすいので適切な処置が必要です。  
かかりつけ医、または救急医療機関で処置をしてもらってください。

Please Note

The translation isn't 100% accurate.

There is a possibility that some words or  
expressions could be translated inaccurately.