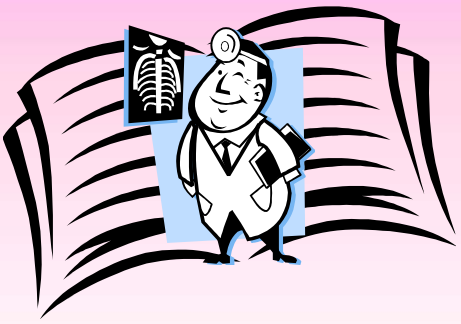

Update on Emergency Care for Children at home

Dr Daniel Chiu
Specialist in Paediatrics

Size of the Injury Problem in US

- Around 30 million children visit the ER / year
- Estimated 9.2 million: Unintentional injury
- Over 12000 children (0-19) died / year due to unintentional injury
- Age 5-19: car accident (150 per hour visit ER)
- Drowning: top cause of death 1-4 yo (3 die/d)
- Poisoning: 300 /d ER; 2 die/day
- Burn: 300/d ER; 2 die/day
- Fall: 8000 / day; mostly non-fatal

https://www.nichd.nih.gov/health/topics/pediatric/conditioninfo/causes

Number of Deaths by Leading Causes of Death by Sex by Age in 2017

Cause of Death*			Age Group							
			All Ages	0	1 - 4	5 - 14	15 - 44	45 - 64	65 & above	Unknown
1	Malignant neoplasms (ICD10: C00-C97)	Male	8487	0	1	14	211	2293	5967	1
		Female	5867	0	0	6	226	1744	3889	2
		Total	14354	0	1	20	437	4037	9856	3
2	Pneumonia (ICD10: J12-J18)	Male	4360	1	3	0	30	264	4060	2
		Female	3672	0	2	1	16	107	3545	1
		Total	8032	1	5	1	46	371	7605	3
3	Diseases of heart (ICD10: I00-I09, I11, I13, I20-I51)	Male	3323	5	0	2	89	680	2531	16
		Female	2815	2	1	1	28	201	2578	4
		Total	6138	7	1	3	117	881	5109	20
4	Cerebrovascular diseases (ICD10: I60-I69)	Male	1546	0	0	1	35	273	1237	0
		Female	1578	1	0	0	34	138	1403	2
		Total	3124	1	0	1	69	411	2640	2
5	External causes of morbidity and mortality† (ICD10: V01-Y89)	Male	1082	2	2	6	290	302	473	7
		Female	615	1	1	3	149	156	303	2
		Total	1697	3	3	9	439	458	776	9

https://www.chp.gov.hk/en/statistics/data/10/27/340.html#

Causes of deaths 2001-2009

	Age Group					Total
	below 1 year	1 - 4 years	5 - 9 years	10 - 14 years	15 - 19 years	
All causes of deaths	1132	341	295	391	745	2904
Ext causes of deaths	36	52	67	110	345	610
Percent due to external causes	3.2%	15.2%	22.7%	28.1%	46.3%	21.0%

Childhood Injuries and Injury Surveillance in HK CB Chow

External causes of death by age groups for 2001-2009

Number of Deaths	External Cause of Death								Row Total
	Transport accidents	Falls	Accidental drowning and submersion	Exposure to smoke, fire and flames	Accidental poisoning by and exposure to noxious substances	Intentional self-harm	Assault	All other external causes	
below 1 year	2	1	0	2	3	0	17	11	**36**
1 - 4 years	5	10	3	2	3	0	18	11	**52**
5 - 9 years	15	8	11	1	0	3	22	7	**67**
10 - 14 years	28	4	9	0	2	40	15	12	**110**
15 - 19 years	51	8	20	3	15	206	18	24	**345**
Total	**101**	**31**	**43**	**8**	**23**	**249**	**90**	**65**	**610**
Percent	**16.6%**	**5.1%**	**7.0%**	**1.3%**	**3.8%**	**40.8%**	**14.8%**	**10.7%**	

Childhood Injuries and Injury Surveillance in HK — CB Chow

Table 6.1f: Main causes of unintentional injury episode(s) sustained in the 12 months preceding the survey by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of episodes ('000)	%	No. of episodes ('000)	%	No. of episodes ('000)	%	No. of episodes ('000)	%	No. of episodes ('000)	%	No. of episodes ('000)	%	No. of episodes ('000)	%	No. of episodes ('000)	%	No. of episodes ('000)	%
Sprain	62.1	23.2%	57.7	23.8%	75.7	33.3%	63.7	24.4%	58.6	27.9%	10.3	10.6%	6.6	11.3%	-	-	334.8	24.0%
Falls	36.0	13.5%	23.8	9.8%	26.7	11.7%	38.0	14.5%	43.8	20.8%	49.7	51.4%	36.2	61.6%	23.4	79.5%	277.7	19.9%
Hit / struck	50.5	18.9%	40.1	16.6%	36.1	15.9%	66.5	25.5%	48.8	23.2%	16.8	17.4%	8.7	14.8%	4.8	16.4%	272.5	19.6%
Cutting / piercing	32.6	12.2%	50.6	20.9%	42.9	18.8%	43.4	16.6%	36.4	17.3%	9.6	9.9%	3.9	6.6%	0.5	1.8%	219.9	15.8%
Sports	65.6	24.5%	44.9	18.6%	31.3	13.8%	25.8	9.9%	8.3	4.0%	2.2	2.3%	0.5	0.8%	-	-	178.7	12.8%
Burns / scald	6.9	2.6%	11.4	4.7%	8.0	3.5%	13.4	5.1%	11.3	5.4%	5.6	5.8%	1.3	2.2%	-	-	57.9	4.2%
Pinch / crush	4.6	1.7%	6.2	2.6%	4.7	2.1%	4.7	1.8%	2.5	1.2%	1.5	1.6%	0.5	0.8%	0.7	2.3%	25.3	1.8%
Animal bite	3.7	1.4%	2.7	1.1%	1.6	0.7%	2.1	0.8%	-	-	-	-	0.6	1.0%	-	-	10.7	0.8%
Traffic	1.1	0.4%	4.0	1.6%	0.5	0.2%	3.2	1.2%	0.5	0.2%	0.9	0.9%	0.6	1.0%	-	-	10.7	0.8%
Abrasion	3.7	1.4%	-	-	-	-	0.5	0.2%	-	-	-	-	-	-	-	-	4.3	0.3%
Others	0.6	0.2%	0.5	0.2%	-	-	-	-	-	-	-	-	-	-	-	-	1.1	0.1%
Total	267.6	100.0%	242.0	100.0%	227.5	100.0%	261.5	100.0%	210.2	100.0%	96.6	100.0%	58.8	100.0%	29.4	100.0%	1 393.5	100.0%

Base: Unintentional injury episodes (up to three most serious ones) sustained by the respondents in the 12 months preceding the survey.
Notes: Ranked in descending order of the percentages of the main causes of the three most severe unintentional injury episodes sustained by the respondents.
"Others" covered unintentional injury episodes due to unknown causes and did not include drowning / near-drowning, poisoning and electric shock.
Figures may not add up to the total due to rounding.

https://www.chp.gov.hk/en/static/51256.html

Epidemiology of Injury-Related Death in Children under 5 Years old in Hunan Province, China, 2009-14

- Injury was the leading cause of death in children <5 years of age.
- Overall injury mortality was 48.96 per 100,000 persons, gradually declined with the year (Z = -18.75, P<0.001), and accounted for 27.14% of all deaths.
- Injury mortality in rural areas was 64.66 per 100,000 (> 3.73 times higher than urban areas)
- Leading causes of injury-related death were drowning (43.63%), suffocation (27.57%), and traffic accidents (14.34%).
- Suffocation was the leading cause in children <1 year of age (79.49%).
- Suffocation has high incidence in the winter and spring
- Drowning has high incidence in the summer season and was the leading cause in children 1±4 years of age (62.80%).
- Drowning and suffocation accounted for 67.74% and 65.11%, of injury related deaths that occurred at home

Xiong Lili1, He Jian1, Li Liping2, Liu Zhiyu1*, Wang Hua1* PLOS ONE DOI:10.1371/journal.pone.0168524 January 11, 2017

What are the common childhood emergencies at home ?

- Trauma
- Non-traumatic accident
- Medical emergencies
- Poisoning
- Environmental emergencies
- Special emergencies

Trauma

- Head injury
- Neck and spine injury
- Bleeding and epistaxis
- Fracture
- Muscle strain, sprain
- Dislocation
- Amputation
- Burn and scald
- Teeth injuries
- Bites (Dog, cat, insect, snake and insect)

Non-traumatic Accident

- Suffocation and aspiration
- Swallowing objects
- Foreign body in eyes, ears
- Drowning
- Electricity

Medical Emergencies

- Cardiac arrest
- Cardiovascular emergencies
- Respiratory arrest
- Respiratory emergencies
- Status asthmaticus
- LOC
- Syncope
- Seizures
- Neurologic emergency
- Stroke
- Temperature related
- Shock
- Anaphylaxis
- Sepsis
- Dehydration
- Gastroenteritis
- Pain
- Genitourinary emergencies
- Endocrine emergencies
- SIDS

Poisoning

- Drug
  - First peak under 5 yo: accidental poisoning
  - Second peak at adolescent: intentional poisoning
- Food poisoning
- Chemical poisoning
- Substance abuse: alcohol
- Lead…

Environmental emergencies

- Fire
- Hurricane
- Thunderstorm & Lightning
- Landslide
- Earthquake
- Electricity supply failure
- Flooding
- Tsunami
- Burglary
- Tear gas
- Coal gas
- Gun and explosive

Special groups and special needs

- Psychological emergencies
- Suicide
- Child abuse
- ADHD
- Physical handicapped
- Mental retardation
- Chronic illness (gastrostomy, shunt,…)
- Oxygen dependent patients
- Unattended children (Single parent
- Poverty and subdivided flat,….

Principles of Management of emergencies

1. Recognizing emergencies
2. Sizing the scene
3. Call for help if needed
4. Paediatric Assessment Triangle
5. CPR / AED if needed
6. Control shock and circulation
7. Vital sign monitoring and primary survey
8. Manage trauma if needed
9. Prevention of complication
10. Collateral thinking; co-morbidity
11. Secondary survey
12. Continuous monitoring and smooth transfer
13. Promote healing and rehabilitation

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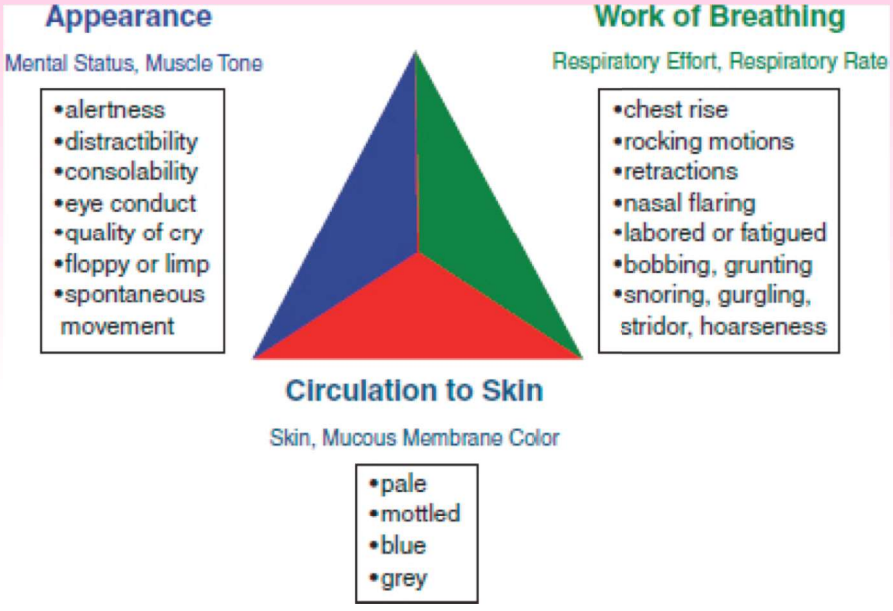
Recognizing emergencies

Emergency Indicators	Signals
Unusual noises	Screams, yells, moans, or calls for help; breaking glass, crashing metal, screeching tires; abrupt or loud unidentifiable sounds, silence.
Unusual sights	Things that look out of the ordinary - a stalled vehicle, an overturned pot, a spilled medicine container, broken glass, downed electrical wires.
Unusual odors	Odors that are stronger that usual; unrecognizable odors, nauseous smells, natural gas odors.
Unusual appearance or behavior	Unconsciousness; difficulty breathing; clutching the chest or throat; slurred, confused, or hesitant speech; unexplainable confusion or drowsiness; sweating for no apparent reason; uncharacteristic skin color, dilated pupils.

Checking the Scene

1. Is the scene safe?
2. What happened?
3. How many victims are there?
4. Are bystanders available to help?
5. Am I competent to act?

Checking the victim: PAT



Logistics

- As a rule, do not move a victim
- Try not to alarm the victim.
- Position yourself close to the victim's eye level, without moving him or her.
- Speak calmly and confidently.
- Identify yourself, explain that you have first aid training
- Get permission to provide care.
- If the conscious victim is an infant or child, get permission to provide care from the supervising adult, if possible.
- Implied consent
  - If the victim is unconscious or unable to respond
  - an infant or child if a supervising adult is not present

Call emergency help

(unless no consent)

- Unconsciousness or altered level of consciousness
- No pulse
- Breathing problems (no breathing or distress)
- Persistent chest or abdominal pain or pressure
- Severe bleeding
- Severe burns
- Vomiting blood or passing blood in feces or urine
- Poisoning or suspected poisoning
- Seizures, severe headache, or slurred speech
- Injuries to the head, neck, or back
- Broken bones or suspected broken bones

Special situations also warrant calling EMS personnel for assistance

- Fire or explosion
- The presence of poisonous gas, fumes
- Electrocution
- Flooding
- Motor vehicle collisions
- Fall from a height
- Near drowning
- Feeling of committing suicide or murder
- Poisoning
- Child abuse
- Substance abuse

- ◆ Trust your instincts
- ◆ Do not lose time calling untrained people, such as friends or family members.

Check-Call-Care

- If the victim is unconscious, make the call at once.
- If you are the only person on the scene, shout for help.
- If an adult victim is unconscious and nobody immediately arrives to assist, find the nearest telephone as quickly as possible.
- If you are alone and the victim conscious, tell her that you are going to get help and will return soon.
- Call EMS personnel, then return to the victim.
- Recheck the victim and scene
- CPR and rescue breath when needed
- Give the necessary care, if you are trained in FA.
- Help the victim rest comfortably, without moving him or her. Keep warm, reassure and calm

When you (adult) call for help, supply the following information

- Your name
- Your phone number
- The exact address or location.
- Key information
- How many people are involved.
- The condition of the victim(s)
- The help (care) being given, if applicable.
- Type of help needed
- Not to hang up unless EMS hangs up
- Get instruction from EMS dispatcher

Ask adult partner to return after calling (help + call made)

Call 999 or go to the hospital right away

A. Head injury

- Any loss of consciousness, ongoing or worsening confusion, headache, or vomiting after a head injury
- blood or fluid coming from the nose or ears
- bruising around the eyes or ears
- severe headache
- Sudden dizziness, weakness, or change in vision
- becomes very irritable/inconsolable
- speech is slurred or has trouble speaking
- loss of vision, blurry vision, or double vision
- sudden weakness on one side of the body
- seizure activity (such as abnormal movements, loss of consciousness)
- Severe or persistent vomiting
- Associated spine injury

B. Wound

- Deep or large wound
- Bleeding that will not stop
- A cut to the head, chest, or abdomen
- Bleeding that does not stop after applying pressure for 5 minutes
- Arterial bleeding
- Fracture

Control bleeding on the way
Infection control if possible

C. Respiratory

- Chest pain
- Breathing Choking
- Coughing up or vomiting blood

D. Circulation

- Cyanosis
- Pallor
- Mottling

E. Pain
- Upper abdominal pain or pressure
- Sudden, severe pain anywhere in the body
- Increasing or severe persistent pain

F. Swallowing a poisonous substance

G. Infection
- Convulsion
- Rhythmic jerking (a seizure)
- Neck stiffness with fever

H. Burn
- A burn that is large
- Burn involving critical area

FIRST AID

- Stay calm
- Don't move victim unless…
- Attend to urgent problems first
- Cardiorespiratory > shock
- Bleeding > fracture
- Beware not to overlook neck and spinal #
- Medical emergencies (Seizure..)
- Beware internal bleeding

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Suspect Spinal cord injury
(may appear some time after incident)

- Swelling and pain at neck and spine
- Extreme back pain or pressure in your neck, head or back
- Weakness, incoordination or paralysis in any part of your body
- Numbness, tingling or loss of sensation in your hands, fingers, feet or toes
- Loss of bladder or bowel control
- Difficulty with balance and walking
- Impaired breathing after injury
- An oddly positioned or twisted neck or back

If you suspect that someone has a back or neck injury:

- Don't move the injured person — permanent paralysis and other serious complications may result
- Call 911 or your local emergency medical assistance number
- Keep the person still
- Place heavy towels on both sides of the neck or hold the head and neck to prevent them from moving until emergency care arrives
- Provide basic first aid (PEEP) such as stopping any bleeding and making the person comfortable, without moving the head or neck

Fracture ?

- Even gentle pressure or movement causes pain.
- Swelling
- Limitation of movement
- Loss of function
- The limb or joint appears deformed or bent.
- The bone has pierced the skin
- There is heavy bleeding
- The extremity of the injured arm or leg, such as a toe or finger, is numb or bluish at the tip.
- Neurological deficit

Management of fracture

- Don't move the person except if necessary to avoid further injury.
- Take these actions immediately while waiting for medical help:
  - Stop bleeding (Bandage)
  - Treat for shock
  - Immobilize the injured area (Prox. + distal)
  - Don't try to realign the bone
  - If you've been trained, use splint with pads.
  - Sling to support the injured upper limbs
  - Don't apply ice directly to the skin. Wrap in a towel.
  - Check circulation and neurological function

Steps to Treat Minor wound

- Infection control
- Disposable nonlatex gloves.
- If there is bleeding, place a clean piece of gauze over the wound.
- Apply firm, but gentle pressure.
- Cleanse the wound (Do not use a stronger cleanser, like alcohol)
- Apply antibiotic cream to the wound before putting on a bandage only when indicated
- Change the bandage every day or whenever it gets wet or dirty.
- Check to make sure the wound is not infected.
- Tell your doctor if you have increasing pain, swelling, redness, or warmth.
- Allow the scab to fall off by itself. Scabs that are picked take longer to heal. Plus, it may leave a scar.

See the Doctor right away

- An injury that does not stop bleeding after 5 minutes of steady, firm pressure
- A deep puncture wound or an injury that appears particularly deep or gaping and might need stitches
- An injury that has foreign material embedded in it, such as glass, metal, or wood
- A bite from an animal or a human
- Any injury that shows signs of infection, such as increasing pain, swelling, redness, and warmth
- Do not remove larger embedded objects, such as a knife or stick from a puncture wound. Leave the object alone..
- A child with a chronic condition, such as diabetes, should see a doctor right away if a wound is not healing well.

What to do if a seizure occurs

- If your child develops a seizure:
  - Put your child on his or her side. (Recovery Position if no spinal injury)
  - Do NOT put anything in your child's mouth.
  - Inform the EMS about the details of seizure
- H.A.IN.E.S modified recovery positition

Added Notes

- Do not drive yourself to the hospital if you have having severe chest pain or severe bleeding, if you think you might faint or if your vision is impaired.
- For certain medical emergencies, such as a heart attack or stroke or anaphylaxis, taking an ambulance is safer because paramedics can deliver life-saving care on the way to the hospital.
- If you are not sure whether the situation is truly an emergency, call 999, and let the dispatcher decide whether you need emergency help.
- Many 999 centres will be able to tell you what to do until help arrives, such as providing step-by-step instructions to help someone who needs CPR or first aid, or who is choking.

Further notes

- Know where the closest emergency department is and the fastest way to get there.
- Emergency phone numbers including the fire and police departments, poison control centre, your doctors' phone numbers, and contacts for neighbours , friends or relatives.
- Beware: may be another child or elderly at home..
- In case of poisoning, bring medicine concerned
- Bring a comfort Item for the child
- Bring along past medical records (save to i-cloud)
- Chronic medical problem or allergy children: wear ID bracelet
- Prepare a spare car seat if travelling in cab
- If you are elderly and live alone, get a personal emergency response system.

The First 48 Hours

- Make sure someone stays with your child for the first 24 hours after the concussion.
- Rest and Sleep
- Try to get your child to rest for the first 24 hours; it's one of the best ways to help the brain heal. It's okay to let your child sleep
- You don't have to wake up your child every 2 to 3 hours in the first 24 hours.
- If the doctor has asked that you do, your child should wake up easily and not show any of the warning signs above.
- Limit reading, television, video games, etc. the first 48 hours.
- Take time off school.
- Keep away from bright lights, loud noises, and crowds for the first 48 hours
- No diet changes are suggested. Your child may experience some nausea after mild traumatic brain injury.
- Manage Pain

The First 4 Weeks

The symptoms below are common after a mild brain injury. They usually get better on their own within a few weeks. Go to see a doctor when the child is

- feeling tired or staying asleep
- feeling confused, poor concentration, or slow to answer questions
- feeling dizzy, poor balance, or poor coordination
- being sensitive to light
- being sensitive to sounds
- Having ringing in the ears
- Having a headache, sometimes with nausea and/or vomiting
- being irritable, having mood swings, or feeling somewhat sad or “down”

Prevention better than cure

Child Safety Checklist

- ✓ Check each room and area. Include halls, stairs and landing, driveway, gardens, shed and garage
- ✓ Get down on your hands and knees to see everything from your child's height. Ask yourself: *'Is there anything in this space that could be a danger to my child?'*
- ✓ Use the checklist below to help. Aim to have every box ticked and a plan to fix any items not ticked

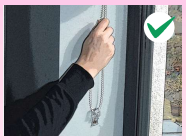
In an emergency

- ☐ A well-stocked first aid kit, stored out of children's sight and reach. It should contain a list of emergency numbers
- ☐ Children know their address, Eircode, phone number and when to use the emergency services number – 999 or 112

Fire, carbon monoxide and electrical safety

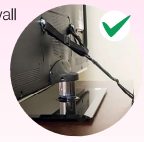
- ☐ Working smoke alarms that are tested regularly (once a week is recommended)
- ☐ A fire escape plan that is practiced with your children
- ☐ All doors are closed at night to prevent spread of fire
- ☐ You do not smoke or allow anyone to smoke in your home
- ☐ Open fires have a sparkguard and a fireguard (secured to the wall with nothing placed on top)
- ☐ Matches and lighters are stored in a high locked cupboard
- ☐ All chimneys are regularly swept and kept clear
- ☐ At least one audible carbon monoxide alarm is installed anywhere you burn fuel
- ☐ Fuel-burning appliances are serviced once a year
- ☐ The lint filter in your clothes dryer is cleaned regularly to prevent fire
- ☐ Electrical sockets are in good condition and not overloaded
- ☐ Electrical equipment is in good condition and unplugged when not in use
- ☐ All electrical items, including hair straighteners, are out of children's reach to prevent burns
- ☐ The flexes on kettles and other electrical items are short and out of children's reach (risk of burns)

Windows and balconies

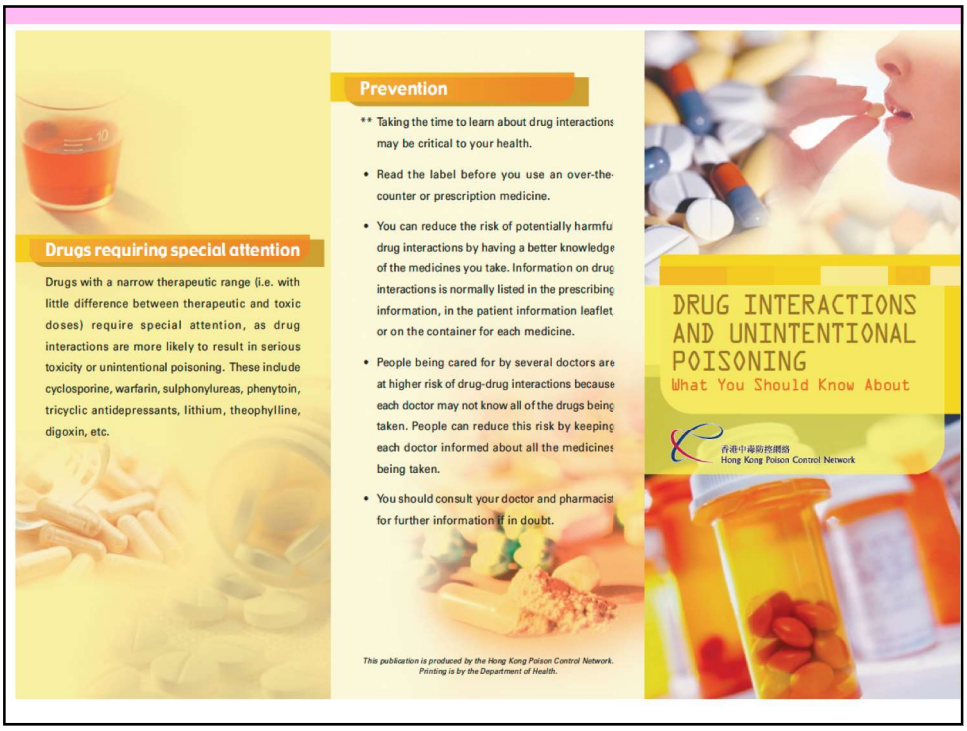


- ☐ All windows are secured with window restrictors that don't require tools for opening (for quick escape in a fire)
- ☐ Blind cords and curtain cords that cannot be removed have a tie-down or tension device fitted to prevent strangulation
- ☐ Furniture and other objects that your child could use for climbing are placed away from windows and balconies
- ☐ Any gaps in railings that could be used as a foothold or that children could fit through are blocked

Around the home – general points to check in all rooms



- ☐ TVs and TV stands, drawers, bookcases and other unstable furniture are secured to the floor or wall
- ☐ Furniture pads are used on sharp corners
- ☐ Correctly installed stair-gates are used at the top and bottom of stairs and steps are kept clear
- ☐ There is a 5-way harness on the high chair, baby bouncer, car seat and other sitting devices
- ☐ Your child is never unattended on a changing table or any raised surface (risk of falling)
- ☐ No baby walkers – they increase the risk of head injuries, burns, scalds and poisoning
- ☐ Safety door stoppers are used (but not on fire doors), out of reach of children, to stop fingers getting trapped
- ☐ No teething jewellery (necklace, bracelet and anklets) because of strangling and choking risk
- ☐ Bibs are removed after feeding and always before putting your child down to sleep (strangulation risk)
- ☐ Necklaces, ribbon, jewellery or clothes and hats with strings are never placed on young children (strangulation risk)
- ☐ Toys are in good condition, suitable for your child's age and developmental stage and meet current safety standards
- ☐ Plastic bags and plastic nappy sacks are out of your child's sight and reach (suffocation risk)
- ☐ All medicines, tablets and vitamin supplements are stored in their original containers in a high locked cupboard
- ☐ Alcohol, cigarettes and e-cigarettes are stored in a high locked cupboard
- ☐ Cupboard safety locks are used to prevent your child finding dangerous items
- ☐ Handbags are out of children's sight and reach. Items like medicine, cosmetics and hand gel can poison children
- ☐ Small objects children could choke on are out of sight and reach



Drugs requiring special attention

Drugs with a narrow therapeutic range (i.e. with little difference between therapeutic and toxic doses) require special attention, as drug interactions are more likely to result in serious toxicity or unintentional poisoning. These include cyclosporine, warfarin, sulphonylureas, phenytoin, tricyclic antidepressants, lithium, theophylline, digoxin, etc.

Prevention

** Taking the time to learn about drug interactions may be critical to your health.

- Read the label before you use an over-the-counter or prescription medicine.
- You can reduce the risk of potentially harmfu drug interactions by having a better knowledge of the medicines you take. Information on drug interactions is normally listed in the prescribing information, in the patient information leaflet or on the container for each medicine.
- People being cared for by several doctors are at higher risk of drug-drug interactions because each doctor may not know all of the drugs being taken. People can reduce this risk by keeping each doctor informed about all the medicines being taken.
- You should consult your doctor and pharmacist for further information if in doubt.

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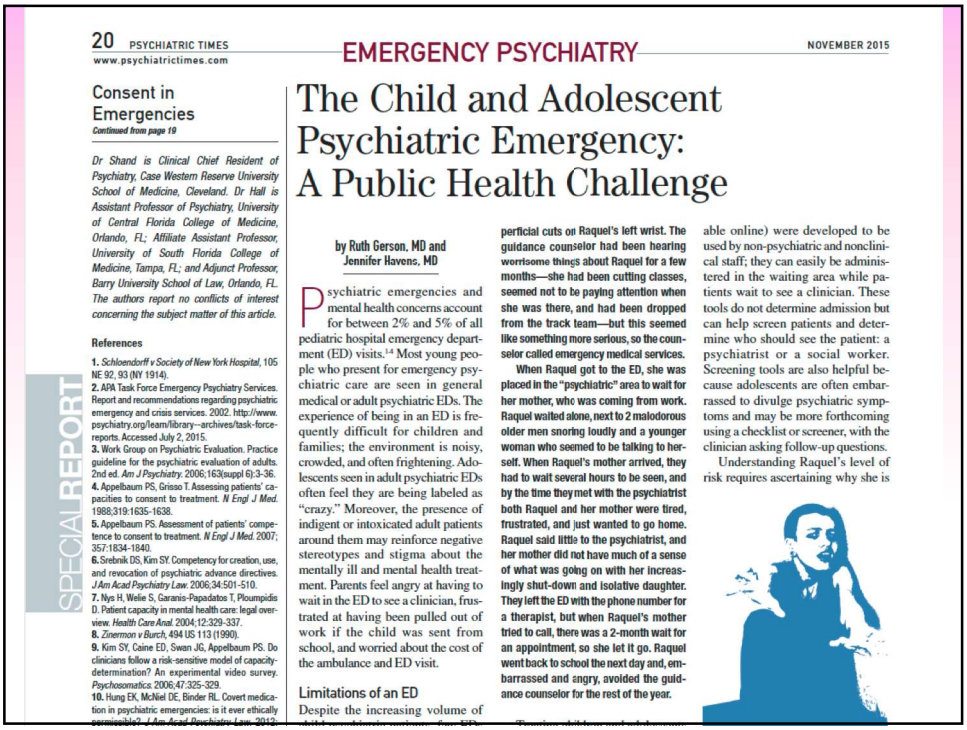
DRUG INTERACTIONS AND UNINTENTIONAL POISONING

What You Should Know About

香港中毒防控網絡
Hong Kong Poison Control Network



Consent in Emergencies

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SPECIAL REPORT

The Child and Adolescent Psychiatric Emergency: A Public Health Challenge

by Ruth Gerson, MD and Jennifer Havens, MD

Psychiatric emergencies and mental health concerns account for between 2% and 5% of all pediatric hospital emergency department (ED) visits.[1-4] Most young people who present for emergency psychiatric care are seen in general medical or adult psychiatric EDs. The experience of being in an ED is frequently difficult for children and families; the environment is noisy, crowded, and often frightening. Adolescents seen in adult psychiatric EDs often feel they are being labeled as "crazy." Moreover, the presence of indigent or intoxicated adult patients around them may reinforce negative stereotypes and stigma about the mentally ill and mental health treatment. Parents feel angry at having to wait in the ED to see a clinician, frustrated at having been pulled out of work if the child was sent from school, and worried about the cost of the ambulance and ED visit.

Limitations of an ED

Despite the increasing volume of

perficial cuts on Raquel's left wrist. The guidance counselor had been hearing worrisome things about Raquel for a few months—she had been cutting classes, seemed not to be paying attention when she was there, and had been dropped from the track team—but this seemed like something more serious, so the counselor called emergency medical services.

When Raquel got to the ED, she was placed in the "psychiatric" area to wait for her mother, who was coming from work. Raquel waited alone, next to 2 malodorous older men snoring loudly and a younger woman who seemed to be talking to herself. When Raquel's mother arrived, they had to wait several hours to be seen, and by the time they met with the psychiatrist both Raquel and her mother were tired, frustrated, and just wanted to go home. Raquel said little to the psychiatrist, and her mother did not have much of a sense of what was going on with her increasingly shut-down and isolative daughter. They left the ED with the phone number for a therapist, but when Raquel's mother tried to call, there was a 2-month wait for an appointment, so she let it go. Raquel went back to school the next day and, embarrassed and angry, avoided the guidance counselor for the rest of the year.

able online) were developed to be used by non-psychiatric and nonclinical staff; they can easily be administered in the waiting area while patients wait to see a clinician. These tools do not determine admission but can help screen patients and determine who should see the patient: a psychiatrist or a social worker. Screening tools are also helpful because adolescents are often embarrassed to divulge psychiatric symptoms and may be more forthcoming using a checklist or screener, with the clinician asking follow-up questions.

Understanding Raquel's level of risk requires ascertaining why she is

First aid kit

- Instant cold compress
- Nonlatex disposable gloves
- Hydrocortisone cream
- Moist towelettes
- Petroleum jelly or other lubricant
- Scissors and tweezers
- Roller bandage in different sizes
- Sterile gauze pads in different sizes
- Thermometer
- Triangular bandages
- Aspirin for possible heart attack
- Breathing barrier for mouth-to-mouth resuscitation
- First aid book

The American Academy of Pediatrics suggests having a first aid kit in each car. In addition to items above, consider adding the following, especially during the summer months:

- EpiPen
- Benadryl
- Bug spray
- Sunblock
- A bottle of water to rinse out wounds
- Tick remover
- Ziploc bags for teeth or a tick that is removed
- Anti-nausea medication

Join and periodically refresh first aid courses at

- Auxiliary Medical Service, HKSAR
- Red Cross Hong Kong
- St John Ambulance, HK

Develop

- Emergency planning
- Disaster planning (Fire..)

Establish / acquire

- First aid kit
- Disaster Preparation kit
- I cloud storage of information
- Artificial intelligence in achieving home safety
- First aid book or first aid software