CPR

If Your Baby Stops Breathing

Ensure safety

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Determine RESPONSIVENESS

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Send for HELP (if 2 people)

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Open AIRWAY (head tilt/chin lift)

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Check BREATHING (10 seconds only)

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Place baby on back if no breathing. Remove any visible objects from baby's mouth

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Make a seal over baby's mouth and nose and give 5 BREATHS

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Check for signs of life

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If no signs of life, commence cycles of 30 CHEST COMPRESSIONS and 2 EFFECTIVE BREATHS

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After one minute, go for help if no help is immediately available

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Reassess for signs of life every 3 minutes



STARSHIP NEWBORN SERVICES

Seizures at Home Information Sheet



NEWBORN INTENSIVE CARE UNIT

Ward 92 Auckland City Hospital Building 32 2 Park Road Grafton

Phone: NICU 09 307 4949 ext. 24920



By The NICU Team Updated August 2017

SEIZURES

Seizures (or fits) in babies soon after birth can be due to many different causes, and it is difficult to predict if babies who had seizures in the first week after birth will have seizures after discharge. Many babies who had fits after birth are discharged home without needing medication, while some babies are discharged home on medication to control the seizures.

Some babies will have seizures at home during the first year of life. Brief seizures do not cause brain injury, but long seizures or frequent seizures can be harmful so it is important to check with a doctor if you have any concerns.

It can be difficult to know if a baby is having seizures. Many babies have unusual movements that are normal and not seizures. It can be very helpful to capture the movements that you are seeing on video, so that you can show your doctors what you are concerned about. If you have any concerns you should seek help from your GP or call an ambulance.

SIGNS TO LOOK FOR:

1. Repetitive jerking

Sometimes seizures can be a rhythmic jerking of an arm or a leg. However, it can be normal for a baby to have jerking of the arm or leg while they are sleeping. Try holding the limb and repositioning it and seeing if that stops the jerking. If the jerking stops it was probably not a seizure.

2. Eye jerking

In some seizures, eyes may jerk to one side rhythmically, or go to one side and stay there.

3. Staring and/ or unresponsive

Some seizures consist of the baby staring and being unresponsive. It is normal for babies to daydream and look sleepy so it can be difficult to detect this type of seizure. If you touch the baby and call to it, and there is still no response, then it may be a seizure. A staring unresponsive episode is more likely to be a seizure if it interrupts what the baby was doing (occurs mid feed or while playing).

4. Infantile spasms

A rare but serious kind of seizure called infantile spasms can be mistaken for colic or abdominal pain. Babies with infantile spasms will repeatedly stiffen forward, drawing their legs up and dropping their head for a few seconds, then relaxing, but then repeating the movement in a cluster. The baby is usually sleepy after a cluster. If you think your baby is having a seizure, place the baby on his/ her back on a safe, flat surface. Do not insert anything into the baby's mouth. Time the seizure, so you know how long the seizure lasted for, and consider taking a video.

If your baby is having an abnormal movement that you are concerned is a seizure that lasts 5 minutes or more, this is an emergency and you need to call an ambulance.

You should also call the ambulance for suspected seizures that are briefer than 5 minutes but occurring in clusters without a clear recovery of the baby back to normal in between the suspected seizures. If your baby has a brief seizure and recovers quickly,



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