

CPR for Healthcare Provider

**(1) Check patient for response:
Tap and Shout: "Are you OK?"**



**(2)
Look at Patient for signs of breathing; see
if chest is moving.**

**If no breathing, call 9-1-1 or have
someone else call 9-1-1 for you while you
continue to help the patient.**

Use this sequence: C-A-B

C: Compressions

**Check Circulation: if no pulse, start 30
Compressions and after 30 compressions**

A: Airway Open airway

B: Breathing: Give 2 breaths

**(3) Check carotid pulse in the neck next
to the adams apple for 5-10 seconds.**



**(4-A) If no pulse or if you aren't sure if there is a
pulse, bare the patient's chest. Interlace your
fingers and place one hand on top of the other
between the nipples on the lower half of the
sternum.**

**(4-B) Do 30 chest compressions at the rate of at least
100 compressions per minute and compress the chest
at least 2 inches deep. Let the chest come all the way
up after each compression (chest recoil) to allow the
heart to refill with blood.**



(5) After 30 compressions give 2 breaths: Pinch the nose closed, tilt the head back and lift the chin. Deliver each breath over 1 second and watch for chest rise. If the chest does not rise, move the head forward and tilt it backward again to get the tongue off the back of the airway and try breaths again. If the chest still does not rise, start compressions. Continue cycles of 30 compressions and 2 breaths until someone else takes over compressions and breaths for you or the AED arrives.



(6) Adult Two Rescuer CPR

One rescuer does 30 compressions and the other rescuer gives 2 breaths. They switch roles after 5 cycles so that the rescuer doing compressions does not get too tired. The rescuer using the bag mask will position himself at the top of the patient's head.



(7-A) CHOKING ADULT OR CHILD: When patient starts to choke, Ask: Can you speak? If patient shakes head "NO", ask patient "May I help you?" If patient shakes head "YES", then do abdominal thrusts (as shown) until the food comes up and the patient starts to cough or breath.

If the choking patient becomes unresponsive, ease the patient to the floor, send someone to call 9-1-1 and begin CPR. Every time you open the airway to give a breath, look for the obstruction and take it out if you see you can easily get it out without pushing it farther back into the airway. **DO NOT PERFORM BLIND FINGER SWEEPS.** If you can't easily remove the foreign body from the patient's airway, then continue CPR until paramedics arrive.

(7-B) Adult Abdominal thrusts. To do abdominal thrusts on a small child, kneel down so that you are at the same level as the small child.



(7-C) If choking patient is pregnant or too large for you to get your arms around waist, then do chest thrusts as shown.

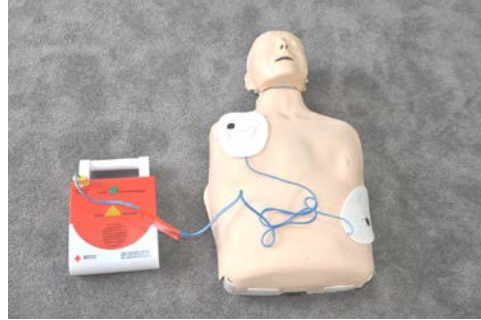
If patient is too large for you to get your arms around chest, have patient lie down on floor and do chest compressions the same way as you do in CPR.



(8) Using the AED (Automated External Defibrillator)

(1) Turn on the AED

(2) Listen to the voice prompts and attach the AED pads to the patient's bare chest as shown on the pads.



(3) Shout "Stand Clear" so AED can analyze heart rhythm.

(4) If voice prompt says "Shock Advised", you shout "Stand Clear" again and make sure nobody is touching patient. Press the shock button.

(5) After the shock is delivered, immediately start chest compressions. DO NOT CHECK PULSE. Do compressions and breaths for 2 minutes, until AED says voice says "Analyzing, Stand Clear". If the AED says "No shock advised", resume CPR for 2 minutes.

(6) Under the 2010 guidelines you may defibrillate children and infants with an AED. If pediatric pads are not available you may use adult pads on infants. Place one pad on the infant's chest between the nipples and one pad on the infants back between the shoulder blades.

(9) INFANT CPR

Check for responsiveness: Tap infant's foot and shout "Baby, wake up!"



If no response, send somebody to call 9-1-1.

If you are alone and witness the cardiac arrest, you call 9-1-1 and hurry back to do CPR on infant.

If you are alone and find the infant unresponsive, Do 5 cycles of CPR, before you call 9-1-1. You can take the infant to the phone with you and continue CPR on the infant while you call 9-1-1.

(10) Infant CPR C-A-B steps:

C-Circulation

A-Airway

B-Breathing

If the infant is unresponsive: look at infant for 5 seconds for signs of movement or breathing. If no breathing:

C-Circulation: check the brachial pulse for 5-10 seconds on the inside of the upper arm between the arm pit and the elbow.



(11) If infant has no pulse or pulse is less than 60 beats per minute, begin 30 chest compressions with 2 fingers in the middle of the breast bone; one finger width below the nipples . Compress about 1/3 the depth of infants chest at the rate of at least 100 compressions per minute.



(12) After giving 30 chest compressions to infant, give 2 breaths. Tilt the infants head back slightly (like sniffing the air for the aroma of fresh baked cookies). Cover infants nose and mouth with your mouth (no need to pinch infants nose) and give 2 little puffs of air. Give just enough air to make the chest rise.



After giving 2 breaths, continue 30 compressions & 2 breaths until somebody comes to help you take over doing CPR or the AED arrives.

(13) Two rescuer infant CPR:

One rescuer do 15 chest compressions by placing two thumbs between infants nipples and encircling rescuers hands around infants back. The other rescuer delivers 2 breaths after 15 compressions. After two minutes, the rescuers switch roles.

(14-A)

Responsive Infant Choking:

Give infant 5 firm back slaps between the shoulder blades. Hold the infants head lower than its body and support its chin with your finger tips.



(14-B)

If foreign not relieved and infant does not cry or cough, do 5 chest thrusts.



Continue 5 back slaps and 5 chest thrusts until foreign body is relieved and infant can breathe.

If infant becomes unresponsive, send somebody to call 9-1-1 and place the infant on a hard flat surface and begin CPR. Each time you open the airway to give a breath, use your finger to sweep the obstruction out of the infants mouth only if you see it. If obstruction is not where you can easily sweep it out or you do not see it, DO NOT DO BLIND FINGER SWEEPS. Continue CPR and looking for obstruction when giving breaths.