

BLS Provider - Guidelines 2015

CPR (Cardio Pulmonary Resuscitation)

	ADULT and adolescents who have reached puberty	CHILD 1 year to before puberty	INFANT Less than 1 year of age
SCENE SAFETY	Scene is safe for rescuers and victims		
Check for RESPONSIVENESS	Hey, Hey are you OK?		
CALL 911 and Get the AED or Call a Code	Activate the emergency response system and get AED as soon as the victim is found unresponsive	If victim is unresponsive - WITNESSED or others present: activate the emergency response system and get AED ALONE and UNWITNESSED : Perform 5 cycles CPR before activating emergency response system and getting AED	
Check for BREATHING AND PULSE simultaneously	Scan and check simultaneously for breathing and carotid pulse (If no pulse, start compressions)	Scan and check simultaneously for breathing and carotid pulse (If pulse <60 beats per min with signs of poor perfusion, start compressions)	Scan and check simultaneously for breathing and brachial pulse (If pulse <60 beats per min with signs of poor perfusion, start compressions)
Compression Location	Lower half of breastbone Heel of one hand, other hand on top (one hand for small victims)		Just below the nipple line - 2 fingers (2 thumb-encircling hands for 2-rescuer)
Compression Depth PUSH HARD	At Least 2 inches	At Least 1/3 the depth of the chest	
Compression Rate PUSH FAST	100 - 120 per minute		
Compression- Ventilation Ratio	30:2 (1 and 2 rescuers)	30:2 (single rescue) 15:2 (two rescuers)	
Compression Method	Allow complete chest wall recoil (allowing the heart to completely refill with blood) between each compression – do not LEAN Minimize interruptions (< 10 seconds) in chest compressions		
Open the AIRWAY	Head tilt-chin lift - (suspected trauma: jaw thrust)		
Give 2 BREATHS that make the chest rise	Give 2 breaths (making the chest rise & fall, lasting 1 second each) Avoid excessive ventilations, return to compressions within 10 seconds		
AED	TURN ON THE AED, FOLLOW THE PROMPTS		
	Use adult pads ONLY. Do not use child pads/system.	Use child pads/system if available. If not, use adult pads, placing one on front center of chest, the other on the center of the back	
***NOTE: To avoid fatigue and provide high quality CPR when 2 or more rescuers are available it is important to alternate the compressor roles every 2 minutes (5 cycles of 30:2 for adults, 10 cycles of 15:2 for children and infants)			

RESCUE BREATHING

	ADULT Puberty and older	CHILD 1 year to puberty	INFANT Less 1 year of age
<i>When the victim has a valid pulse – but is not breathing normally</i>	<ul style="list-style-type: none"> • give 1 breath every 5-6 seconds (10 – 12 per min) • give each breath over 1 sec with visible chest rise 	IF PULSE IS >60 <ul style="list-style-type: none"> • give 1 breath every 3 to 5 seconds (12-20/min) • give each breath over 1 sec with visible chest rise • check pulse every 2 min 	

RELIEF OF CHOKING (for a RESPONSIVE victim)

Mild Obstruction <ul style="list-style-type: none"> • good air exchange • responsive and can cough forcefully • may wheeze between coughs 	<ul style="list-style-type: none"> • with continuous/spontaneous coughing encourage victim to keep coughing • do not interfere with the victim's own attempts but stay and monitor their condition • if mild obstruction persists - call 911 	<ul style="list-style-type: none"> • do not interfere with victim's own attempts to expel object • if mild obstruction persists - call 911
Severe Obstruction <ul style="list-style-type: none"> • poor or no air exchange • weak, ineffective cough or no cough at all • high-pitched noise or no noise at all • unable to speak • possible cyanosis (turning blue) • clutching the throat 	<ul style="list-style-type: none"> • Ask the victim – “Are you choking?” • If the victim nods yes and cannot speak • Call 911 • Perform abdominal thrusts (Heimlich maneuver) <ul style="list-style-type: none"> → stand or kneel behind the victim and wrap arms around waist → make a fist with one hand → place the thumb side of fist against the victim's abdomen – slightly above the navel – well below the breastbone → grasp fist with the other hand and press the fist into the victim's abdomen with a quick upward thrust → repeat until the object is expelled or the victim becomes unresponsive → give each thrust with a separate, distinct movement to relieve the obstruction 	<ul style="list-style-type: none"> • If cannot make any sounds or breathe – Call 911 • Perform a series of back slaps and chest thrusts <ul style="list-style-type: none"> → Kneel or sit with the infant in lap → hold the infant facedown with head lower than chest – supporting the infants head and jaw → using the heel of hand - deliver up 5 back slaps forcefully between the shoulder blades → turn the infant as a unit with infant on his back → provide 5 quick downward chest thrusts at the same position as chest compressions – about 1 per second → repeat until relieved or unconscious

VICTIM BECOMES UNRESPONSIVE continue to attempt to relieve the airway obstruction

If help is available, have them call 911 <ul style="list-style-type: none"> • begin 2 minutes of CPR, starting with compressions • added action - open the mouth wide & look for the object (removing it if seen) before attempting 2 breaths 	If ALONE <ul style="list-style-type: none"> • begin 2 minutes of CPR, starting with compressions • added action - open the mouth wide & look for the object (removing it if seen) before attempting 2 breaths • activate 911
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TEAM DYNAMICS

- Clear **ROLES & RESPONSIBILITIES** allows all team members to know their positions, functions and tasks during a resuscitation attempt
- **KNOWING YOUR LIMITATIONS** is communicating boundaries and asking for help when needed during a resuscitation attempt
- Communication is presented with clear messages and mutual respect