



ProTrainings

Because Life Matters



Healthcare Provider (BLS)
Adult, Child and Infant
CPR/AED

The purpose of this booklet is to provide a brief review of course content for a specific ProTrainings course.

Visit www.protrainings.com to view the full course curriculum.

COURSE CONTENT

- 04 Overcome the 5 fears that prevent rescue
- 05 Prevention of cardiovascular disease
- 06 Recognition and action steps for suspected heart attack and stroke
- 07 Universal Precautions
- 08 Rescue breathing for adult, child and infant
- 10 CPR for adult, child and Infant
- 14 AED for adult, child and infant
- 16 Use of a resuscitation mask
- 17 Use of a Bag Valve Mask
- 18 Two rescuer CPR for adult, child and infant
- 21 Conscious and unconscious choking for adult, child and infant
- 24 Bleeding Control
- 24 Shock Management
- 27 Moving People
- 28 Special Considerations

BASIC TERMS

Good Samaritan Law | states that a person acting in good faith, rendering reasonable first aid, will not be held accountable for damages to that person unless gross willful misconduct is used. This person must not have a legal duty to respond or complete the first aid.

Consent | a patient allowing you to give first aid

Informed consent | you informing the patient of consequences, and then the patient giving permission for you to give first aid.

Implied consent | when a patient is unconscious, it is given that if the person were conscious, they would request care.

Abandonment | initiating care and then stopping without ensuring that the person has same level or higher care being rendered.

Negligence | When you have a duty to respond and you fail to provide care or give inappropriate care, and your failure to provide care or inappropriate care causes injury or harm.

Universal Precautions | Using gloves, masks, gowns, etc. for every patient every time when there is a possibility of coming in contact with any body fluids.

Clinical Death | The moment breathing and heartbeat stop. Typically, a person has a high likelihood of being revived without much cellular damage when clinically dead for approximately 0-6 minutes. Within 6-10 minutes, brain cell damage is highly likely.

Biological Death | Irreversible damage to brains cells and tissues. If a person has been clinically dead for 10 minutes or more, there will be irreversible cell damage. Resuscitation is unlikely but not impossible.



THE FIVE FEARS

1 | FEAR OF DISEASE

Solution: Universal precautions. Whenever the possibility of coming in contact with bodily fluids exists, wear personal protective equipment for every patient, every time.



2 | FEAR OF LAWSUITS

Solution: Good Samaritan laws. States have laws that protect people from legal action who act in good faith to provide reasonable First Aid when the rescuer does not have a legal duty to respond.



3 | FEAR OF UNCERTAINTY

Solution: Emphasis is placed on the role of CPR not merely on the number sequences. Even if numbers are forgotten, remember to push hard and push fast. This emphasizes the simplicity of basic life support.



4 | FEAR OF HURTING A PATIENT

Solution: Patients who are clinically dead can only be helped, not made worse with resuscitation efforts.



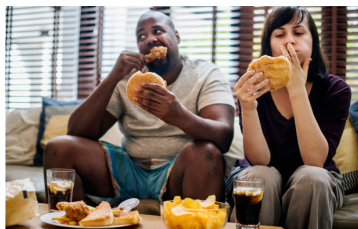
5 | FEAR OF UNSAFE SCENE

Solution: Never enter an unsafe scene! Rescuers are no use to patients if they become patients themselves.



CARDIOVASCULAR DISEASE

Cardiovascular disease is the number one killer in the United States. The Center for Disease Control reports that in the United States over 600,000 people die each year from cardiovascular disease.



CONTROLLABLE RISK FACTORS

- cigarette smoking
- high blood pressure
- obesity
- lack of exercise
- high blood cholesterol levels
- uncontrolled diabetes
- high fat diet
- high stress

UNCONTROLLABLE RISK FACTORS

- race
- heredity
- sex
- age

Cardiovascular disease causes damage to the heart and blood vessels.

Cardiovascular disease often leads to heart attack or stroke. The best way to survive a heart attack or stroke is to never have one. The key for cardiovascular disease is to focus on prevention.

You can give yourself the best chance of preventing cardiovascular disease with proper nutrition, consistent physical activity, weight management, stress management, eating proper fats and oils, and quitting smoking.



HEART ATTACK

SIGNS AND SYMPTOMS MAY INCLUDE

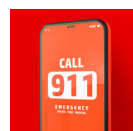
- Chest discomfort—pressure, tightness, that may radiate to jaw and arms.
- Nausea
- Sweating
- Shortness of breath
- Denial
- Feeling of weakness

Women present more with shortness of breath, extreme fatigue, or flu-like symptoms.

About a third of women experience no chest pain.

TREATMENT

Recognize the signs and symptoms of a heart attack, activate EMS, have patient remain in a position of comfort, offer 1 adult dose aspirin, and keep the patient calm and quiet.



STROKE

Stroke is the 3rd leading cause of death in the United States.

Strokes can be one of two types:

ischemic | a clot in a blood vessel that restricts or obstructs blood flow to the brain;

hemorrhagic | a blood vessel that ruptures and prevents blood flow to the brain. In either case, the brain is deprived of oxygen and tissue starts to die. The longer the stroke goes unrecognized and untreated, the more damage is done.

SIGNS AND SYMPTOMS MAY INCLUDE

- Numbness or weakness of the face, arm or leg, especially on one side of the body. The acronym FAST helps in assessing a stroke:
F— facial droop, A— Arm drift, S— Speech, T— Time
- Confusion, trouble speaking or understanding
- Trouble seeing in one or both eyes
- Trouble walking, dizziness, loss of balance or coordination
- Severe headache with no known cause

TREATMENT

Recognize the signs and symptoms of a stroke, activate EMS, give nothing to drink or eat, and keep the patient calm and quiet. Monitor patient and be prepared to start CPR if necessary.



CHAIN OF SURVIVAL

The earlier these steps take place in an emergency, the better the chance of a patient's survival.



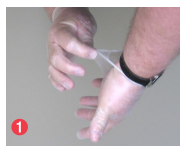
UNIVERSAL PRECAUTIONS

PUTTING GLOVES ON:

Use disposable gloves when providing first aid care. If you have a latex allergy use a latex alternative such as nitrile or vinyl. Before providing care, make sure the gloves are not ripped or damaged. You may need to remove rings or other jewelry that may rip the gloves.

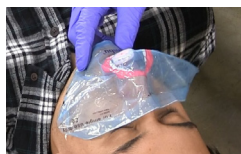
REMOVING GLOVES:

Remember to use skin to skin and glove to glove. ❶ Pinch the outside wrist of the other gloved hand. ❷ Pull the glove off turning the glove inside-out as you remove it. ❸ Hold it in the gloved hand. ❹ Use the bare hand to reach inside the other glove at the wrist to turn it inside out trapping the other glove inside. Dispose of gloves properly. If you did it correctly, the outside of either glove never touched your exposed skin.



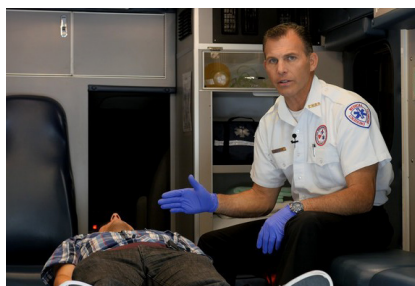
USE A RESCUE MASK OR FACE SHIELD:

If you have to provide rescue ventilations, use a rescue mask or face shield that has a one way valve. To prevent exposure, avoid giving direct mouth to mouth ventilations.



RESCUE BREATHING

CHECK THE SCENE



Key Questions to ask:

- Is it safe for me to help?
- What happened?
- How many patients are there?
- Am I going to need assistance from EMS?
- Do I have my personal protective equipment ready to use?

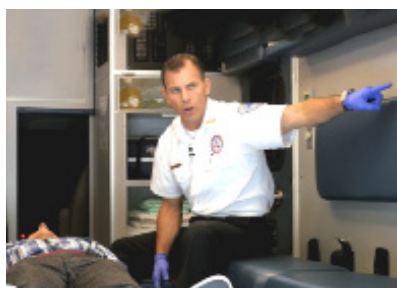
CHECK THE PATIENT



Tap and shout. Is there any response?

ACTIVATE EMS – CALL 911

Send someone to call and tell them to come back. The caller should give dispatch the patient's location, what happened, how many people are injured, and what is being done.



If alone and no one is available:

- **PHONE FIRST** for adults and get the AED. Return to start CPR and use the AED for all ages.
- **CARE FIRST** for children and infants by providing about 5 cycles or 2 minutes of CPR before activating the emergency response number.
- **CARE FIRST** for all age patients of hypoxic (asphyxial) arrest (ei., drowning, injury, drug overdose).



RESCUE BREATHING

CHECK PULSE



Check the Circulation for no more than 10 seconds

Adult and Child– Check the carotid artery in the neck.

Infant– Check the brachial artery on the inside of the upper arm.

If unsure a pulse exists, start CPR. Don't waste critical time searching for a pulse.

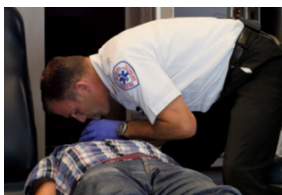


While checking the pulse, look for normal breathing by looking at the person's chest and face. Is the patient breathing normally?

Agonal respirations are not normal breathing. They would be characterized as occasional gasps. The chest does not rise.

BEGIN RESCUE BREATHING

If there is a pulse but no breathing, apply face shield and start rescue breathing. Each breath should last 1 second.



ADULT

1 breath every 6 seconds



CHILD

1 breath every 2-3 seconds
(Breaths can be given every 2-3 seconds, or about 20-30 breaths per minute.)



INFANT

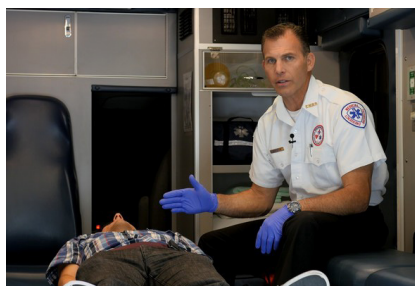
1 breath every 2-3 seconds
(Breaths can be given every 2-3 seconds, or about 20-30 breaths per minute.)

Reassess circulation every 2 minutes. If unsure a pulse exists, start CPR.
Don't waste critical time searching for a pulse.



CPR

CHECK THE SCENE



Key Questions to ask:

- Is it safe for me to help?
- What happened?
- How many patients are there?
- Am I going to need assistance from EMS?
- Do I have my personal protective equipment ready to use?

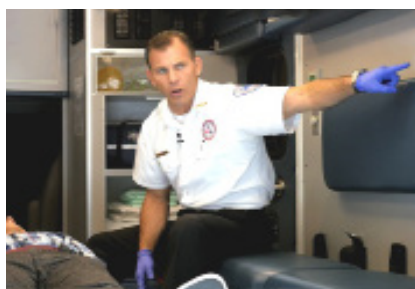
CHECK THE PATIENT



Tap and shout. Is there any response?

ACTIVATE EMS – CALL 911

Send someone to call and tell them to come back. The caller should give dispatch the patient's location, what happened, how many people are injured, and what is being done.



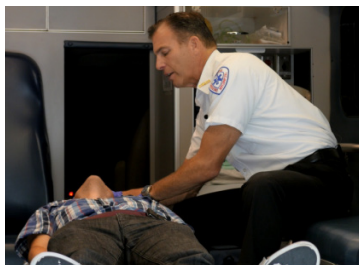
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CPR

CHECK PULSE

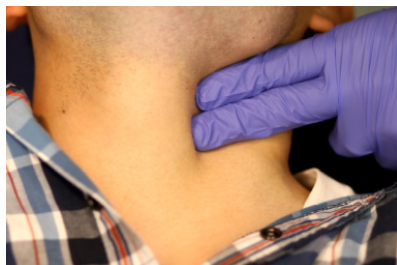


Check the Circulation for no more than 10 seconds

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If unsure a pulse exists, start CPR. Don't waste critical time searching for a pulse.



While checking the pulse, look for normal breathing by looking at the person's chest and face. Is the patient breathing normally?

Agonal respirations are not normal breathing. They would be characterized as occasional gasps. The chest does not rise.

COMPRESSIONS



If the victim is unconscious with no normal breathing and no pulse, begin chest compressions.

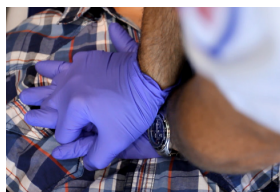
Give 30 chest compressions at a rate of 100-120 compressions per minute for all ages.



CPR

COMPRESSIONS

Hand placement for compressions:



ADULT



CHILD



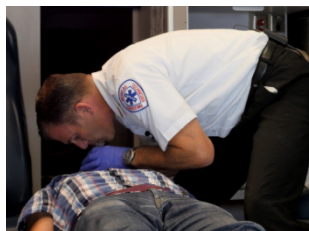
INFANT

Place heel of hand of the dominant hand on the center of the chest between the nipples. The second hand should be placed on top. Compress 2-2.4 inches deep.

Hand placement is the same as adult. You may use one hand in the center of the chest between the nipples or a very small child. Compress at least 1/3 the depth of the chest.

Place two fingers on the center of the chest between the nipples. Compress at least 1/3 the depth of the chest.

AIRWAY



Open Airway using head tilt chin lift Look in the mouth to make sure the airway is clear. If you see any foreign object, sweep it out right away.

BREATHING



Give 2 breaths lasting 1 second each. Watch for chest rise and fall.

Note: If not using a rescue mask, make sure you make a seal over the mouth on an adult or child and pinch the nose closed each time you give a breath. On an infant, make sure to cover the mouth and nose with your mouth.



Continue cycles of 30 compressions to 2 breaths until an AED arrives, advanced medical personnel take over, the patient shows signs of life, the scene becomes unsafe, or you are too exhausted to continue.



CPR SUMMARY



ADULT



CHILD

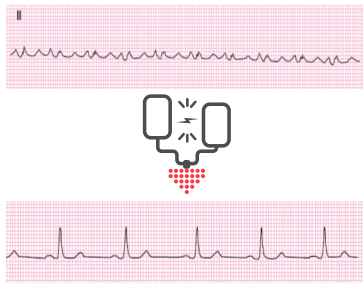


INFANT

- ✓ Check the Scene for Safety
- ✓ Check the person for responsiveness
- ✓ Call 911
- ✓ Check Pulse and normal breathing
- ✓ Give 30 Chest **Compressions**
ADULT | rate of 100-120 per minute, 2-2.4 inches deep
CHILD OR INFANT | rate of 100-120 per minute, 1/3 depth of chest)
- ✓ Open the **Airway**
- ✓ Give 2 **Breaths**
- ✓ Continue cycles of 30 compressions to 2 breaths.



AED- AUTOMATED EXTERNAL DEFIBRILLATOR



CLINICAL DEATH

Breathing and heart
beat have stopped:
0-6 minutes

BIOLOGICAL DEATH

Cellular death has
occurred: **10 minutes**



The AED analyzes the heart's rhythm, states whether a shock is advised and then powers up, the operator then pushes a button that will deliver the shock.

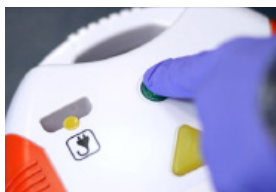
- Each minute that defibrillation is delayed the chance of survival is reduced by 10 percent. After 10 minutes few people are resuscitated.
- Early defibrillation increases survival rates to greater than 50%.
- Rescuers should begin chest compressions as soon as possible, and use the AED as soon as it is available and ready.
- If you are giving CPR to a child or infant and the available AED does not have child pads or a way to deliver a smaller dose, it is still recommended to use the AED even with adult pads. With adult pads for a small child or infant, you would place one pad on the center of the chest and the other on the center of the back between the shoulder blades.

AED CONSIDERATIONS:

- ✓ Remove a patient from standing water, such as in a puddle, before AED use. Rain, snow, or a damp surface is not a concern.
- ✓ Patient should be removed from a metal surface if possible.
- ✓ Slightly adjust pad placement so as not to directly cover the area if the patient has an obvious bump or scar for a pacemaker.
- ✓ Remove medication patches found on the patient's chest with a gloved hand.
- ✓ Never remove the pads from the patient or turn the machine off.



AED | AUTOMATED EXTERNAL DEFIBRILLATOR



→ Turn the machine on.



→ Bare the chest. Dry it off if it is wet. If there is excessive hair you may need to shave it off.



→ Place one pad on the patients upper right chest above the nipple. Place the other pad on the patients lower left ribs below the armpit.

****Follow the directions shown on the pads for the AED pad placement.** Make sure pads are pressed down firmly. Follow AED prompts.



→ Stand Clear. Do not touch the patient while the AED analyzes



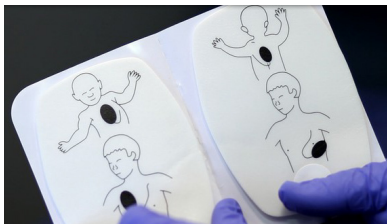
→ If the AED says, "Shock advised, charging...", shout, "Clear" and make sure no one is touching the patient. Push the shock button when the AED tells you to. If no shock is advised give CPR if the patient is not moving and not breathing.



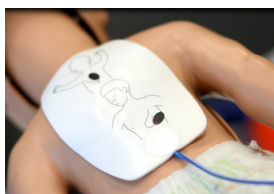
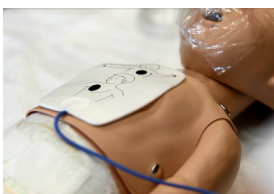
→ As soon as the shock has been delivered, give 30 chest compressions followed by 2 breaths. Continue cycles of 30:2 until you see signs of life. The AED will reanalyze every 2 minutes and prompt for a shock if needed.



AED | CHILD AND INFANT PAD PLACEMENT



→ For children 8 years old and younger, or under 55 lbs, and for infants, an AED with pediatric pads is preferred. If only a standard AED with adult pads is available, it should still be used for children and infants in cardiac arrest. When placing the pads on a child, the pads should not touch.



→ For a small child or infant, the pads should be placed one in the center of the chest and one in the center of the back between the shoulder blades.

SPINAL INJURY | JAW THRUST

If you suspect a head, Neck or back injury, do not move the person unless it is necessary to provide care for life threatening conditions. A jaw thrust can be used to open the airway.

If you are not able to open the airway adequately with the jaw thrust, use a head-tilt chin-lift to open the airway. For an unconscious, non-breathing person it is more important to have an open airway rather than consideration of a potential spinal injury.

To perform a Jaw Thrust:

- ✓ Place hands firmly along the side of the victim's face
- ✓ The fingers are placed on the bottom of the jawbone
- ✓ The thumbs are placed on the cheekbones
- ✓ To open the airway, lift up on the bottom of the jawbone while the thumbs stay firmly on the cheekbones



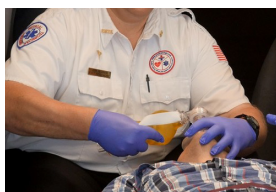
BAG VALVE MASK



→ If a bag-valve mask is available attach the bag-valve mask to a source of oxygen set at 12-15 L/min. If no O₂ is available remove the residual bag reservoir at the end of the bag-valve mask and use room air.



→ Using the “C-E” method for sealing the bag-valve mask to the patient’s face, prepare to ventilate the patient. Please note that if for any reason the bag-valve ventilations are ineffective, revert to mouth-to-mask or face shield delivery method for rescue breaths.



→ Ensure that thumb and forefinger are sealing the mask at the face of the patient. With middle, ring, and pinky fingers, grab the mandible (jaw) of the patient and pull the patient’s face into the mask seal. If the mask is sealed well, there should be minimum to no air leakage on ventilation. Squeeze the bag fully so that the patient’s chest rises. When the chest rises stop squeezing the bag so to avoid over-inflation which may force the air into the stomach.



→ Ventilate at 1 breath every 6 seconds for an adult and 1 breath every 2-3 seconds for a child or infant, to perform rescue breathing. If an advanced airway is in place, perform 1 breath every 6-8 seconds. Take care not to hyperventilate the patient.



→ A proper size mask that fits the patient needs to be used. In other words, an infant size mask would be used on an infant and an adult size mask would be used on an adult. The mask covers the mouth and nose, and needs to create a seal that does not allow air to escape around the edges of the mask.



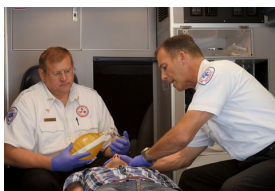
TWO RESCUER CPR



CHECK THE SCENE

Key Questions to ask:

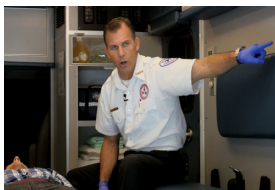
- Is it safe for me to help?
- What happened?
- How many patients are there?
- Do I have my personal protective equipment ready to use?



CHECK THE PATIENT

Tap and shout. Is there any response? Look at the person's chest and face. Is the patient breathing normally?

Agonal respirations are not normal breathing. They would be characterized as occasional gasps with no chest rise.



ACTIVATE EMS – CALL 911

Send someone to call and tell them to come back.

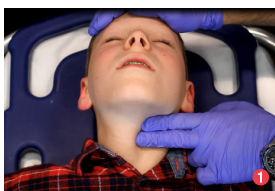
The caller should give dispatch the patient's location, what happened, how many people are injured, and what is being done.



CHECK PULSE

Check the pulse for no more than 10 seconds.

- 1 **Adult and Child** | Check the carotid artery in the neck.
- 2 **Infant** | Check the brachial artery on the inside of the upper arm.



TWO RESCUER CPR

ADULT 2 RESCUER CPR:

GIVE 30 COMPRESSIONS TO 2 BREATHS

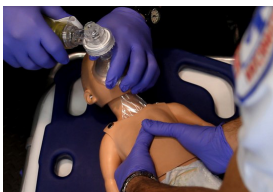
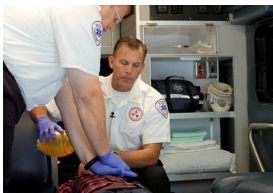
- If starting together, the second rescuer can get into position to provide respirations while the primary rescuer begins compressions.
- If primary rescuer starts CPR alone, the second rescuer should take over compressions when or she arrives.
- After every 5 cycles of 30:2, or every 2 minutes, the compressor should call for a switch.
- Rescuer at the head should finish 2 breaths. Then, move into position and begin compressions. The switch should take less than 10 seconds.



CHILD AND INFANT 2 RESCUER CPR

GIVE 15 COMPRESSIONS TO 2 BREATHS

- If starting together, the second rescuer can get into position to provide respirations while the primary rescuer begins compressions. For a child (age 1 to approx. 12-14 years old) use 1 or 2 hands as needed for the size of child.
- If primary rescuer starts CPR alone, the second rescuer should take over compressions when or she arrives.
- After every 10 cycles of 15:2, or every 2 minutes, the compressor should call for a switch.
- Rescuer at the head should finish 2 breaths. Then, move into position and begin compressions. The switch should take less than 10 seconds.
- For infants, compressor should use the 2 thumbs hands encircling chest compression technique.



TEAM APPROACH



In some rescue situations there may only be one rescuer who can give care in the normal sequence of assessments and actions: check the scene, check the person, call 911, check pulse, give 30 compressions, give 2 breaths, prepare and use an AED.

In many situations there is often more than one rescuer trained and willing to help. This is when the team approach should be used. This allows multiple rescuers to perform several actions simultaneously. One rescuer can be providing compressions, at the same time another is preparing the AED, at the same time another is getting ready to give breaths with a Bag Valve Mask. The primary or initial rescuer should take on the role as team leader and delegate the tasks that need to be done. With rescuers working together in this fashion, the most efficient and beneficial care will be given to the patient.

NEONATAL CPR



A neonate is defined as a baby under 1 month old. The most common reason for neonate cardiac arrest is asphyxial. For this reason, the priority of assessment and care is different: Airway, Breathing, and Circulation. A ratio of 3 compressions to 1 breath is recommended. This allows adequate ventilation and oxygenation that a newborn needs.



CONSCIOUS CHOKING



CONSCIOUS CHOKING

- ask, "Are you choking?"
- If a person is unable to cough, breath or speak, activate EMS



ADULT AND CHILD

- Stand behind the victim with one foot in-between the victims feet and your other foot behind you.
- Place the flat side of your fist just above the patients belly button. Grab the back of your fist with your other hand.
- Administer abdominal thrusts, pulling inward and upward, until the object comes out or the patient becomes unconscious.



INFANT

- Support the infant's face and place body on your forearm.
- Keep the infants head lower than the feet.
- Administer 5 back blows between the shoulder blades with the palm of your hand.
- Support the infant's head. Turn the baby over onto your other forearm. Give 5 chest thrusts.
- Continue back blows and chest thrusts until object comes out or infant becomes unconscious.

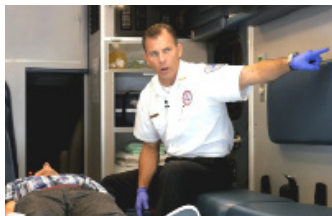


SPECIAL CIRCUMSTANCES:

- If the patient is pregnant or too large to reach around, give chest thrusts instead.



UNCONSCIOUS CHOKING



→ If you are giving someone abdominal thrusts and the person goes unconscious, lower the patient safely to the ground.

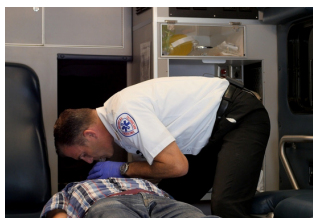
→ Activate EMS, send someone to call 911

ADULT, CHILD AND INFANT

→ Give 30 chest compressions



→ Open the airway and check the mouth for a foreign body. If something is seen sweep it out with a finger. Use the pinky finger for an infant.



→ Attempt rescue breaths. If breaths do not make the chest rise, reposition head and reattempt rescue breaths.



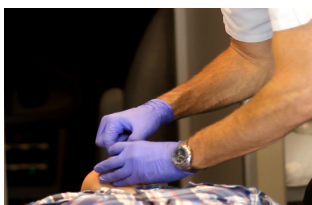
UNCONSCIOUS CHOKING

ADULT, CHILD AND INFANT

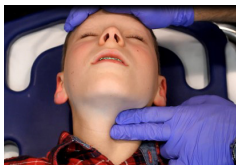
- Give 30 chest compressions.



- Open the airway and check the mouth for a foreign body. If something is seen sweep it out with a finger. Use the pinky finger for an infant.



- Give 2 breaths.
- If breaths do not make the chest rise, reposition head and reattempt rescue breaths. Continue compressions, foreign body check, breathing attempts until air goes in and chest rises.
- If air goes in and makes chest rise, check pulse.



- If victim has no pulse and is still not breathing normally, continue CPR with cycles of 30 compressions to 2 breaths.
- If pulse is present, but no normal breathing, start rescue breathing.



BLEEDING AND SHOCK

BLEEDING CONTROL



Capillary bleeding is usually not serious and is characterized by oozing blood that is easily stopped. **Venous bleeding** steadily gushes larger amounts of blood, but can usually be stopped with direct pressure. **Arterial bleeding** is usually spurting and is the most serious because a large amount of blood can be lost quickly.

- Inspect the wound. Look for the area where the bleeding is coming from. Apply gloves.
- Use direct pressure on the wound using an absorbent pad or gauze. Add more gauze or padding if necessary.
- Make a pressure bandage by wrapping a roller gauze or elastic bandage around the wound to maintain bleeding control.
- If severe bleeding is not controlled, consider using a tourniquet.
- Activate EMS if severe bleeding is present, use direct pressure and apply pressure bandage. *If wound is minor, wash and apply an antibiotic ointment, then bandage as needed.*

SHOCK

- Shock is the body's inability to circulate oxygen to the vital organs.
- **Signs & Symptoms:** restlessness, dizziness, confusion, cool moist skin, anxiety, delayed capillary refill time, and weakness.
- **Treatment:** Recognize, Activate EMS, keep calm, give nothing to eat or drink, maintain body heat, raise the legs if no spinal injury or fracture of the legs.



SPECIAL CONSIDERATIONS

SPECIAL CONSIDERATIONS FOR HYPOTHERMIA



If the victim is unresponsive, not breathing, and suspected to be in hypothermia, follow the normal steps for CPR and take a few extra steps.

- Activate EMS and begin CPR without delay if there is no pulse
- AED should be used as normal
- Do not wait to check the victim's temperature
- Do not wait until the victim is rewarmed to start CPR
- Wet clothes should be removed from the victim to prevent further heat loss
- Shield the victim from wind or cold
- If the person is breathing, rewarm and monitor the person until EMS arrives. Avoid rough movement and handle person gently.
- Passive warming, such as warm blankets and heat packs, can be used until active warming is available with advanced medical care.

SPECIAL CONSIDERATIONS FOR PREGNANCY

- The same skills and techniques for Adult CPR need be followed. The focus needs to be on providing high quality CPR for mother. Because of potential interference with maternal resuscitation, fetal monitoring should not be undertaken during cardiac arrest in pregnancy.
- Because pregnant patients are more prone to hypoxia, oxygenation and airway management should be prioritized during resuscitation from cardiac arrest in pregnancy.



SPECIAL CONSIDERATIONS

SPECIAL CONSIDERATIONS FOR DROWNING



Water does not need to be “pumped out” of the lungs or stomach of a drowning victim. The routine use of abdominal thrusts or other techniques to remove water from drowning victims is unnecessary, potentially dangerous, and not recommended.

Most victims do not get large amounts of water in their lungs, ie. aspirate water. This is because of the body’s natural defense of

keeping water out of the lungs with a laryngospasm (breath holding). Even if water is aspirated, there is no need to clear the airway of aspirated water, because only a small amount of water is aspirated by the majority of drowning victims. Aspirated water is rapidly absorbed into the central circulation.

- The number one priority is the rescuer’s safety. The rescuer must not put himself or herself in danger to rescue a drowning victim. Do not swim out to a drowning victim. Reach out with a long object, throw something that floats, but don’t go.
- The first and most important treatment of the drowning victim is ventilation. Prompt initiation of rescue breathing increases the victim’s chance of survival. Victims with only respiratory arrest usually respond after a few artificial breaths are given.
- For an unresponsive, non-breathing victim, immediate bystander CPR plus early activation of the EMS system is crucial .
- CPR normally begins with chest compressions in a C-A-B sequence. However, the guidelines recommend CPR for drowning victims should use the traditional A-B-C approach in view of the lack of oxygen, ie. hypoxic nature of the arrest. It would be appropriate to open the airway and give 2 breaths before starting compressions.
- To use the AED, the victim needs to be out of the water. However, it is only necessary to dry the chest area before applying the defibrillation pads and using the AED.
- Vomiting is common in drowning victims. If vomiting occurs, turn the victim to the side and remove the vomit using your finger. Continue care after airway is cleared.
- Passive warming, such as warm blankets and heat packs, can be used until active warming is available with advanced medical care. If severe bleeding is not controlled, consider using a tourniquet.
- Activate EMS if severe bleeding is present, use direct pressure and apply pressure bandage. If wound is minor, wash and apply an antibiotic ointment, then bandage as needed.



MOVING PEOPLE

RECOVERY POSITION

- Used when a person is breathing and unconscious
- Helps keep airway open
- Allows fluid to drain from mouth
- Prevents aspiration



- Extend victim's arm closest to you above victim's head
- Place victim's leg farthest from you, over his other leg
- Support head and neck
- Place victim's arm farthest from you across his chest



- Roll victim towards you
- Position victim's top leg so the knee acts as a prop for the body
- Place victim's hand under chin to keep airway open

EMERGENCY RESCUE MOVES

In general a rescuer should not move a person unless it is necessary to provide care or there is a direct danger to the person's life. Remember to protect the head, neck and back.

Clothing Drag

Grasp the shirt near the shoulders. Lift up and walk backwards dragging the patient.

Blanket Drag

Place the patient on blanket or sheet. Grasp at head end, lift up and walk backwards or crawl while dragging the patient.

Extremity drag

If necessary simply drag by holding the legs or forearms and pulling.

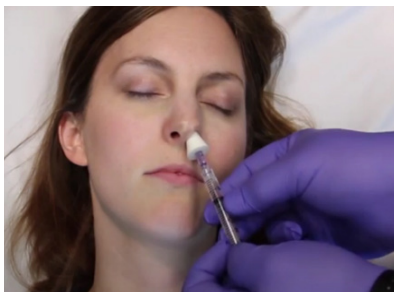


SPECIAL CONSIDERATIONS

OPIOID OVERDOSE

Opiates and opioids are Central Nervous System (CNS) depressants that can slow down breathing, eventually causing it to stop.

Anyone taking opiates can suffer opiate or opioid overdose, especially when a person takes more than was prescribed by the doctor, combines opiates or opioids with other CNS depressants or has an unknown condition that makes them more sensitive to overdose.



Common opiates and opioids:

- Heroin
- Morphine
- Codeine
- Methadone
- Hydrocodone known as Vicodin or Lortab
- Oxycodone otherwise known as Percocet

Common drugs that may cause similar signs, but are not opioids or opiates: (Naloxone has no effect on these drugs)

- Cocaine
- LSD
- Ecstasy
- Tranquilizers
- Marijuana

Common opioid overdose signs:

- Bottles of drugs or drug paraphernalia nearby the patient
 - A very slow respiration rate or not breathing
 - Pinpoint pupils
- For a patient with a suspected opioid overdose, appropriately trained lay rescuers or healthcare providers should administer intramuscular or intranasal naloxone, if available.
- A naloxone dose of 2 mg is recommended for rapid reversal when respiratory compromise is present. Naloxone typically takes 3-5 minutes for full effect.
- For patients suspected to be in cardiac arrest, standard resuscitative measures should take priority over naloxone administration, with a focus on high-quality CPR.
- If there is no change in 3-5 minutes after the first dose of naloxone, one can administer another dose and continue CPR.



Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



HEALTHCARE PROVIDER SKILL CHART

SKILL	ADULT adolescent and older (approx 12 years or older)	CHILD 1 year to adolescent	INFANT under 1 year old
Check the scene	Do not enter an unsafe scene	Do not enter an unsafe scene	Do not enter an unsafe scene
Check the patient for unresponsiveness	Tap on the collar bones and shout	Tap on the collar bones and shout	Tap the shoulders or flick the feet and shout
Activate EMS	If completely alone: Activate EMS after unresponsiveness is found. Come back to provide care. If asphyxial arrest is likely, call after 2 minutes or 5 cycles of CPR	If completely alone: Go activate EMS after 5 cycles or 2 minutes of CPR. For a sudden witnessed collapse, activate EMS after unresponsiveness is found. Come back to provide care	
Check pulse and check for normal breathing	Carotid Artery in the Neck Check for no more than 10 seconds. Look at face and chest for breathing.		Brachial artery in the upper arm: Check for no more than 10 sec. Look at face and chest for breathing.
Compressions Push hard and fast	1 or 2 rescuer: 30 at a rate of 100-120 per minute. Use 2 hands: Place the heel of 1 hand in the center of the chest, place other hand on top. Depth: 2—2.4 inches	1 rescuer: 30 2 rescuer: 15 at a rate of 100-120 per minute. Use 1 or 2 hands: Place the heel of 1 hand in the center of the chest, if needed place other hand on top. Depth: At least 1/3 the depth of the chest	1 rescuer: 30 2 rescuer: 15 at a rate of 100-120 per minute. Use 2 fingers on the breastbone between the nipples. 2 rescuer: Use 2 thumbs hands encircling chest technique. Depth: At least 1/3 the depth of the chest
Airway	Head tilt chin lift. Look in the mouth for any foreign objects.		
Breathing	Give 2 breaths lasting about 1 second each.		
Unconscious Choking: After attempting 2 breaths, they will not go in and make chest rise.	Reposition airway, tilt head back further and try again. If air still does not go in and make the chest rise, begin 30 chest compressions, open the airway and look in the mouth for a foreign object. If one is seen, sweep it out, attempt 2 breaths. If air does not go in, reposition airway, tilt head back further and try again. Continue cycles of 30 chest compressions, foreign body check, 2 breaths, reposition attempt 2 breaths again until air goes in and makes chest rise. After breaths go in, check patient and provide appropriate care.		
Rescue Breathing: Patient has a pulse but is not breathing	1 breath every 6 seconds: recheck ABC every 2 minutes.	1 breath every 2-3 seconds: recheck ABC every 2 minutes.	
AED	CPR should be provided immediately until an AED is available and ready to use.	Child pads with attenuator should be used for Infants to 8 years old. If not available, use adult pads. Don't let pads touch together.	

ProTrainings is a nationally recognized CPR & First Aid Training provider offering healthcare CPR, lay rescuer/general workplace CPR, and first aid certification. All courses follow the latest scientifically backed and nationally recognized guidelines developed by the International Liaison Committee on Resuscitation (ILCOR) and the AHA/ECC.



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