ProTrainings
Because Life Matters

ProCPR
Healthcare Provider Adult, Child, Infant CPR/AED
Course Content

- Overcome the 5 fears that prevent rescue efforts
- Prevention of cardiovascular disease
- Recognition and action steps for suspected heart attack and stroke
- Rescue breathing for adult, child and infant
- CPR for adult, child and infant
- AED for adult, child and infant
- Conscious and unconscious choking for adult, child and infant
- Two rescuer CPR for adult, child and infant
- Use of a resuscitation mask
- Use of a Bag Valve Mask
- Universal Precautions
- Bleeding Control
- Shock Management

The purpose of this booklet is to provide a source for review and assistance with the ProCPR curriculum. Participants desiring CPR certification need to use www.procpr.org to view the videos, receive instruction, and complete testing.

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 an 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

- **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.

- **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.

- **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.

- **Fear of Hurting a Patient**
  **Solution:** Patients who are clinically dead can only be helped, not made worse with resuscitation efforts.

- **Fear of Unsafe Scene**
  **Solution:** Never enter an unsafe scene! Rescuers are no use to patients if they become patients themselves.
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 is the number one killer in the United States. The Center for Disease Control reports that in the United States over 650,000 people die each year from cardiovascular disease.

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

- Early Recognition and Activation of EMS
- Early CPR
- Early Defibrillation
- Early Advanced Care

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 make need remove rings or other jewelry that may rip the gloves.

Removing Gloves:
Remember to use skin to skin and glove to glove. Pinch the outside wrist of the other gloved hand. Pull the glove off turning the glove inside-out as you remove it. Hold it in the gloved hand. 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 (e.g., drowning, injury, drug overdose).
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 more 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 5 seconds
  - Child– 1 breath every 3 seconds
  - Infant– 1 breath every 3 seconds

- Reassess circulation every 2 minutes for no more than 10 seconds. If unsure a pulse exists, start CPR. Don’t waste more critical time searching for a pulse.
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Key Questions to ask:
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- 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.
- Hand placement for compressions:
  - *Adult*— 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.
  - *Child*— Hand placement is the same as adult. You may use one hand in the center of the chest between the nipples for a very small child. Compress at least 1/3 the depth of the chest.
Infant— 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.
• 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’s are designed to shock the heart, in order for the heart to restart under a normal rhythm. 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 and 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 5 seconds for and adult and 1 breath every 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 hyper-ventilate the patient.

• A proper size infant mask should be used. However, if only an adult size mask is available, the infant will benefit from turning an adult sized mask upside down so that the small point (nose side) covers the patient's chin and the broad part (chin side) of the mask is covering the mouth and nose.
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
  
  Adult and Child– Check the carotid artery in the neck.  
  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 and 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

- 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 victim’s feet and your other foot behind you.
- Place the flat side of your fist just above the patient’s 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 infant's 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 were 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.
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 victims 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

Special Considerations for Hypothermia -

If the victim is unresponsive with no breathing or no normal breathing, and suspected to be in hypothermia, healthcare providers would follow the normal steps for CPR and take a few extra steps.

- Check for a pulse for no more than 10 seconds.
- If no pulse, begin CPR without delay
- 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
- 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

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.
- 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.
<table>
<thead>
<tr>
<th>Skill</th>
<th>Adult (adolescent and older)</th>
<th>Child (1 year to adolescent)</th>
<th>Infant (under 1 year old)</th>
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</thead>
<tbody>
<tr>
<td>Check the scene</td>
<td>Do not enter an unsafe scene</td>
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<tr>
<td>Check the patient for unresponsiveness</td>
<td>Tap on the collar bones and shout.</td>
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<td>Tap the shoulders or flick the feet and shout.</td>
</tr>
<tr>
<td>Activate EMS</td>
<td><strong>If completely alone:</strong> 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.</td>
<td><strong>If completely alone:</strong> 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.</td>
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<tr>
<td>Check pulse and check for normal breathing</td>
<td>Carotid Artery in the Neck&lt;br&gt;<strong>Check for no more than 10 seconds.</strong> Look at face and chest for breathing.</td>
<td>Brachial artery in the upper arm: <strong>Check for no more than 10 sec.</strong> Look at face and chest for breathing.</td>
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<td>Compressions Push hard and fast</td>
<td><strong>1 or 2 rescuer:</strong> 30 at a rate of 100-120 per minute.&lt;br&gt;&lt;strong&gt;Use 2 hands:&lt;/strong&gt; Place the heel of 1 hand in the center of the chest, place other hand on top.&lt;br&gt;&lt;strong&gt;Depth:&lt;/strong&gt; 2—2.4 inches</td>
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<td>Airway</td>
<td>Head tilt chin lift. Look in the mouth for any foreign objects.</td>
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<td>Breathing</td>
<td>Give 2 breaths lasting about 1 second each.</td>
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<td>Unconscious Choking: After attempting 2 breaths, they will not go in and make chest rise.</td>
<td>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.</td>
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<td>Rescue Breathing: Patient has a pulse but is not breathing.</td>
<td>1 breath every 5 seconds: recheck ABC every 2 minutes.</td>
<td>1 breath every 3 seconds: recheck ABC every 2 minutes.</td>
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<td>AED</td>
<td>CPR should be provided immediately until an AED is available and ready to use.</td>
<td>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.</td>
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