ProTrainings
Because Life Matters

General CPR for Adults

FOLLOWS 2025 ECC/ILCOR GUIDELINES

The purpose of this booklet is to provide a brief review of course content for a specific ProTrainings course.
Visit www.protraininings.com to view the full course curriculum.

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COURSE CONTENT

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 the patient (or victim) 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.

ABCs of CPR | Airway, Breathing, Circulation

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 OF RESCUE

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 act or 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.

HEALTHY LIVING

The health choices we make on a daily basis effect so many aspects of our lives. Making better choices can help reduce half of the top causes of death, including heart disease, cancer, stroke, diabetes and many other health issues. While we cannot control everything, this list shows the difference between many items we can and cannot control.

UNCONTROLLABLE RISK FACTORS

- Race
- Heredity
- Sex
- Age
- Physical disabilities

Cardiovascular disease causes damage to the blood vessels throughout the body and will eventually start to effect organs causing heart attacks, strokes, or diabetes. The best way to survive a heart attack or stroke is to never have one. Focusing on prevention is the best way to prevent cardiovascular disease.

CONTROLLABLE RISK FACTORS

- Cigarette smoking/vaping
- High blood pressure
- Body weight
- Lack of exercise
- High blood cholesterol levels
- Uncontrolled diabetes
- Proper sleep
- High stress
- Proper nutrition
- Recreational drug use

Start with proper nutrition, consistent physical activity, stress management, quality sleep, and quitting smoking or vaping or other controllable risk factors. These will not only help prevent long term health issues, but will also increase you current quality of life.

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.

Ensure the victim does not have an allergy, recent internal bleeding or are on blood thinners before offering the aspirin.

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 or 2-4 chewable baby aspirin, and keep the patient calm and quiet.

STROKE

Stroke is the 5th leading cause of death in the United States. Strokes can be one of two types:

Ischemic | a clot in a blood vessel; or
Hemorrhagic | a ruptured blood vessel.

In either case, the blood flow to the brain is restricted, depriving the brain of oxygen and tissue starts to die. Damage to brain tissue continues until the stroke is recognized and treated.

SIGNS AND SYMPTOMS

The acronym FAST helps in assessing a stroke:
F – facial droop, A – Arm drift, S – Speech, T – Time of onset/Time to call

OTHER SIGNS AND SYMPTOMS

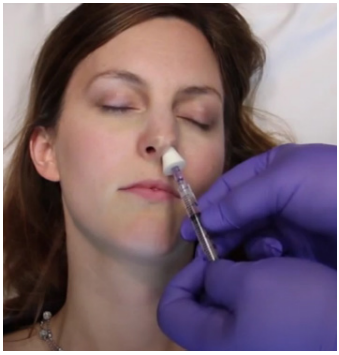
- Numbness or weakness of the face, arm or leg, especially on one side of the body
- Confusion, trouble speaking or understanding
- Trouble seeing in one or both eyes
- Trouble walking, dizziness, loss of balance or coordination
- Severe headache with no known cause

TREATMENT

Recognize the signs and symptoms of a stroke, activate EMS, give nothing to drink or eat, and keep the patient calm and quiet. The best chance of treatment occurs if the patient gets help in less than 3 hours, the sooner the better though. Monitor patient and be prepared to start CPR if necessary.

OPIOID OVERDOSE

OPIOID OVERDOSE



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

Opiates are naturally occurring, while opioids are synthetic drugs. Anyone taking these drugs can overdose, especially when taking drugs illegally, when a person takes more than what 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

- Codeine
- Heroin
- Methadone
- Morphine
- Oxycodone, also known as OxyContin or Percocet

Common opioids

- Fentanyl
- Carfentanil

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

- Cocaine
- Ecstasy
- LSD
- Marijuana
- Tranquilizers

Signs and Symptoms

- Bottles of drugs or drug paraphernalia near the patient
- A very slow respiration rate or not breathing
- Pinpoint pupils

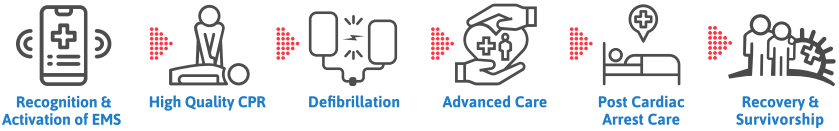
TREATMENT

For a patient with a suspected opiate or opioid overdose, trained rescuers should administer 2 mg of intramuscular or intranasal naloxone, if available. Full effect can take 3-5 minutes.

- 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, a second dose may be considered while continuing CPR.

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, avide giving direct mouth to mouth ventilations.

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?
- → While checking for responsiveness, 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.

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 Get the AED and return to utilize AED and start CPR.
- → CARE FIRST for patients in hypoxic (asphyxial) arrest (e.g., drowning, injury, drug overdose).

CPR

COMPRESSIONS

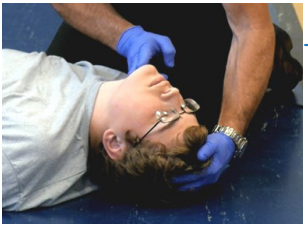
If the victim is unconscious with no normal breathing, begin chest compressions.

→ Give 30 chest compressions at a rate of 100-120 compressions per minute.

→ 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.

CPR



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.

BREATHING

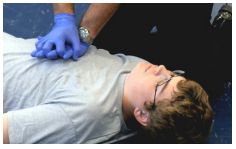
→ Give 2 breaths with face shield or pocket mask, lasting 1 second each. Watch for chest rise and fall.

Note: If not using a rescue mask, make sure you make a seal over the mouth and pinch the nose closed each time you give a breath.

REPEAT CYCLE

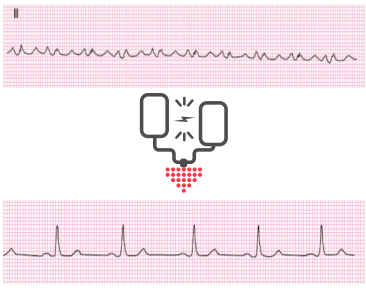
→ Continue cycles of 30 compressions to 2 breaths until an AED arrives, advanced medical personnel take over, the patient shows signs of life, the scene becomes unsafe, or you are too exhausted to continue.

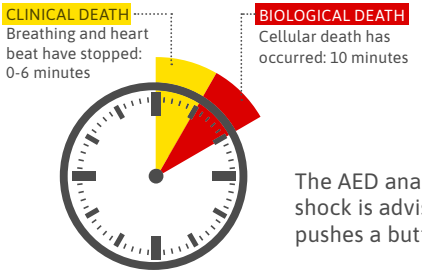
CPR SUMMARY



1. Check the Scene for Safety
2. Check the person for responsiveness and normal breathing
3. Call 911
4. Give 30 Chest Compressions
   - *Rate of 100-120 per minute*
   - *Appropriate depth*
     - *Adults 2-2.4 inches*
   - *Full chest recoil*
5. Open the Airway
6. Give 2 Breaths
7. Continue cycles of 30 compressions to 2 breaths

AED | AUTOMATED EXTERNAL DEFIBRILLATOR





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.

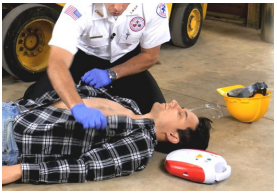
- Each minute that defibrillation is delayed the chance of survival is reduced by 10 percent. After 10 minutes few people are resuscitated.
- Early defibrillation can increase survival rates to near 50% in certain situations.
- Rescuers should begin chest compressions as soon as possible, and use the 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. If the chest is wet, quickly dry before placing pads.
- ✔ 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 near AED pad location with a gloved hand, then wipe clean.
- ✔ Jewelry does not need to be removed so long as there is no contact with the pads.
- ✔ Never remove the pads from the patient or turn the machine off.
- ✔ For women, it is reasonable to adjust undergarments to place the AED pads rather than completely removing them.

AED | AUTOMATED EXTERNAL DEFIBRILLATOR

1. Turn the machine on.



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

3. 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 and make sure pads are pressed down firmly.

4. Follow AED prompts.

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

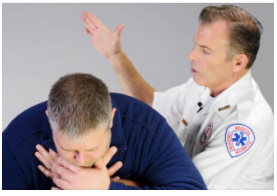
6. If the AED says, “Shock advised, charging...,” shout, “Clear” and make sure no one is touching the patient. Push the shock button when the AED tells you to.

   If the AED says, “No shock advised,” continue CPR if the patient is not moving and not breathing.

7. 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.

CONSCIOUS CHOKING



Indications: Universal sign for choking and panic

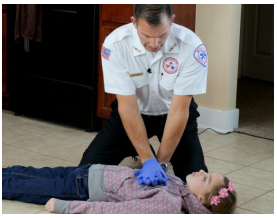
1. Ask, "Are you choking?"
2. If a person is unable to cough, breathe, or speak, activate EMS.
3. Stand to the side and slightly behind the victim with feet shoulder width apart.
4. Support the victim with the seatbelt hold, lean them forward and deliver 5 forceful back blows.
5. If the airway is still obstructed, stand behind the victim, placing one foot between the victim's and administer 5 abdominal thrusts.
6. Continue back blows and abdominal thrusts until the object is dislodged or the patient becomes unresponsive.

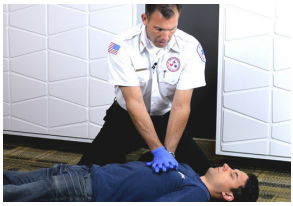
SPECIAL CIRCUMSTANCES

- → If the patient is pregnant or too large to reach around, alternate between back blows and chest thrusts instead.
- → It may be easier to kneel behind a smaller person.

UNCONSCIOUS CHOKING

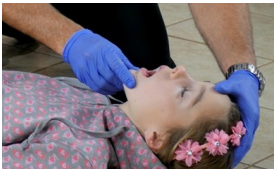
1. If you are giving someone abdominal thrusts and the person goes unconscious, lower the patient safely to the ground.
2. Activate EMS, send someone to call 911.
3. Give 30 chest compressions..



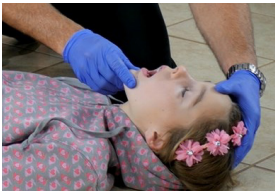


4. Open the airway and check the mouth for a foreign body. If something is seen, sweep it out with a finger.

5. Attempt rescue breaths. If first breath does not make the chest rise, reposition head and attempt second breath.



6. Repeat 30 chest compressions, checking the airway, and attempting two breaths until the object comes out or professional help takes over.



SPECIAL CONSIDERATIONS

SPECIAL CONSIDERATIONS FOR HYPOTHERMIA

If the victim is unresponsive, not breathing, and has suspected hypothermia, follow the normal steps for CPR and incorporate additional steps for hypothermia treatment.

- Activate EMS and 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
- 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 to be followed. The focus needs to be on providing high quality CPR for mother.
- 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

Victims who are struggling to stay above water are usually quiet and are barely getting above the surface of the water. This is very contrary to what most movies depict where they are yelling and waving their arms above water.

Most victims do not get large amounts of water in their lungs, ie. aspirate water. This is because the body has a 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. Therefore, there is no need to pump water out of the stomach.

To rescue a drowning victim:

Always ensure 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. Be sure to notify rescue personnel early.

CPR and Resuscitation Considerations

If the victim is unresponsive and not breathing, initiate high-quality CPR. If CPR is unable to be performed due to no hard flat surface, it is recommended to provide rescue breathing until CPR can be performed.

- → 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, then use the AED as normal.
- → 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.

MOVING PEOPLE

RECOVERY POSITION

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

1. Extend victim's arm closest to you above victim's head
2. Place victim's leg farthest from you, over their other leg
3. Support head and neck
4. Place victim's arm farthest from you across their chest

5. Roll victim towards you
6. Position victims top leg so the knee acts as a prop for the body
7. 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.

LAYRESCUER SKILL CHART

SKILL	ADULT adolescent and older (approx 12 years and older)	CHILD 1 year to adolescent	INFANT under 1 year old
Check the scene	Do not enter an unsafe scene		
Check the patient for responsiveness and no normal breathing	Tap on the collar bones and shout. Look at face and chest for breathing	Tap on the collar bones and shout. Look at face and chest for breathing	Tap the shoulders or flick the feet and shout. Look at face and chest for breathing
Activate EMS	If alone: Activate EMS, then come back to provide care. If asphyxial arrest is likely, call after 2 minutes or 5 cycles of CPR	If alone: Unwitnessed arrest: Activate EMS after 5 cycles or 2 minutes of CPR. Witnessed arrest: Activate EMS, then come back to provide care.	
Compressions Push hard and fast	30 at a rate of 100-120 per minute. Use 2 hands: Place the heel of one hand in the center of the chest, place other hand on top. Depth: 2—2.4 inches	30 at a rate of 100-120 per minute. Use 1 or 2 hands: Place the heel of one hand in the center of the chest, if needed place other hand on top. Depth: About one-third the depth of the chest	30 at a rate of 100-120 per minute. Use 2-thumbs hand encircling on the lower half of the sternum or the heel of one hand in the center of the chest. Depth: About one-third 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 1 breath, there no chest rise.	Reposition airway, ensure proper technique and attempt second breath. If air still does not make the chest rise, perform 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. Continue cycles of 30 chest compressions, foreign body check, and 2 breaths until advanced help arrives. If breaths go in, recheck patient for responsiveness and breathing and provide appropriate care.		
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 each other.	

ProTrainings is a nationally recognized CPR and First Aid Training provider offering Healthcare CPR (BLS), CPR for All Ages, CPR for Adults, 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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