

CPR - General Information: (1 of 2)

Environment:

Safety - Make sure the area is safe for both the rescuer and the victim. Move the victim only if safety is a concern.

Surface - The person should be face-up on a firm surface. If they are on a mattress or other surface that “gives”, move the person to a firm surface.

Patient:

Consent - For an unresponsive adult patient, consent is implied. For a child or infant gain consent from a parent or guardian if they are on scene, otherwise consent is implied if no parent or guardian is available.

Crepitus - You will be pushing down on the sternum (if your hands are correctly positioned), so you will hear “crunching” noises....this is the separation of the cartilage that connects the ribs to the sternum. - This is normal.

Ribs - If done correctly, you will most likely break ribs during CPR, especially if your hand position is off center. This does happen and is not unusual.

Rescuer:

Body Position- Your knees should be very close to the patient allowing proper “leverage” and downward power for compressions. Knees too far away is cause for rescuer discomfort and loss of downward power. Also locking the elbows and pushing with the upper body will give more downward power.

Heel of the Palm- Focus the pressure on the chest with the heel of your palm as opposed to using the whole palm of the hand. Lift fingers out of the way.

Full Recoil- Allow full recoil so the heart can refill between compressions.

Compression Depth- Due to uncomfortable “crunching” sounds people tend to use too little pressure.

Compression Rate- Try to follow the 100-120 CPM by using the rhythm of the Bee Gees song “Stayin’ Alive” or Counting out loud, 1 and 2 and 3.....

Excessive Ventilation- Each rescue breath should last one second. For an infant, use less force, just enough to get the chest to rise. ***Re-position the head if your first breath does not go in.***

CPR - General Information (2 of 2)

Infant head tilt- For infants the head tilt is less than adult, as a full head tilt will actually restrict the infant's airway. Use neutral or "sniffing" position.

Minimize Interruptions - 10 seconds is considered the maximum interruption between compressions and giving breaths.

No Delay to activate EMS and get an AED- As soon as you confirm a person is unresponsive, activate EMS.

CPR or EMS First?- If you do not have a phone, you need to find one, or find another person to help activate EMS and search for an AED...this comes first, unless it's a child or infant, in this case give 5 sets of CPR (if no breathing) before you leave the child/infant to look for a phone/AED.

Pinch the nose- Pinch the nose shut for adults and children, for infants place your mouth around their mouth & nose when giving breaths. In either case, be sure to make a tight seal with your mouth.

Re-position Head- Remember to re-position head if the first breath does not go in.

Choking Victim- Remember to look in the mouth for an object if performing CPR on someone that has a blocked airway. Look in the mouth after your set of 30 compressions, just before giving a breath

Infant CPR - Place the heel of your hand along the imaginary nipple line, center of the chest. If the infant has clothes on, you can use the armpits as another reference point for the imaginary nipple line. It is also acceptable to use the two thumbs next to each other, center of chest, on the nipple line, center chest.

Jaw Thrust- If you suspect a spinal injury, use the "jaw thrust" as opposed to the "head tilt - chin lift".

Head tilt-Chin lift - One hand on the forehead and one hand on the bony part of the chin. The hand on the forehead will also be the hand pinching the nose.

Left Uterine Displacement - If performing CPR on a 2nd or 3rd trimester pregnant woman, you will need to shift the uterus to the left.

Precordial Thump - For Wilderness Medicine, this is a possible "last resort" if there is no AED anywhere nearby.