Patient Assessment:

- **Scene Safety** (make sure the scene is safe for both you and the victim)
- **PPE** (Personal Protective Equipment)
- **Introduce Yourself**
- **Consent -** Expressed (verbal/physical) or implied, if the victim is unresponsive.

(The following steps are called the "Primary Survey")

- **Check for Major Bleeding -**If found, control major bleeding first.

• **R**esponsiveness -Tap & Shout (Shoulders for Adult or Child, bottom of foot for infant).
If unresponsive:

• **A**lert - General call for help (if no one around) / Assign someone to get an AED, and someone to call 911and put the phone on speaker.
Note: "Diffusion of Responsibility"
If you are alone, you may have to leave the victim to call for help, you may briefly leave an adult. For an infant or child, if no breathing, do 5 rounds of CPR (30 and 2 x 5) before you briefly leave to call for help and get an AED.

• **B**reathing - Check for *at least 5, to no more than 10 seconds* (head tip/chin lift if possible).
If no "Normal" breathing (or if unsure**).....** start CPR (use CAB)
Note: Agonal Breathing (Gasps) is not "**Normal"** breathing!
(if unresponsive, but they are breathing - put them in the recovery position)

• **C**ompressions - Victim needs to be on a firm/flat surface, on their back. Remove clothing to expose the torso (in anticipation of AED use)
Rescuer: Knees close to victim, hands on center of the chest (lower 1/3 of sternum), shoulders should be over your hands, lock elbows, use upper body for power.
- for infants, use heel of one hand or thumbs encircling technique
- for children you may use one, or two hands on the chest
- Count out loud (1 and 2 and...) / Rate= 100 to 120 compressions per minute
- Depth: Adult 2" to 2.4" 5 to 6cm | Child 2" 5cm | Infant 1.5" 4cm - ALLOW FULL RECOIL

• **A**irway - Head Tilt - Chin Lift to open airway, pinch nose shut. Use "Jaw-Thrust" if you suspect a spine or neck injury.
*For infants, tip head only to neutral or "sniffing" position. Cover both their nose and mouth with your mouth.

• **B**reaths - Give two breaths, each over 1 second. Look for visible chest rise, once the chest rises, stop ventilation. Visible chest rise is your best indication of proper ventilation. Too much breath = Gastric inflation. If the first breath does not go in, re-tip the head.

Note: When the AED arrives, stop CPR, Turn on the AED and Follow the Prompts!

CPR Notes:

Switch Compressors - (If another CPR trained person becomes available).

- Every 5 cycles (every 5 cycles of 30:2 (30-compressions and 2-Breaths))
- Every 2 minutes (which is approximately 5 cycles of 30:2)
- When the AED re-analyzes (which is every 2 minutes)
- If the compressor becomes fatigued

Stop CPR - You may stop CPR

- If the victim is obviously deceased. (in this case, do not begin CPR)
- If the rescuer is too fatigued to continue
- Obvious signs of life - Victim "wakes up"
- Advanced help arrives and takes over

You can use "hands only" CPR on an adult. Giving breaths to children and infants is critical.

(The steps below are called the "Secondary Survey")
Do Both, however, start with the appropriate Survey

•For Illness (Start Here):
(SAMPLE History)

•S - Signs & Symptoms
•A - Allergies
•M - Medications
•P - Past Medical History
•L - Last Oral Intake
•E - Events Leading up to Issue

•For Injury (Start Here):
(Check for DOTS)

•D - Deformities
•O - Open Wounds
•T - Tenderness
•S - Swelling

As you proceed with either of the above, assess the skin:
(Color / Temperature / Condition)
Pale, gray, cold, clammy skin may indicate SHOCK!