

Choking - Always gain consent (unless already under your care)
Always let the person know what you are going to do.

Child and Adult.... *Mild choking* such as wheezing between coughs, you should encourage them to cough and stand by in case it becomes a full blockage.

Full blockage such as silent cough or a whistling noise when breathing, do abdominal thrusts (Heimlich maneuver). If you can't get your hands around the person's waist, do chest thrusts. Note foot position of the rescuer.

If the adult or child becomes unresponsive...alert for help and ask someone to get an AED, begin CPR.

Only change in CPR is to look in the persons mouth for an object (if possible, remove the object) before giving breaths.

Infant.... Alternate back blows and chest thrusts. Support the infant's head. Head lower than body to allow gravity to help. Continue until object comes out or infant becomes unresponsive, in which case, begin CPR. Only change in CPR is to look in the infants mouth for an object (remove if possible) before giving breaths.

Splinting Notes:

Before Splinting check injury for CSM

- Circulation** - Pulse distal to injury / Skin Color / Capillary Refill
- Sensation** - Can they feel when you touch distal to injury
- Motion** - Can they wiggle fingers or toes past injury
(If no CSM- request immediate help from more advanced providers)

Splint should be:

- Padded
- Rigid
- Adjustable
- Immobilize joints (or bones) above and below injury
- Splint in a position of comfort

After splinting re-check CSM

CPR & AED

GENERAL INFORMATION

STANDARD & BLS

Scene Safety - Do not make yourself an additional victim!

Tap & Shout - (shoulders for adult & child / foot for infant)
If Unresponsive

Alert - General call for help (if no one around) / Assign someone to get AED and someone to call 911 and put the phone on speaker.
(Diffusion of Responsibility)

Breathing / Pulse - Check for: *at least 5 to no more than 10 seconds.*
If no "Normal" breathing/pulse (or if unsure)..... start CPR
Pulse check at: Carotid (adult/child) / Brachial (infants)

CPR - Victim on a Firm Flat Surface, on their back. Bare Chest.
Use CAB sequence:

C - Compressions (count out loud) - Adult (two hands) / Child (one or two hands) / Infant (two fingers or two thumbs encircling)
RESCUER: Body position - shoulders over hands.

A - Airway (head tilt, chin lift to open airway, pinch nose shut) /
Jaw Thrust if spine or neck injury is suspected.
(for infants, tip head only to neutral or "sniffing" position).

B - Breaths (Re-Tip head if breaths do not go in). Two breaths, each over 1 second looking for visible chest rise. Once the chest rises, stop your ventilation.
(Visible chest rise is the best indication of proper ventilation).
(Too much breath = gastric inflation)

Note: Agonal Gasps / Agonal Breaths - are not "normal" breathing!
It is a natural reflex when the body is not getting enough oxygen.
This person needs CPR!

Rate - 100 to 120 compressions per minute *ALL* (adult / child / infant)
(Bee Gees Stayin' Alive) (CPR metronome app)

Ratio - 30 Compressions to 2 Breaths (30:2) - *ALL* (single rescuer)

15 Compressions to 2 Breaths (15:2) - Child / Infant (2 rescuers)

Minimize compression interruptions to no more than 10 seconds

Depth - Adult (at least 2 inches) / Child (2 inches) / Infant (1.5 inches)

Recoil - Allow full recoil between compressions to let the heart refill

completely. Hands off the chest, just enough to slide a credit card under is the rule of thumb.

Note: For child or infant: Witnessed - You may briefly leave to alert help.
Un-Witnessed - Give 2 minutes of CPR (including breaths) before leaving to alert help.

Switch Compressors - If another CPR trained person becomes available.

- Every 5 cycles (each 5 cycles of 30:2)
- 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

AHA Age definitions

- Infant - Up to 1 year
- Child - 1 Year to puberty (8 years old)
- Adult - Puberty (8 years old) and above

No "Hands only" CPR for Children or Infants! They need Oxygen!

Opioid Overdose:

No breathing/No pulse.....Do not delay CPR for Naloxone!
No breathing/with pulse.....Do not delay rescue breaths for Naloxone!

AED - When the AED arrives, pause CPR, turn it on, follow the

prompts. (Bare Chest). Clear the patient during analyzing and during shock - "no one touch the patient"

If shock advised, shock, then resume CPR immediately

(don't wait on AED to tell you).

- Use child or infant key & pads (if available), for children and infants.
- You can use adult pads on children or infants if no appropriate pads are available.
- Do not use infant or child pads on an adult.

- Keep the AED next to the AED operator (do not reach across victim)
- Do not use in water

• Dry Chest if wet

• Hairy Chest? Quickly shave chest or remove hair with AED pads if an extra set is available.

- Avoid implanted devices, (may have to put one pad on chest and one on the back).

- Remove any Medicine Patches (use a gloved hand).
- Avoid undergarments with metal

• In some cases (infant, small child), one pad on chest, one on back.

The Purpose of an AED: To eliminate an abnormal heart rhythm

and restore a normal rhythm.

It stops the heart briefly, in the hope the heart will start back up with a normal rhythm.

Rescue Breaths: For a victim that is not breathing but has a pulse, or when an advanced airway is in place:

Adult: One breath every 6 seconds

Child/Infant: One breath every 2-3 seconds

Note: Survival rate for out of hospital / in hospital. You may hear

crepitus or ribs breaking.

Note: It is recommended that you refresh your knowledge more often than every 2 years. Re-read the book and practice CPR

(even of only mentally) when possible.