THE STUDY VAULT

Clinical Chaos

CPR

SKILL SNAPSHOT

Purpose

Maintain circulation and oxygen delivery during cardiac arrest until return of spontaneous circulation or advanced care.

When to use

Patient is unresponsive, not breathing normally or only gasping, and has no definite pulse within 10 seconds.

Supplies needed

Firm surface/backboard; AED/defibrillator; BVM and oxygen; airway supplies; PPE.

PREP + PATIENT SETUP

- Ensure scene safety; use PPE.
- Check responsiveness and breathing; activate emergency response.
- Check pulse and breathing together for no more than 10 seconds.
- Position supine on a firm surface; expose chest.

VAULT TIP

High-quality CPR means fast, deep compressions with full recoil, minimal pauses, and no excessive ventilation.

STEP-BY-STEP

- Begin compressions immediately if no definite pulse: center of chest on lower half of sternum.
- Adult rate 100-120/min; depth at least 2 inches (5 cm) but not more than 2.4 inches (6 cm).
- Child depth about 2 inches (5 cm); infant about 1.5 inches (4 cm), or one-third chest depth.
- Allow complete recoil; minimize interruptions to less than 10 seconds; switch compressors about every 2 minutes.
- Without advanced airway: adult 30:2; child/infant 30:2 with one rescuer or 15:2 with two rescuers.
- Open airway and give each breath over 1 second with visible chest rise; avoid excessive ventilation.
- Attach AED/defibrillator as soon as available; clear patient during analysis and shock.
- Resume compressions immediately after shock or no-shock message for 2 minutes before rhythm/pulse check.
- With advanced airway: continuous compressions and 1 breath every 6 seconds.
- Continue high-quality CPR until ROSC, transfer of care, valid termination order, or rescuer inability.

SAFETY REMINDERS

- Confirm no one is touching patient during shock.
- Do not delay compressions for equipment or prolonged pulse checks.
- Avoid leaning, shallow depth, and excessive ventilation.
- Follow current BLS/ACLS algorithm and facility policy.

COMMON MISTAKES

- Slow rate or inadequate depth.
- Long pauses before/after shock.
- Incomplete chest recoil.
- Checking pulse longer than 10 seconds.

DOCUMENTATION

- Time arrest recognized and CPR started.
- Initial rhythm, pulse status, and code activation.
- Compression/ventilation details, shocks, medications, and airway.
- ROSC time, patient response, disposition, and team members.