THE STUDY VAULT

Clinical Chaos

BLS

SKILL SNAPSHOT

Purpose
- Provides immediate recognition, high-quality CPR, ventilation, and early defibrillation for cardiac arrest.

When to use
- Unresponsive person with absent/abnormal breathing and no definite pulse, or respiratory arrest with a pulse.

Supplies needed
- AED; barrier/BVM with oxygen; PPE; naloxone when opioid overdose suspected and protocol supports it.

PREP + PATIENT SETUP
- Ensure scene safety and use PPE.
- Check responsiveness; shout for help.
- Activate emergency response and send for AED.

VAULT TIP
- If uncertain about a pulse after 10 seconds, start compressions.

STEP-BY-STEP
1. Check breathing and pulse simultaneously for no more than 10 seconds. Gasping is not normal breathing.
2. If no definite pulse, begin CPR with 30 compressions followed by 2 breaths for a single adult rescuer.
3. Compress center of chest at 100-120/min, at least 2 inches deep, allowing full recoil and minimizing interruptions.
4. Open airway and give each breath over about 1 second to visible chest rise; avoid excessive ventilation.
5. Use two-person BVM when available: one maintains two-handed seal/jaw lift and one squeezes bag.
6. Apply AED as soon as available while CPR continues; follow prompts and clear patient for analysis/shock.
7. Resume compressions immediately after shock or no-shock decision; switch compressor about every 2 minutes.
8. With advanced airway, provide continuous compressions and breaths at the current guideline interval without pausing compressions.
9. If pulse is present but breathing is absent/inadequate, give rescue breaths at the age-appropriate rate and recheck pulse about every 2 minutes.
10. For suspected opioid emergency, give naloxone per protocol without delaying CPR/ventilation.
11. Continue until ROSC, advanced providers take over, rescuer is unable, or scene becomes unsafe.
12. After ROSC, support airway/breathing, place recovery position if appropriate, monitor, and prevent deterioration.

SAFETY REMINDERS
- Pulse/breathing check no longer than 10 seconds.
- Gasping counts as abnormal breathing.
- Minimize all pauses.
- Do not hyperventilate.

COMMON MISTAKES
- Shallow/slow compressions.
- Leaning on chest.
- Long pulse checks.
- Delaying AED or compressions.

DOCUMENTATION
- Recognition/activation time.
- CPR start and quality.
- AED/shocks and airway support.
- Naloxone if used.
- ROSC and transfer/handoff.