CPR 2 YOU

*Guarenteed to pass your exam!

BLS Provider Guide

A quick and informative guide to Basic Life Support

Aligned American Heart Association. Training Site

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1 INTRODUCTION

WELCOME TO THE BLS PROVIDER GUIDE. THIS TOOL GUARENTEES YOU WILL OBTAIN A PASSING SCORE ON YOUR COGINITVE EXAM

CLICK FOR QUICK VIDEO

WHEN YOU SEE THIS LOGO CLICK FOR A SHORT DEMONSTRATION

DISCLAIMER

This guide is not intended to be an alternative to the content available in the AHA's BLS Provider manual. This guide is not affiliated with the AHA and is the intellectual property of CPR 2 YOU LLC. This guide's purpose is for success in cognitive exams only and shall not serve as medical advice or formal emergency training. In the event of an emergency, call emergency medical services and seek medical attention Immediately! Always work within your scope of practice!

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Why is CPR Important?

"Basic Life Support (BLS) is the foundation of all lifesaving measures in the event of a sudden cardiac arrest."

Sudden Cardiac Arrest (SCA)

- **A victim becomes unresponsive with a loss of heart & breathing function.**
- **Over 350,000 people per year experience SCA just outside of the hospital alone!**
- **Early Intervention can triple the chances of survival in a victim!**

High Quality CPR/BLS can circulate oxygen to vital organs. This increases the chances of survival and achieving ROSC (Return Of Spontaneous Circulation).

ROSC occurs when there is resumption of a life sustaining heart rhythm that provides a pulse. (A Victim's heart begins beating on its own again!)

TIME IS DEATH

After approximately 4 minutes of no blood flow, the brain begins to die

After 10 minutes of no blood flow, severe damage has occurred and a vegetive state is likely

On average, it takes 7-10 minutes for an ambulance to arrive to the scene

If CPR/BLS is not started before EMS arrives, chances of survival are less than 10%

A SYSTEMIC APPROACH

BLS IS MOST EFFECTIVE WHEN USED IN A SYSTEM

1 VERIFY SCENE SAFTEY

- Take time to assess the environment for anything that poses a threat to you or the victim.
- If the scene is not safe do not approach. If possible to do so safely, remove the victim from any immediate or impending danger

2 CHECK RESPONSIVENESS

- Shake & Shout! Try to get a response.
- Call out for help
- Tell someone to activate the emergency response system & get an AED/Crash Cart

3 ASSESS FOR BREATHING & PULSE

- No longer than 10 seconds
- Check for breathing and a pulse at the same time
- Look for the carotid pulse.
  - locate the trachea and slide 2 fingers into groove of left or right side of neck.
    DO NOT USE your Thumb!

3 SCENARIOS

UNRESPONSIVE NORMAL BREATHING PULSE PRESENT	UNRESPONSIVE ABNORMAL BREATHING PULSE PRESENT	UNRESPONSIVE ABNORMAL BREATHING NO PULSE
		
MONITOR VICTIM AND WAIT FOR HELP	PROVIDE RESCUE BREATHS: 1 EVERY 6 SECONDS	START CPR IMMEDIATELY (CHEST COMPRESSIONS)

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COMPRESSIONS

HIGH QUALITY CHEST COMPRESSIONS ARE THE MOST IMPORTANT AND EFFECTIVE PART OF ANY CPR ATTEMPT.

- EACH COMPRESSION MIMICS THE FUNCTION OF THE HEART AND MOVES BLOOD THROUGH THE VEINS AND ARTERIES.

CHEST COMPRESSION FRACTION (CCF) IS THE PERCENTAGE OF TIME COMPRESSIONS ARE ACTUALLY BEING PERFORMED DURING A CPR ATTEMPT.

- A CCF MINIMUM OF 60% IS NEEDED TO INCREASE THE CHANCE OF ACHIEVING ROSC. THE HIGHER THE CCF. THE HIGHER THE CHANCES OF SURVIVAL ARE.

ADULT

POSITION

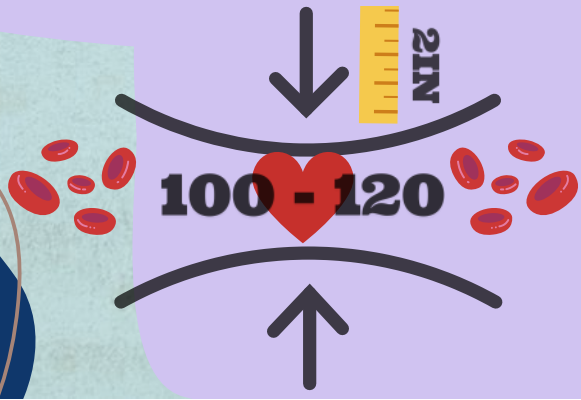
THE VICTIM. SHOULD BE FACE UP ON A FLAT FIRM SURFACE WITH THEIR CHEST EXPOSED. USE A BACKBOARD IF IN BED

PLACEMENT

1. PLACE YOUR HANDS ONE ON TOP OF THE OTHER, IN THE CENTER OF THE VICTIMS CHEST ON THE LOWER HALF OF THE BREAST BONE.
2. LOCK OUT YOUR ARMS AND POSITION YOUR SHOULDERS DIRECTLY OVER YOUR HANDS.

PERFORMANCE

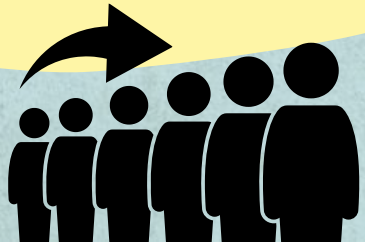
COMPRESSION RATE SHOULD BE BETWEEN 100-120 COMPRESSIONS PER MINUTE. EVERY 30 COMPRESSIONS GIVE 2 BREATHS. THIS IS 1 CYCLE OF CPR. COMPRESSION DEPTH SHOULD BE AT LEAST 2 INCHES AND NO MORE THAN 2.4 IN.



DO NOT LEAN ON THE VICTIMS CHEST. ALLOW FOR THE CHEST TO COMPLETELY RECOIL AFTER EACH COMPRESSION

SWITCH

ROTATE COMPRESSORS EVERY 2 MINUTES OR 5 CYCLES. AT THIS TIME CHECK FOR A PULSE. ROTATE EARLIER IF THE RESCUER IS FATIGUED OR PERFORMING POOR COMPRESSIONS.



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Airway & ventilation

WHEN PROVIDING BREATHS TO A VICTIM, A POCKET MASK OR BAG VALVE MASK AKA AMBU BAG ARE THE TOOLS YOU WILL COME ACROSS

Mask

- Provides an air tight seal to the victim's face

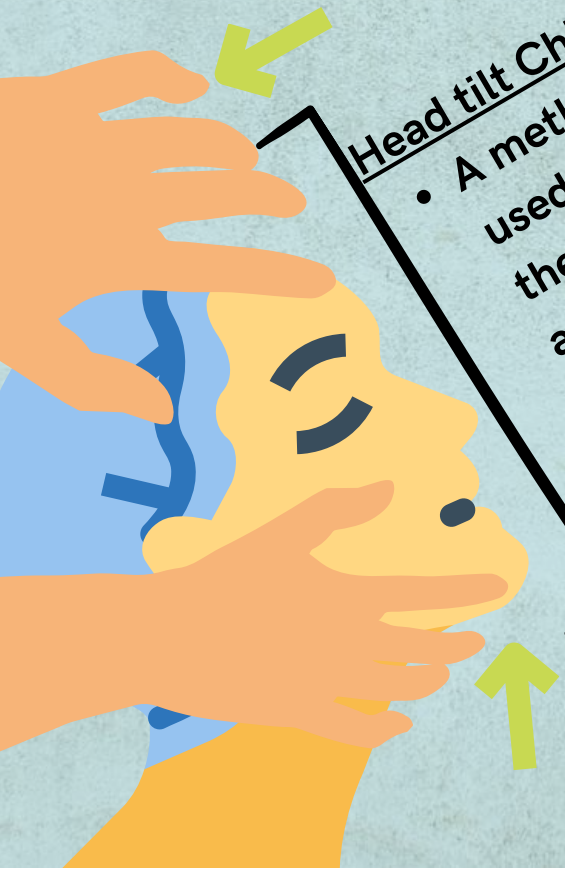
Bag

- squeezing the bag provides positive pressure to force air into the lungs

oxygen tubing

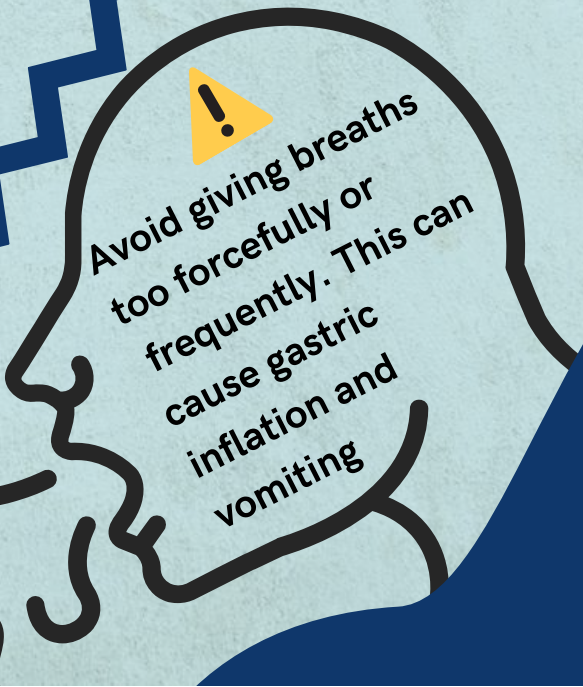
- Can be used with or without being connected to oxygen

- Deliver each breath over 1 second. (half bag squeeze) Just enough to see chest rise.
- Provide 1 breath every 6 seconds or use a compression to ventilation ratio of 30:2



Head tilt Chin Lift

- A method used to open the airway and and prevent the tongue from causing obstruction



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AED
(AUTOMATED EXTERNAL DEFIBRILLATOR)

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Only 2 shockable rhythms

Both are deadly and do not produce a pulse. Compressions should have been started and will remain ongoing throughout the resuscitation attempt!

PULSELESS VENTRICULAR TACHYCARDIA (PVT)

- THE HEART BEATS SOO FAST, IT DOESN'T HAVE ENOUGH TIME TO REFILL.

VENTRICULAR FIBRILLATION (VFIB)

- THE HEART PROVIDES A WEAK QUIVER INSTEAD OF A QUICK STRONG BEAT.

An AED Identifies & restores abnormal Heart Rhythms

THE AED CAN ONLY RESET A RHYTHM, IT CAN NOT PRODUCE ONE. ASYSTOLE HAS NO RHYTHM, SO IT IS NOT SHOCKABLE!

4 UNIVERSAL STEPS

1

Turn the device on

The AED will begin guiding you on how to operate the device

2

Attach Pads to victim

The packaging of the Pads will show you exactly where to place them

3

Follow the prompts

Clear to analyze rhythm and determine if it is shockable

4

Clear, Charge & Shock.

After shocking Immediately resume compressions

AED Special considerations

- If the victim has a hairy chest, shave them prior to placing the pads or use the first set of pads to wax the victim and apply the extra set to the cleared area.
- An AED can be used on someone who is wet, but can not be used on someone submerged in water. If submerged, move the victim to a dry area, quickly wipe of their chest and apply the pads as normal
- AEDs can be used on victims with pacemakers by simply placing the pads about 1 inch away from the device
- If the victim has a medicinal patch on, remove the patch and wipe off any of the remaining medication prior to applying pads

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INFANT & CHILD CPR

IF 2 RESCUEERS ARE PRESENT, THE COMPRESSION TO VENTILATION RATIO CHANGES TO 15:2. IF ONLY ONE RESCUER IS PRESENT, THE RATIO REMAINS 30:2.

> *"THE FUNDAMENTALS OF CPR REMAINS THE SAME FOR ALL INDIVIDUALS, BUT THERE ARE SOME KEY DIFFERNCES BETWEEN CHILD AND INFANT CPR WHEN COMPARED TO ADULT"*

Infant

AGE: <1YEARS OLD

COMPRESSION DEPTH: ABOUT 1.5IN

ASSESS PULSE: BRACHIAL (NECK IS TOO FAT)

CLICK FOR QUICK VIDEO

Both

PLACE AED PADS IN THE CENTER OF THE VICTIMS CHEST AND THE CENTER OF THEIR BACK

Child

AGE: 1-8 YEARS OLD

COMPRESSION DEPTH: ABOUT 2IN

ASSESS PULSE: CAROTID OR FEMORAL

CLICK FOR QUICK VIDEO

2-FINGER TECHNIQUE:

1. PLACE INFANT ON FIRM, FLAT SURFACE
2. PLACE 2 FINGERS IN THE CENTER OF THE CHEST ON THE LOWER HALF OF THE BREAST BONE
3. PROVIDE COMPRESSIONS

OR

Infant compressions

2 THUMB-ENCIRCLING HANDS TECHNIQUE (PREFERRED TECHNIQUE)

1. -PLACE INFANT ON FIRM, FLAT SURFACE
2. -PLACE BOTH THUMBS SIDE BY SIDE IN THE CENTER OF THE INFANT'S CHEST ON THE LOWER HALF OF THE BREAST BONE.
3. GRIP THE INFANT AND PROVIDE COMPRESSIONS

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Relief of Choking

Choking is when a foreign object obstructs the airway. This compromises your ability to breathe.

★ **Severity of compromise determines the type of choking and if intervention is necessary**

severe

- clutching of throat. "Universal sign"
- Unable to speak or cry
- cyanosis, (Turning Blue)

★ Assist victim

ACT

MONITOR

Mild

- Good airway exchange
- Can cough forcefully
- Wheeze in-between couch

★ Allow them to clear their airway themselves

Repeat choking relief methods until the object is removed from the victim's airway or the victim goes unconscious.

If a victim becomes unconscious, start CPR Immediately. The only modification is, before administering a breath, check their airway for the foreign object.

Never Blind finger sweep! If you do not see the object, do not reach to remove it! You can further obstruct the airway!

TECHNIQUES

Infant Back Slaps Chest thrust

1. Hold the infant facedown at a downward angle
2. Use the heel of your hand to give 5 forceful back slaps
3. Turn the infant over and using your 2 finger's, give 5 forceful chest thrust into the middle of their chest.

Abdominal Thrust

1. Get behind the victim and wrap your arms around them
2. Make a fist with you thumb facing their body, placed right above their navel
3. Place your other hand on top and forcefully Thrust inward and upward

TEAM DYNAMICS

2

The second rescuer calls for help and Gets an AED

The more Rescuers you have, the more task that can be completed. It also gives you an opportunity to assign roles based on strengths & switch roles to prevent fatigue.

1

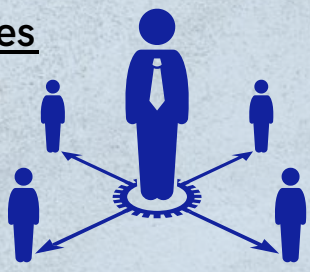
The first rescuer starts compressions and Counts aloud for the team to hear. Be Sure to swap compressors every 2minutes!

3

The third rescuer manages the Airway and breathing.

Clear Roles & Responsibilities

- Members of the team know their positions, functions and task!



Constructive intervention

- If you ever experience a situation when a team member is performing an inappropriate or incorrect action, Intervene in a constructive way
- Speak up and always voice concerns if you see something being done incorrectly

Knowing your limitations

- Work within your boundaries or scope of practice
- Ask for help if you are unsure of anything!

CONCLUSION

Thank you for reading! You are prepared to pass the cognitive exam! Be sure to access this guide during your exam to guarantee your success! Remember to reference this guide and practice your skills frequently to stay sharp!

BE ON THE LOOKOUT SOME OF OUR OTHER PRODUCTS COMING SOON!