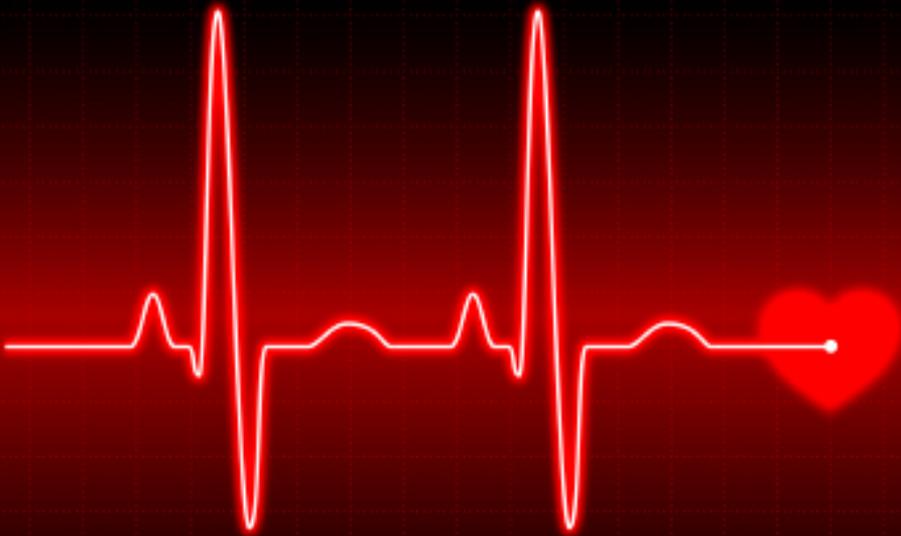




CPR SOCIETY

BASIC LIFE SUPPORT (BLS) FOR HEALTHCARE PROVIDERS



TRAINING MANUAL

Follows the latest American Heart Association® Guidelines

This **CPR Society®** training program follows and is consistent with the most current **2010 American Heart Association®** scientific guidelines and treatment recommendations from the **International Liaison Committee on Resuscitation (ILCOR)** and **Emergency Cardiac Care (ECC)**.

The course meets or exceeds national standards and federal regulation guidelines for providing pre-hospital first aid and emergency care.

For more information, visit www.CPRSociety.org.



Daniel Kipnis

Our Healthcare Provider Basic Life Support (BLS) training curriculum was specifically developed with **YOU** in mind!

This program includes **colorful pictures, engaging videos, and straight-to-the point instructions** to give you the knowledge and skills necessary to respond to a variety of emergencies with confidence.

Congratulations on taking the first step to become a true lifesaver!

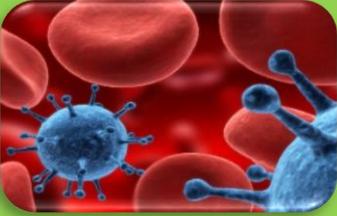
To Great Health,

Daniel Kipnis, NREMT
Founder & CEO

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CONCERNS OF PROVIDING EMERGENCY CARE



Catching a Disease

Solution



Personal Protective Equipment

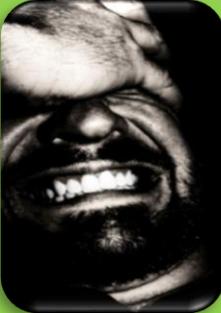


Lawsuits

Solution

Good Samaritan Laws:

State laws protect first responders from liability and legal issues as long as they act in good faith.



Hurting Victim

Solution

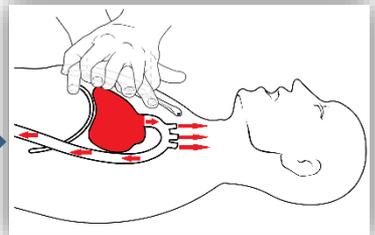


Victims needing CPR are considered clinically "dead." Performing chest compressions will only **save** their lives!



Making a Mistake

Solution



Emphasis is on pushing "hard" and "fast" for CPR.

EMERGENCY ACTION STEPS & SCENE ASSESSMENT

Emergency Action Steps:

1 Check Scene for Safety

2 Approach & Check Victim

3 Call 911

4 Provide Proper Care

5 Wait Until Help Arrives



Always check the **scene** for **safety** before approaching!

Remember

*"Look Up,
Look Down,
Look All Around!"*



Fire



Odors

Dangers



Accidents



Blood

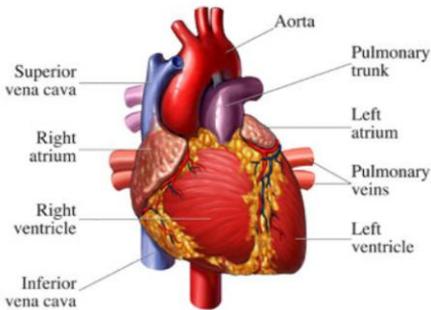


Electrical

Glove Removal:



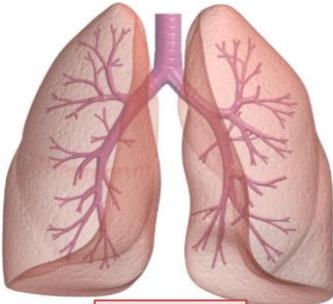
ANATOMY & PHYSIOLOGY FUNDAMENTALS



Heart

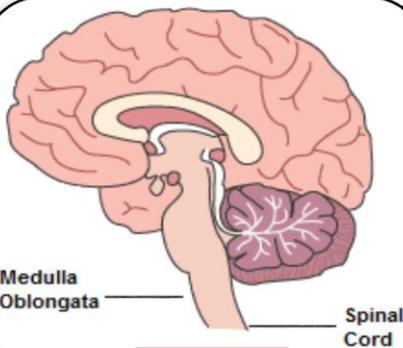
The **heart** consists of two upper chambers (**atria**) and two lower chambers (**ventricles**).

Its function is to pump blood (containing **oxygen**) to the rest of the body.



Lungs

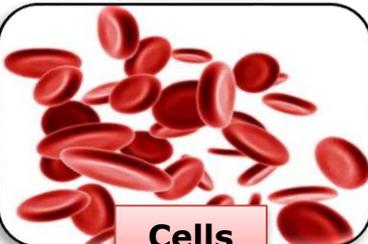
The **lungs** function by transporting **oxygen** (O_2) from the atmosphere into the bloodstream, and releasing **carbon dioxide** (CO_2) from the bloodstream back into the atmosphere as a waste product.



Brain

The **brain** is the control center of the body and regulates senses such as vision, hearing, balance, taste and smell. It requires a constant supply of **oxygen** to carry out all of its functions.

The **medulla oblongata** controls breathing, heart rate, swallowing, vomiting, blood pressure and coughing.



Cells

Cells require oxygen to carry out their daily activities.

Red blood cells (RBCs) are rich in **hemoglobin**, which binds to and transports oxygen throughout the body.

CARDIOVASCULAR DISEASE

Cardiovascular (heart) disease is the **number one** killer in the United States. Almost 800,000 people die each year from heart disease and over an estimated 80 million people suffer from other cardiac problems.



Heart Disease Prevention:

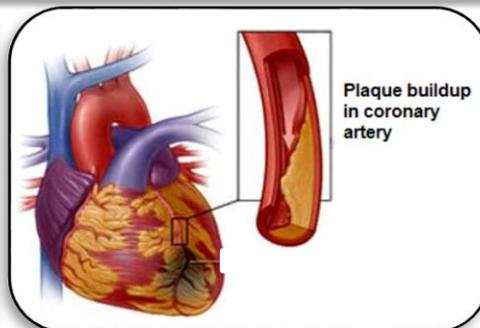
Healthy diet (more fruits & vegetables), consistent physical activity, weight management, stress management, maintaining proper blood pressure, not smoking or drinking alcohol excessively, etc.



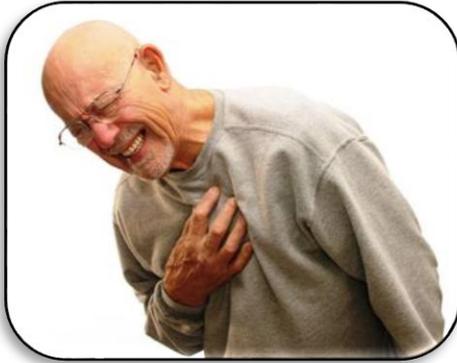
HEART ATTACK OVERVIEW

A **heart attack** is caused when blood flow is restricted from entering a part of the heart muscle.

If oxygen-rich blood becomes blocked for too long, the heart tissue begins to die.



HEART ATTACK RECOGNITION & TREATMENT



Signs & Symptoms:

- ♥ Chest tightness & discomfort
- ♥ Severe pressure, squeezing
- ♥ Aching pain or heaviness
- ♥ Numbness or tingling in the arms
- ♥ Shoulder, jaw, neck, or back pain
- ♥ Nausea, sweating, dizziness
- ♥ Shortness of breath

Treatment:

Recognize Heart Attack Signs & Symptoms

Call 911

Keep Victim Comfortable

Give 1 adult aspirin (325 mg) or two low dose chewable aspirins (81 mg) if available

Monitor condition and prepare to perform CPR if victim collapses

Note: When providing aspirin medication to a victim, be sure he or she is **not allergic** to aspirin, does not have a **stomach ulcer** or **stomach disease**, and is not taking any **blood thinners** such as **Warfarin (Coumadin™)**.

CARDIAC ARREST

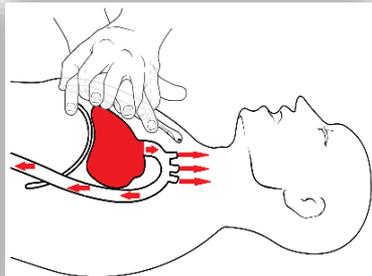
Cardiac arrest occurs when the heart **stops** beating and circulating blood completely. In adults, it is primarily due to heart disease while in infants and children it may occur due to breathing and other underlying problems. Additional causes of cardiac arrest include **drowning, untreated choking, electrocution, and drug abuse.**

Sudden cardiac arrest (SCA) is a deadly condition in which the heart stops beating unexpectedly.

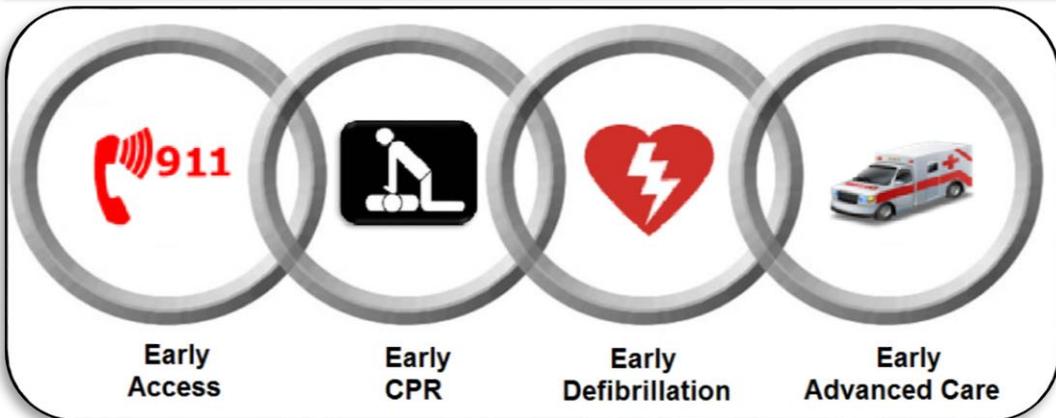
It can happen to **any** person, in **any** place, and at **any** time!

Purpose of CPR (Cardiopulmonary Resuscitation)

CPR helps restore partial flow of oxygenated blood to the **brain** and **heart**, thus delaying tissue death in the brain.

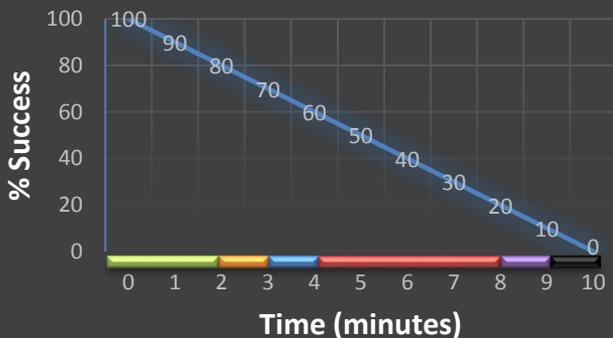


CARDIAC ARREST CHAIN OF SURVIVAL



The **Cardiac Chain of Survival** illustrates the immediate actions that must be taken for a person to have a chance of surviving cardiac arrest. The chain begins with **recognizing** and **calling 911** as soon as a person goes down, followed by immediately starting **CPR** and using an **AED** to **defibrillate**. Finally, **early advanced medical care** by healthcare professionals is necessary to treat the victim.

Resuscitation Success vs. Time



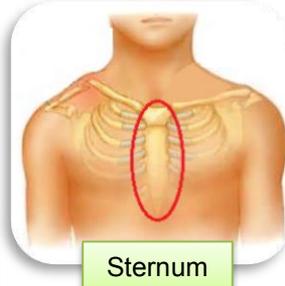
- Recognition/Decision
- 911 Call
- Dispatch to Unit
- Unit Travel Time
- Time to Victim
- Time of CPR & AED

Every minute that **CPR** and **defibrillation** are delayed, the victim's chance of survival is **reduced** by almost **10%**!

Brain cells begin to die within **4-6 minutes** of not receiving **oxygen**.

Hand Placement for Chest Compressions

Chest compressions are performed on the **sternum** (breastbone) between the two nipples.



Place the **heel** of your dominant hand on the lower part of the **sternum** and your other hand on top of it, locking your fingers.

The rate is **100 compressions/minute**

ADULT CPR (HEALTHCARE PROVIDER BLS)



Check the **scene** for **safety** and apply **personal protective equipment**.

Remember:

“**Look up, Look down, Look all around.**”



Approach the patient and check for **responsiveness**.

Tap and shout, “Are you okay?”



Quickly scan the patient's chest for **breathing**.

Agonal gasps are short and quick breaths of air. Do not confuse this with normal breathing!



If the patient does not appear to be breathing or breathing normally, tell someone to go get help or leave the victim to **call 911** and bring the **AED**.



Check the patient's **carotid pulse** for no more than **10 seconds**.

Place two fingers between the trachea and the muscles on the side of the neck to feel for the carotid pulse.



If no pulse is present, immediately begin CPR with cycles of **30 compressions** at a rate of *100 compressions/min* at least 2 inches deep.

Then open the airway using the **head-tilt/chin-lift technique** and give **2 breaths**. Repeat cycles: **30 compressions: 2 breaths**

CHILD CPR (HEALTHCARE PROVIDER BLS)



Check the **scene** for **safety** and apply **personal protective equipment**.

Remember:

“Look up, Look down, Look all around.”



Approach the child and check for **responsiveness**.

Tap and shout, “Are you okay?”



Quickly scan the child’s chest for **breathing**.
Agonal gasps are not normal breathing!

If the child does not appear to be breathing or breathing normally, shout for **additional help** and have someone get an **AED**.



Check the child’s **carotid pulse** for no more than **10 seconds**.

Place two fingers between the trachea and the muscles on the side of the neck to feel for a carotid pulse.



If **no pulse** is present, or if the child’s heart rate is **<60 beats/min** with signs of poor perfusion, begin CPR with cycles of **30 compressions: 2 breaths** using 1 or 2 hands *about 2 inches deep*.

Repeat cycles: **30 compressions: 2 breaths**

Note: If you are **alone** with **no** additional help available and the child was **found** unresponsive and not breathing, perform **5 cycles** of CPR (30 compressions: 2 breaths) **before** calling for help and getting an **AED**.

INFANT CPR (HEALTHCARE PROVIDER BLS)



Check the scene for **safety** and apply **personal protective equipment**.

Remember:
“**Look up, Look down, Look all around.**”



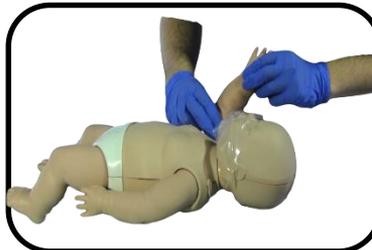
Approach the infant and check for **responsiveness**.

Tap shoulders or **flick feet** and **shout**, “Are you okay?”



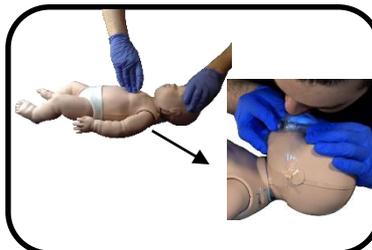
Quickly scan the chest for **breathing**.
Agonal gasps are **not** normal breathing!

If the infant does not appear to be breathing or breathing normally, shout for **additional help** and have someone bring an **AED**.



Check the infant's **brachial pulse** for no more than **10 seconds**.

Place the index and middle fingers on the infant's upper arm to check for a brachial pulse.



If no pulse is present, or if the infant's heart rate is **<60 beats/min** with signs of poor perfusion, begin CPR with cycles of **30 compressions: 2 breaths** using 2 fingers *about 1½ inches deep*.

Repeat cycles: **30 compressions: 2 breaths**

Note: If you are **alone** with **no** additional help available and the infant was **found** unresponsive and not breathing, perform **5 cycles** of CPR (30 compressions: 2 breaths) **before** calling for help and getting an **AED**.

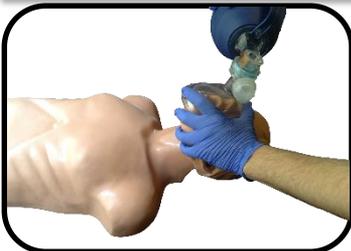
BAG-VALVE MASK (BVM) VENTILATION

A **bag-valve mask** (or **BVM**) delivers high-quality ventilations and oxygen to a patient. If it is available, it should be used in place of mouth-to-mouth or mask-to-mouth breathing with *at least 2-rescuer CPR*.



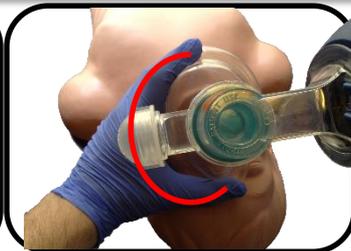
If an **oxygen tank** is present, the BVM should be attached to it and set to **12-15 L/min** (high-flow oxygen).

If **no oxygen** is present, the residual bag reservoir should be removed from the BVM and room air should be used instead to ventilate.

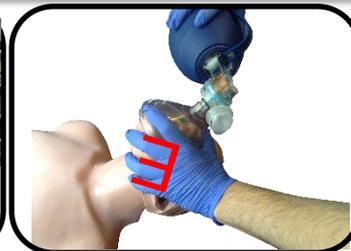


Use the "**C-E**" clamp technique to tightly secure the bag valve mask in place.

Tilt the head up and place the mask on the face with the narrow portion at the bridge of the patient's nose.



To make the "**C**," clamp the **thumb** and **index finger** to the side of the mask.



To make the "**E**," use the remaining three fingers to lift the angles of the jaw and press the face tightly to the mask.



Use a **pediatric BVM** for infants (if available).

CPR with Advanced Airway:

(Endotracheal tube, Combitube, or laryngeal mask airway)

Adult

- *Advanced airway: 1 breath every 6-8 secs*
- *Continous chest compressions 100/min*

Child

- *Advanced airway: 1 breath every 6-8 secs*
- *Continous chest compressions 100/min*

Infant

- *Advanced airway: 1 breath every 6-8 secs*
- *Continous chest compressions 100/min*

Neonate

- *Advanced airway: 1 breath every 3 secs*
- *Continous chest compressions 120/min*

AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

An **automated external defibrillator** (or **AED**) is used to shock the heart back into its normal rhythm. Typically, CPR alone will not revive a victim. A shock is necessary *in addition* to high-quality CPR in order to give someone a chance of survival.

An AED is designed to detect two life-threatening heart rhythms (**ventricular fibrillation** or **ventricular tachycardia**). If either one of these two rhythms is present, the AED will advise to shock the heart.

If an **AED** is **available**, it should be used **immediately** when a person collapses and goes into cardiac arrest.

One rescuer should perform high-quality **chest compressions** (ratio **30:2**) while another rescuer brings and sets up the **AED** machine on the victim.



Every **minute** that **defibrillation** is **delayed**, the victim's chance of survival is reduced by **10%**! **Early defibrillation** increases survival rates to greater than **50%**.

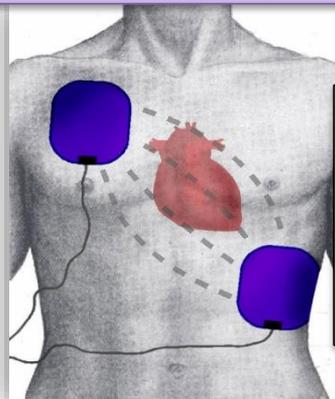
AEDs are found everywhere:

- airports & on planes
- libraries, movie theaters
- gyms, recreation centers
- hotels, schools and more!

AED PRECAUTIONS

- Remove the patient from any **wet** areas such as puddles or standing water before applying the AED. If the victim is sweating or is wet, **wipe** the chest **dry** with a piece of clothing or paper towel.
- Try to remove the patient from **metal** surfaces if possible.
- Remove any **medication patches** on the patient's chest with gloves.
- Do not take off any pieces of jewelry or body piercings unless they are obstructing the chest area from firmly attaching the pads.

- 1 Turn on the AED
- 2 Bare & Wipe the Chest
- 3 Apply Pads & Plug in Connector
- 4 Stand Clear & Push Shock Button
- 5 Resume Chest Compressions



Pad Placement

Upper Right

Lower Left

ADULT & CHILD AED (>8 years old or >55 lbs)



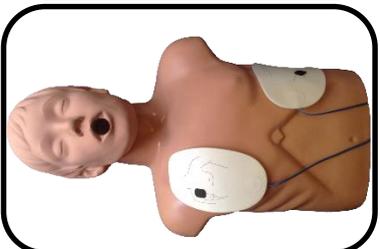
Turn the AED on.

Be sure the scene is safe and the victim is not surrounded in a wet environment, metal surface, or flammable gas.



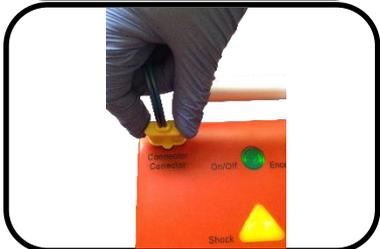
Bare the chest and dry it off.

Use scissors to cut the shirt or take it off quickly. Wipe the chest with a towel or piece of clothing.



Attach pads.

Follow the images on the pads and place one on the victim's **upper right** chest and the other one on the **lower left**. Press pads firmly so that they stick.



Plug in the connector and stand clear.

Be sure no one is touching the victim while the AED analyzes the heart rhythm.



Push the shock button.

If a shock is advised, raise your hands up and shout, "**Everyone Stand Clear!**"

Make sure no one is touching the victim and then push the **shock** button.



Continue CPR.

After a shock is delivered or no shock is advised, immediately resume CPR cycles of **30 compressions: 2 breaths**.

The AED will re-analyze every 2 minutes.

CHILD & INFANT AED (<8 years old or <55 lbs)



Turn the AED on.

Be sure the scene is safe and the victim is not surrounded in a wet environment, metal surface, or flammable gas.



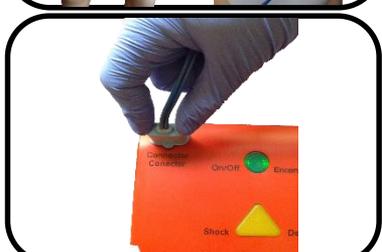
Bare the chest and dry it off.

Use scissors to cut the shirt or take it off quickly. Wipe the chest with a towel or piece of clothing.



Attach infant/pediatric pads if available.

For an **infant**, place one pediatric pad in the **front** of the chest and the other pad in the **back**. For a **smaller child**, place one pediatric pad in the **upper right** and the other pad in the **lower left** as long as they do not touch each other.



Plug in the connector and stand clear.

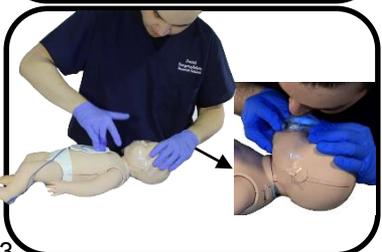
Be sure no one is touching the child or infant while the AED analyzes the heart rhythm.



Push the shock button.

If a shock is advised, raise your hands up and shout, "Everyone Stand Clear!"

Make sure no one is touching the victim and then push the **shock** button.



Continue CPR.

After a shock is delivered or no shock is advised, immediately resume CPR cycles of **30 compressions: 2 breaths**.

The AED will re-analyze every 2 minutes.

2-RESCUER ADULT CPR SEQUENCE

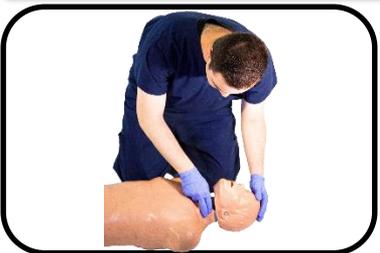


- Check the **scene** for **safety** and apply **personal protective equipment**.
- Approach the patient and check for **responsiveness**. Shout, “Are you okay?”
- Quickly scan the patient’s chest for **breathing** (no more than 10 seconds).

If the patient is **unresponsive** and **not breathing normally**:

Rescuer 1: stays with patient and checks for a **pulse**.

Rescuer 2: goes to activate **emergency response system** and get **AED**.



Rescuer 1: check **carotid pulse**.

If pulse is **not present**:

- Remove clothing from patient’s chest
- Begin CPR with **30 chest compressions** followed by **2 breaths**.



Rescuer 2: apply the AED.

Turn on the AED and apply the pads as soon as possible.

If shock is advised, shout, “**Everyone Stand Clear!**” and then push the **shock button**.



Immediately resume CPR.

Rescuers should switch roles about every 2 minutes of CPR. The second rescuer should utilize the **Bag Valve Mask (BVM)** for ventilations if it is available.

If an AED is not available in time of the emergency, **Rescuer 1** should give **30** high quality **chest compressions** while **Rescuer 2** provides **2 ventilations** (ratio **30:2**) using the bag-valve mask, if available.

If a **third rescuer** is present (*team approach*):

- **Rescuer 1** provides high quality **compressions**.
- **Rescuer 2** provides **ventilations** at a ratio of **30:2**.
- **Rescuer 3** operates the **AED** or may assist with securing the **BVM**.



2-RESCUER CHILD CPR SEQUENCE



- Check the **scene** for **safety** and apply **personal protective equipment**.
- Approach the child and check for **responsiveness**. Shout, “Are you okay?”
- Quickly scan the child’s chest for **breathing** (no more than 10 seconds).

If the child is **unresponsive** and **not breathing normally**:

Rescuer 1: stays with child and checks for a **pulse**.

Rescuer 2: goes to activate **emergency response system** and get **AED**.



Rescuer 1: check **carotid pulse**.

If pulse is **not present**:

- Remove clothing from child’s chest
- Begin CPR with **30 chest compressions** followed by **2 breaths**.



Rescuer 2: apply the AED.

Turn on the AED and apply the pads as soon as possible.

If shock is advised, shout, “**Everyone Stand Clear!**” and then push the **shock** button.

Immediately resume CPR to ratio of 15:2.

When **Rescuer 2** arrives, the CPR cycle should switch to **15 compressions** to **2 ventilations**. Utilize the **BVM** for ventilations if it is available.

If an AED is not available in time of the emergency, **Rescuer 1** should give **15 high quality chest compressions** while **Rescuer 2** provides **2 ventilations** (ratio **15:2**) using the bag-valve mask, if available.

If a **third rescuer** is present (*team approach*):

- **Rescuer 1** provides high quality **chest compressions**.
- **Rescuer 2** provides **ventilations** at a ratio of **15:2**.
- **Rescuer 3** operates the **AED** or may assist with securing the **BVM**.

2-RESCUER INFANT CPR SEQUENCE

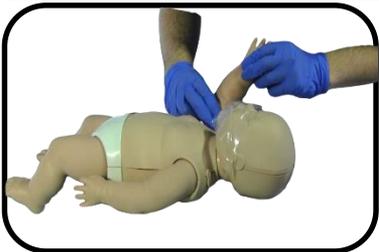


- Check the **scene** for **safety** and apply **personal protective equipment**.
- Approach the infant and check for **responsiveness**. Shout, “Are you okay?”
- Quickly scan the infant’s chest for **breathing** (no more than 10 seconds).

If the infant is **unresponsive** and **not breathing normally**:

Rescuer 1: stays with infant and checks for a **pulse**.

Rescuer 2: goes to activate **emergency response system** and get **AED**.



Rescuer 1: check **brachial pulse**.

If pulse is **not present**:

- Remove clothing from infant’s chest
- Begin CPR with **30 chest compressions** followed by **2 breaths**.



Rescuer 2: apply the AED.

Turn on the AED and apply the pads as soon as possible.

If shock is advised, shout, “**Everyone Stand Clear!**” and then push **shock** button.



Immediately resume CPR to ratio of 15:2.

When **Rescuer 2** arrives, the CPR cycle should switch to **15 compressions** to **2 ventilations** with the **BVM** if it is available.

*Use the **2 thumb-encircling hands technique** for infants with 2-rescuers.*

If an AED is not available in time of the emergency, **Rescuer 1** should give **15 high quality chest compressions** while **Rescuer 2** provides **2 ventilations** (ratio **15:2**) using the bag-valve mask, if available.

If a **third rescuer** is present (*team approach*):

- **Rescuer 1** provides high quality **chest compressions**.
- **Rescuer 2** provides **ventilations** at a ratio of **15:2**.
- **Rescuer 3** operates the **AED** or may assist with securing the **BVM**.

ADULT, CHILD & INFANT CPR SUMMARY



Adult

- Check **carotid** pulse.
- **Two hands** - *at least 2 inches* deep
- 1-rescuer: 30 compressions: 2 breaths
- 2-rescuers: 30 compressions: 2 breaths

Child

- Check **carotid** pulse.
- **1 or 2 hands** - *about 2 in.* deep
- 1-rescuer: 30 compressions: 2 breaths
- 2-rescuers: 15 compressions: 2 breaths

Infant

- Check **brachial** pulse.
- **2 fingers** - *about 1½ inches* deep
- 1-rescuer: 30 compressions: 2 breaths
- 2-rescuers: 15 compressions: 2 breaths

CPR should only be stopped if:

- The patient regains consciousness or starts breathing
- The scene becomes unsafe
- An AED becomes available
- Medical professionals arrive and take over
- You are too exhausted to continue compressions

ALTERNATIVE METHOD OF CPR (HANDS-ONLY)

If for any reason you do not feel comfortable giving mouth-to-mouth rescue breathing or there is no pocket mask, BVM or other breathing device available, resort to the **hands-only chest compressions** method:

Push **hard and fast** at a rate of **100 compressions/minute**.

♪ Push to the beat of the song **Stayin' Alive** by the Bee Gees ♪

RESCUE BREATHING

If upon assessment of a patient, a pulse is **present** but normally breathing is **not present**, provide rescue breaths as follows:

Adults should receive **1 breath** every **5 seconds** (12 breaths/min).
Children and infants should receive **1 breath** every **3 seconds** (20 breaths/min).



Check the **scene** for **safety** and apply **personal protective equipment**.

Remember:

“Look up, Look down, Look all around.”



Approach the patient and check for **responsiveness**.

Tap and shout, “Are you okay?”



Quickly scan the chest for **breathing**.
Agonal gasps are **not normal breathing!**

If the patient does not appear to be breathing or breathing normally, shout for additional **help** and proceed to check pulse.



Check the patient's **carotid pulse** (for adult and child) or **brachial pulse** (for infants) for no more than **10 seconds**.



If pulse is **present** but breathing is **absent**, assist patient with rescue breathing as follows:

- **Adults**: **1 breath** every **5 seconds**
 - **Children/Infants**: **1 breath** every **3 seconds**
- Check for breathing every 2 minutes.**

CHOKING EMERGENCIES

Choking emergencies occur when air cannot travel freely and easily into the lungs.

Normally, **air** goes through the **trachea (windpipe)** into the lungs. **Food** goes into the **esophagus** which is directly behind the trachea. When a person swallows, the **epiglottis** covers the trachea, enabling food to only enter the esophagus. If the epiglottis does not completely close, food can enter and obstruct the trachea, causing a person to **choke**.



Breathing and **heart circulation** are directly related. If breathing stops, the heart will soon stop too. One cannot work without the other!

Mild Choking

- Victim can **cough** and make **sounds**
- The airway is **partially** obstructed

Severe Choking

- Victim **cannot** speak or make any noises
- The airway is **fully** obstructed

ADULT CHOKING — CONSCIOUS



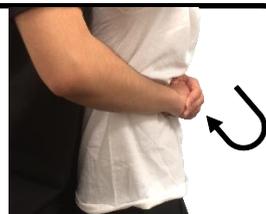
Approach victim and ask, “Are you choking?”

A choking person will usually have two hands over his or her throat. Acknowledge that you are trained and are going to help him or her.



Call 911 & Position Hands.

Immediately call **911** or have someone call for help. Then quickly get behind the victim and make a **fist** slightly above the belly button with the thumb pointing inward.



Give Abdominal Thrusts.

Using an upward “J”-motion, perform abdominal thrusts until the object comes out.

Push inwards and upwards.

CHILD CHOKING — CONSCIOUS



Approach child and ask, “Are you choking?”

If the child’s parents are present, be sure to ask for their consent before providing care.



Call 911 & Position Hands.

Immediately call **911** or have someone call for help. Then quickly get behind the child and make a **fist** right above the belly button with the thumb pointing inward. You may need to **kneel down** .



Give Abdominal Thrusts.

Using an upward “J”-motion, perform abdominal thrusts until the object comes out.

Push inwards and upwards.

INFANT CHOKING — CONSCIOUS



Check infant & call 911.

If an infant chokes on something, cannot breathe, cough, or cry, or is turning blue, immediately call 911.



Give 5 back blows.

Carefully turn the infant onto its belly and place it on your leg. Angle the head downwards and give 5 strong back blows.



Give 5 chest thrusts.

Carefully turn the infant onto your other leg while supporting its body and give 5 strong upward chest thrusts.

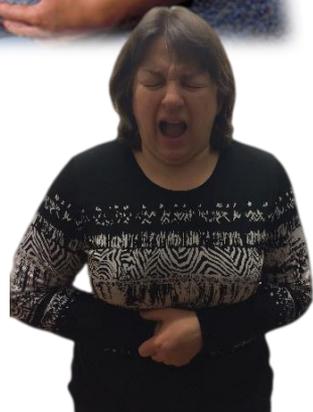
Continue repeating sets of **5 back blows** and **5 chest thrusts** until the object comes out or until help arrives and takes over.

CHOKING — SPECIAL CIRCUMSTANCES

In the event that you cannot completely reach around a person's body to perform abdominal thrusts (i.e. the person is too **large**, in a **wheel chair** or is **pregnant**), get behind the person and perform continuous **chest thrusts** in an **inward** and **upward** "J"-motion until the object comes out.



If you are **home alone** and are choking, perform **abdominal thrusts** to yourself until the object comes out or you can press your abdomen against a firm object such as a **chair** or **table**. This will require you to use excessive force and almost "free fall" onto the chair or table in order to remove the obstruction.



Other Techniques if Choking Alone:



ADULT & CHILD CHOKING — UNCONSCIOUS



Lay the victim down and call 911.

If the victim goes unconscious after choking, gently lay him or her down on a flat surface and be sure 911 is called.



Give 30 chest compressions.

Immediately begin CPR on the unconscious choking victim.



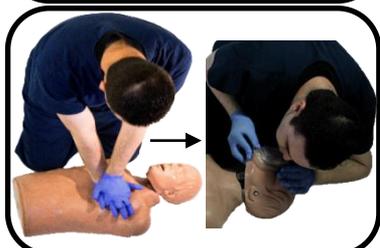
Open airway and check for object.

Quickly open the victim's mouth using the **head-tilt/chin-lift technique** and scan for any obstructions. If you see anything, sweep it out with your finger.



Give 2 rescue breaths.

After removing the object or not seeing one, immediately give 2 rescue breaths.



Continue cycles of 30 compressions: 2 breaths.

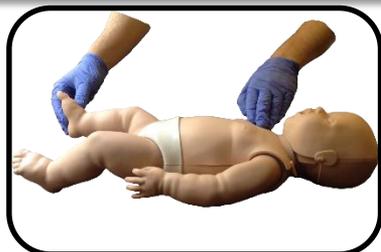
If the chest **does not rise** with breaths, continue cycles of 30 compressions: 2 breaths.



Check for object again.

Continue checking for any obstruction when opening up the airway. If the victim begins breathing, monitor the airway and keep him or her comfortable until help arrives.

INFANT CHOKING— UNCONSCIOUS



Lay the infant down and call 911.

If the infant goes unconscious after choking, gently lay him or her down on a flat surface (such as a table).



Give 30 chest compressions.

Immediately begin CPR on the unconscious choking infant.



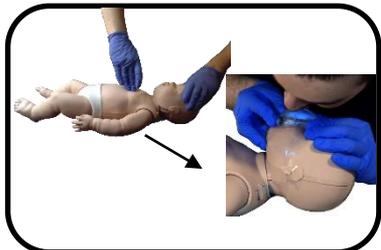
Open airway and check for object.

Quickly open the infant's mouth using the **head-tilt/chin-lift technique** and scan for any obstructions. If you see anything, sweep it out with your finger.



Give 2 rescue breaths.

After removing the object or not seeing one, immediately give 2 rescue breaths.



Continue cycles of 30 compressions: 2 breaths.

If the chest **does not rise** with breaths, continue cycles of 30 compressions: 2 breaths.



Check for object again.

Continue checking for any obstruction when opening up the airway. If the infant begins breathing, monitor the airway and keep him or her comfortable until help arrives.



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