



# CPR & Lifesaving

STEP-BY-STEP GUIDE FOR HANDLING MEDICAL EMERGENCIES & TRAUMA INJURIES

## BASICS

### Chain of Survival

- Early recognition of an emergency
- Early access to help
- Early cardiopulmonary resuscitation (CPR)
- Early defibrillation with an automated external defibrillator (AED)

- Prompt emergency medical service (EMS) response

### CPR & First-Aid Training

- Courses are available through the American Heart Association, the American Red Cross, hospitals, and fire departments.
- Although you can provide CPR and first aid to a person without taking a course, proper skills and knowledge allow you to provide the best care to an injured or sick person.

### Good Samaritan Law

- A Good Samaritan law is provided by each state to protect individuals who help people in medical emergencies.
- A Good Samaritan is someone who renders aid or assistance in an emergency when he/she is not legally obligated to do so (e.g., a driver who stops to help at the scene of a motor vehicle accident).

assistance in an emergency when he/she is not legally obligated to do so (e.g., a driver who stops to help at the scene of a motor vehicle accident).

- Unless there is negligence or malicious intent, a Good Samaritan is protected from being held liable for the injury or death of the injured person.

- Check the specifics of the Good Samaritan law in your state.

### Consent

- Consent means permission. An adult, if conscious, must give his/her permission to receive medical care.
- If an adult is unconscious, consent is implied. You do not need the person's permission to provide emergency care, such as CPR.
- If an infant or child is unconscious and the parent or guardian is nowhere to be found, consent is also implied.
- If the parent or guardian of the infant or child is present, you must ask for consent before providing medical care, including CPR.

### Emergency Scene Evaluation

- **Is the scene safe?** Making this decision to act is often a difficult decision. Your personal safety and that of your family members should always come first. Look for hazards that could be dangerous (e.g., traffic, electrical wires, flooding, other people).
- **What happened?** Is it a car crash, an explosion, a fire, a child who was hit while riding a bicycle, a person who has suffered a heart attack or stroke, or something else?
- **How many people are injured?** This will help determine the need for additional resources when calling for help.

### Calling for Help

- **Call 911.** If your area does not have 911 service, know the appropriate phone numbers for police, fire, and EMS.
- **Call Poison Control,** if needed. In the United States, call 1-800-222-1222.
- Call your family physician or pediatrician and any specialists that your family members see.

## CPR

Cardiopulmonary arrest is when a person's heart stops beating and breathing ceases. When assessing a person, you should look for no breathing or abnormal breathing (only slow gasps for breath), no movement, and no response to touch or verbal cues. CPR may be indicated if a person suffers from a heart attack, trauma, drowning, poisoning, shock, or a critical airway system injury. CPR should be started immediately, even if there is a question about do-it-yourself or viability. Resuscitation should be continued until medical help arrives or you become too exhausted to perform CPR.

### Adult CPR (18 Years or Older)

1. Make sure the scene is safe.
2. Check to see if the person is responsive. Tap the person's shoulder and shout, "Are you OK?"
3. Check for breathing. Is the person not breathing or breathing abnormally (only slow gasps for breath)? Slow gasps for breath indicate a lack of adequate breathing and a need for CPR.
4. Call for help, call 911, and get an AED.
5. Place the person facing on a firm, flat surface.
6. Begin the C-A-B steps for CPR (see steps 7-9).
7. **C-Compressions:**
  - A. Position your hands:
    - Place 1 hand on top of the other on the lower half of the breastbone in the center of the chest (at the middle of the nipple line).
    - Keep your elbows straight.
  - B. Provide 30 chest compressions at a rate of at least 100 compressions per minute.
    - Push hard and fast.
    - Compress the chest at least 2 inches (5 cm).
    - Allow time for the chest to recoil between compressions.
8. **A-Airway:** Open the airway.
  - A. Use the head tilt–chin lift method.
  - B. Use the jaw thrust method if you suspect head or neck injury.
9. **B-Breathing:** Use mouth-to-mouth, a barrier device, or a face mask.
  - A. Give 2 breaths.
  - B. Watch the chest rise.
10. Continue cycles of 30 compressions to 2 breaths until the person wakes up or an AED or EMS arrives.
11. If the person is unresponsive but breathing normally, place the person in the recovery position and monitor closely.

### Child CPR (1–8 Years Old)

1. Make sure the scene is safe.
2. Check to see if the child is responsive. Tap the child's shoulder and shout, "Are you OK?"
3. Check for breathing. Is the child not breathing or breathing abnormally (only slow gasps for breath)? Slow gasps for breath indicate a lack of adequate breathing and a need for CPR.
4. If you are alone, perform CPR for 5 cycles or about 2 minutes prior to calling for help. If a second rescuer is available, have him/her call 911 and get an AED.
5. Place the child facing on a firm, flat surface.
6. Begin the C-A-B steps for CPR (see steps 7-9).
7. **C-Compressions:**
  - A. Position your hands:
    - Place 1 or 2 hands on the lower half of the breastbone in the center of the chest (at the middle of the nipple line). For larger children, you may have to use both hands.
    - Keep your elbows straight.
  - B. Provide 30 chest compressions at a rate of at least 100 compressions per minute.
    - Push hard and fast.
    - Compress the chest at least 2 inches (5 cm) or 1/3 the depth of the chest.
    - Allow time for the chest to recoil between compressions.
8. **A-Airway:** Open the airway.
  - A. Use the head tilt–chin lift method.
  - B. Use the jaw thrust method if you suspect head or neck injury.
9. **B-Breathing:** Use mouth-to-mouth, a barrier device, or a face mask.
  - A. Give 2 breaths.
  - B. Watch the chest rise.
10. Continue cycles of 30 compressions to 2 breaths until the child wakes up or an AED or EMS arrives.
11. If the child is unresponsive but breathing normally, place the child in the recovery position and monitor closely.

### Infant CPR (Less Than 1 Year Old)

1. Make sure the scene is safe.
2. Check to see if the infant is responsive. Tap the infant's foot and look for movement.
3. Check for breathing. Is the infant not breathing or breathing abnormally (only slow gasps for breath)? Slow gasps for breath indicate a lack of adequate breathing and a need for CPR.
4. If you are alone, perform CPR for 5 cycles or about 2 minutes prior to calling for help. If a second rescuer is available, have him/her call 911 and get an AED.
5. Place the child facing on a firm, flat surface.
6. Begin the C-A-B steps for CPR (see steps 7-9).
7. **C-Compressions:**
  - A. Position your hands:
    - Place 2 fingers of 1 hand on the lower half of the breastbone in the center of the chest just below the nipple line.
    - Keep your elbows straight.
  - B. Provide 30 chest compressions at a rate of at least 100 compressions per minute.
    - Push hard and fast.
    - Compress the chest at least 1.5 inches (4 cm) or 1/3 the depth of the chest.
    - Allow time for the chest to recoil between compressions.
8. **A-Airway:** Open the airway.
  - A. Use the head tilt–chin lift method.
  - B. Use the jaw thrust method if you suspect head or neck injury.
9. **B-Breathing:** Use mouth-to-mouth, a barrier device, or a face mask.
  - A. Give 2 breaths.
  - B. Watch the chest rise.
10. Continue cycles of 30 compressions to 2 breaths until the infant wakes up or an AED or EMS arrives.
11. If the infant is unresponsive but breathing normally, place the infant in the recovery position and monitor closely.

The recovery position allows the airway to stay open. It also allows gravity to help keep the airway clear of vomit, mucus, saliva, etc.



**TIP** Cardiac arrest in infants and children is usually due to a breathing problem and not heart related. That is why you begin CPR immediately for 5 cycles or about 2 minutes before calling for help. This allows oxygen to circulate more quickly.

# Cpr And Lifesaving Quick Study

**Christine Slingerland**



## **Cpr And Lifesaving Quick Study:**

**CPR and Lifesaving** BarCharts, Inc, Shirley A. Jones, 2012-12-31 Making the decision to help in an emergency situation is often a difficult choice Be prepared for emergencies with the help of our CPR Lifesaving QuickStudy R guide Packed with quickly accessible information on different aspects of lifesaving this go to reference will help you respond effectively in an emergency until professional help arrives Learn how to evaluate a scene the steps in CPR and AED use standard precautions and other essential elements in the chain of survival This durable laminated guide also includes illustrations for easy understanding Keep a copy in your home with your camping gear at your office in your car etc so that you will always be prepared

**CPR Lifesaving Reference Guide (Speedy Study Guide)** Speedy Publishing, 2014-12-07 When a life is at stake you will want to do everything you can to ensure that person makes it out alive When CPR is needed it is crucial to administer the procedure properly This is where CPR Lifesaving reference guides come into play These handy guides will let an individual know the steps needed to complete CPR These guides help save lives in emergencies for people who haven't taken a full CPR course at their local Red Cross Station

**CPR And First Aid Care (Speedy Study Guides)** MDK Publishing, 2015-04-28 Who says you need videos to learn CPR This powerful guide will give you a step by step instruction to CPR and first aid care This guide should be given to all first aid rescuers even to moms and dads caring for little children With this guide you will hold the power to save someone else's life Buy a copy today

First Aid, CPR and Defibrillation (BCLS) A Life-Saving Skills in an Emergency Cardiovascular Situation" Dr. Manjunath Beth, 2022-10-15 Life is a characteristic that distinguishes objects that have signaling and self sustaining processes that is living organisms from those that do not either because such functions have ceased death or else because they lack such functions and are classified as inanimate Living organisms undergo metabolism maintain homeostasis possess a capacity to grow respond to stimuli reproduce and through natural selection adapt to their environment in successive generations The human beings have an ability to move to see to talk to hear to respond to stimuli to think and to make judgments These abilities are all part of these processes called life and are carried out by working together of all cells tissues and body fluids 1

**Simulation and Game-Based Learning in Emergency and Disaster Management** Drumhiller, Nicole K., Wilkin, Terri L., Srba, Karen V., 2021-04-02 Simulation and game based learning are essential applications in a learning environment as they provide learners an opportunity to apply the course material in real life scenarios Introducing real life learning allows the learner to make critical decisions at different points within the simulation providing constructive education that leads to a cognitive understanding of the material The use of simulations provides the learner with the ability to cognitively store and recall learning in real life experiences Therefore it is crucial to not only provide course material but to have students apply what they have learned in simulations that replicate real life scenarios These learned skills are essential for students to be marketable and thrive in a career field where decision making problem solving and critical thinking are job requirements

Simulation and Game Based Learning in Emergency and Disaster Management is a cutting edge research book that examines the best practices and holistic development when it comes to simulation learning within emergency and disaster management as well as global security Drawing upon the neuroscience of learning classroom instruction can be enhanced to incorporate active experiential learning activities that positively impact a learner with long term information retention Each simulation project is carried out in different environments with different goals in mind and developed under various constraints For these reasons this book will provide insight into the simulation planning and development process provide examples of online simulations and game based learning activities and provide insight on simulation development and implementation that can be used across disciplines in educational and training settings As such it is ideal for academicians instructional designers curriculum designers education professionals researchers and students *CPR & Choking Relief* Speedy Publishing,2014-09-12 This type of guide helps a person be able to help someone who is choking or has been in an accident The way that this works is that it shows people the way to properly resuscitate people using pressure techniques and breathing but also how to clear the lungs of fluid that was inhaled Another important factor of choking relief is that a person can learn how to dislodge an item forcefully from the throat of a person who is choking thus unable to get breathe It is the way to save a life when other options are not available **First Aid, CPR, and AED** Alton L. Thygerson,Benjamin Gulli,Jon R. Krohmer,2007 First Aid and CPR **Newsweek** ,1996 Descent Into Madness Christine Slingerland,2010-12 Descent Into Madness by Christine C Slingerland Developing a Security Training Program Joseph McDonald,2024-07-22 Developing a Security Training Program focuses on how to establish a comprehensive training program for a security department from the ground up This book highlights formal curriculum development consistent and continual training and the organizational benefits including how such security training will be a value add It s long overdue for the industry to revisit old security training models from the past to both general staff as well as to the dedicated security staff and professionals within organizations and examine and revamp such with a fresh perspective Given the current dynamic environment for businesses and the threats businesses face it is important that any such training consider all procedures and policies and be fully integrated into the company culture This includes maintaining an eye on budgetary and financial costs while recognizing the need to budget for more training resources to maintain resilience and adaptability to current challenges and future changes to the environment There is only one way to prepare your staff and that is through comprehensive and consistent training Developing a Security Training Program provides the blueprint and tools for professionals to provide ongoing targeted and comprehensive security training at a low budget friendly cost **Promotion Fitness Examination Study Guide** ,2003 Point-of-Care Ultrasound Techniques for the Small Animal Practitioner Gregory R. Liscandro,2021-03-30 Dieses wegweisende Fachbuch wurde gr ndlich bearbeitet und aktualisiert Pr sentiert werden fokussierten Ultraschalluntersuchungen des Abdomens Thorax Bewegungssystems und des Auges in der veterin

medizinischen Praxis Auch die 2. Auflage ist das Referenzwerk für gezielte Ultraschalluntersuchungen in der klinischen Praxis. Neue Anwendungen werden vorgestellt und weitere Tierarten berücksichtigt. Videoclips der verschiedenen Verfahren können auf der begleitenden Website abgerufen werden. Gezeigt werden Ultraschallaufnahmen aus der Praxis, die als Vergleich dienen können und die Fachrichtung verdeutlichen. Die 2. Auflage von *Point of Care Ultrasound Techniques for the Small Animal Practitioner* enthält neue Kapitel zu ultraschallgestützten Nervenblockaden, Ultraschalluntersuchungen des Bewegungsapparats des Gehirns sowie Anwendungsbereiche des Verfahrens bei Katzen, Exoten und Meeressäugern. Das Buch ist ein Muss für Veterinärmediziner, die Ultraschalluntersuchungen in ihrer Praxis anbieten möchten. Präsentiert einen Standardansatz für den Einsatz von Ultraschall als Erweiterung der körperlichen Untersuchung bei Traumata, sonstigen Ursachen und Monitoring. Anwendungen zeigen neue Verfahren für fokussierte Ultraschalluntersuchungen u.a. der Lunge in der Anästhesie, ultraschallgestützten Nervenblockaden bei transkraniellen Bildgebungsverfahren, Untersuchungen des Bewegungsapparats zur Evaluation des Volumenstatus und der schnellen Diagnostik bei behandelbaren Schockzuständen. Zeigt die Verfahren jetzt auch bei Katzen, Exoten, Wildtieren und Meeressäugern neben den bisherigen Leitlinien für Hunde. Erläutert insbesondere die Vorteile von Ultraschall zur Optimierung der Patientenversorgung und für eine präzise Diagnostik. Begleitende Website mit Videoclips zu klinisch relevanten Lernbeispielen. Die 2. Auflage von *Point of Care Ultrasound Techniques for the Small Animal Practitioner* ist ein ausgezeichnetes Referenzwerk für Veterinärmediziner von Veterinärmedizinern für Haustiere bis hin zu Spezialisten in Tierkliniken, darunter Tierärzte der Fachrichtungen Innere Medizin, Onkologie, Kardiologie, Notfall und Intensivmedizin, Anästhesie, Augenheilkunde, Fachtierärzte für Exoten und Zootiere sowie für Studenten der Veterinärmedizin.

**MTS/PFE Study Guide**, 1982      *Sudden Death and the Myth of CPR* Stefan Timmermans, 2010-06-02 Restoring dignity to sudden death      **DHHS Publication**, 1980      **Bystander CPR** Anette Nord, 2017-10-31 Background It has been proved that bystander cardiopulmonary resuscitation (CPR) saves lives, however, which training method in CPR is most instructive and whether survival is affected by the training level of the bystander have not yet been fully described. Aim To identify the factors that may affect 7th grade students' acquisition of CPR skills during CPR training and their willingness to act and to describe 30-day survival from out-of-hospital cardiac arrest (OHCA) after bystander CPR and the actions performed by laymen versus off-duty medically educated personnel. Methods Studies I-III investigate a CPR training intervention given to students in 7th grade during 2013-2014. The classes were randomized to the main intervention: the mobile phone application app or DVD-based training. Some of the classes were randomized to one or several additional interventions: a practical test with feedback, reflection, a web course, a visit from elite athletes and automated external defibrillator (AED) training. The students' practical skills, willingness to act and knowledge of stroke symptoms, symptoms of acute myocardial infarction (AMI) and lifestyle factors were assessed directly after training and at 6 months using the Laerdal PC SkillReporting system and entered into a modified version of the Cardiff test scoring sheet and

a questionnaire The Cardiff test resulted in a total score of 12.48 points and the questionnaire resulted in a total score of 0.7 points for stroke symptoms 0.9 points for symptoms of AMI and 0.6 points on lifestyle factors Study IV is based on retrospective data from the national quality register the Swedish registry of cardiopulmonary resuscitation 2010-2014 Results A total of 1339 students were included in the CPR training intervention The DVD based group was superior to the app based group in CPR skills with a total score of 35 SD 4.0 vs 33 SD 4.2 points directly after training p

**The First Five Minutes** Grant Gould, Paul Marmen, 2003 For all courses that include elements of emergency care for pediatrics Succinct and timely with up to date emergency treatment standards this text presents users with need to know essentials they can quickly master It contains highly visual content with universal symbols to quickly link didactic material to emergency action procedures Federal Register, 1995

**Master The Firefighter Exam** Fred M. Rafilson, 2008-10-24 A guide to the firefighter s exam offers sample tests with answers

**National Health and Safety Performance Standards** DIANE Publishing Company, 1996

The Top Books of the Year Cpr And Lifesaving Quick Study The year 2023 has witnessed a noteworthy surge in literary brilliance, with numerous engrossing novels enthralling the hearts of readers worldwide. Lets delve into the realm of popular books, exploring the engaging narratives that have enthralled audiences this year. Cpr And Lifesaving Quick Study : Colleen Hoover's "It Ends with Us" This heartfelt tale of love, loss, and resilience has gripped readers with its raw and emotional exploration of domestic abuse. Hoover skillfully weaves a story of hope and healing, reminding us that even in the darkest of times, the human spirit can triumph. Uncover the Best : Taylor Jenkins Reids "The Seven Husbands of Evelyn Hugo" This captivating historical fiction novel unravels the life of Evelyn Hugo, a Hollywood icon who defies expectations and societal norms to pursue her dreams. Reids absorbing storytelling and compelling characters transport readers to a bygone era, immersing them in a world of glamour, ambition, and self-discovery. Discover the Magic : Delia Owens "Where the Crawdads Sing" This mesmerizing coming-of-age story follows Kya Clark, a young woman who grows up alone in the marshes of North Carolina. Owens crafts a tale of resilience, survival, and the transformative power of nature, entrancing readers with its evocative prose and mesmerizing setting. These top-selling novels represent just a fraction of the literary treasures that have emerged in 2023. Whether you seek tales of romance, adventure, or personal growth, the world of literature offers an abundance of compelling stories waiting to be discovered. The novel begins with Richard Papen, a bright but troubled young man, arriving at Hampden College. Richard is immediately drawn to the group of students who call themselves the Classics Club. The club is led by Henry Winter, a brilliant and charismatic young man. Henry is obsessed with Greek mythology and philosophy, and he quickly draws Richard into his world. The other members of the Classics Club are equally as fascinating. Bunny Corcoran is a wealthy and spoiled young man who is always looking for a good time. Charles Tavis is a quiet and reserved young man who is deeply in love with Henry. Camilla Macaulay is a beautiful and intelligent young woman who is drawn to the power and danger of the Classics Club. The students are all deeply in love with Morrow, and they are willing to do anything to please him. Morrow is a complex and mysterious figure, and he seems to be manipulating the students for his own purposes. As the students become more involved with Morrow, they begin to commit increasingly dangerous acts. The Secret History is a exceptional and thrilling novel that will keep you wondering until the very end. The novel is a cautionary tale about the dangers of obsession and the power of evil.

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