

Introduction to Basic Life Support - FINAL-10.30.2020

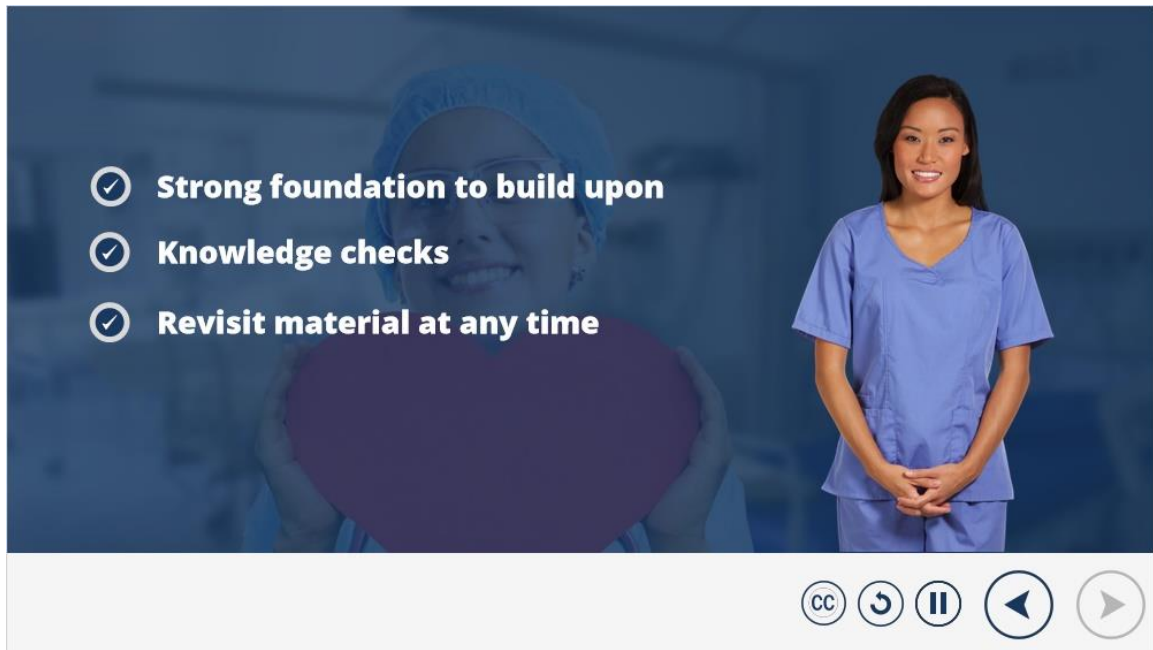
1. Content

1.1 Welcome



Notes:

1.2 Introduction



The slide features a dark blue background with a blurred image of a healthcare professional in the background. On the right, a woman in blue scrubs stands with her hands clasped. On the left, three bullet points are listed, each with a checkmark icon. At the bottom right, there is a navigation bar with five icons: a Creative Commons license icon, a refresh icon, a pause icon, a left arrow icon, and a right arrow icon.

- ✔ **Strong foundation to build upon**
- ✔ **Knowledge checks**
- ✔ **Revisit material at any time**

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Progress (Slide Layer)

Introduction to Basic Life Support (BLS) - Learning Outcomes

Learning Outcomes

- 1 List the responsibilities of a healthcare provider.
- 2 Understand legal terms related to healthcare providers.
- 3 Relate healthcare provider accountability to the standard of care.
- 4 Define healthcare provider liability.



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1.4 Healthcare Provider Responsibilities

Primary Healthcare Provider Responsibilities



YOUR MANA

- ✓ This job requires your undivided attention.
- ✓ Communicate with the people you serve by warning them of potential hazards.
- ✓ Communicate with other rescuers about hazards.

YOU MANAGING ESPO. EMERGENCIES

- ✓ Managing an emergency means reacting as trained, in a safe and effective manner.
- ✓ It is your job as a healthcare provider to recognize when a victim is in trouble and to quickly react to render care




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Primary Part 2 (Slide Layer)

Primary Healthcare Provider Responsibilities

Crowd Control

- ✓ Be prepared for any incident requiring crowd control.
- ✓ When you need to control a crowd, remain calm, speak loudly and with authority, and give clear, precise, and simple instructions.



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Progress (Slide Layer)

Introduction to Basic Life Support (BLS) - Healthcare Provider Responsibilities

Primary Healthcare Provider Responsibilities



YOUR MANA

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YOU M ESPO.

MANAGING EMERGENCIES



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1.5 Accountability

Accountability
CLICK ON EACH BELOW.




Your skills need to be maintained at a test-ready level throughout your credential validity period.

As a healthcare provider, you are expected to anticipate, recognize, and manage emergencies.

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Employer Layer (Slide Layer)

Accountability
CLICK ON EACH BELOW.




- ✓ Your employer expects you to perform the duties outlined and taught to you when you were hired.
- ✓ This means showing dedication in your work, commitment to your job, and performance at or above expectations.

As a healthcare provider, you are expected to maintain a test-ready level throughout your credential validity period.


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People Serve Layer (Slide Layer)

Accountability
CLICK ON EACH BELOW.




The people you serve expect you to provide a safe environment for them while minimizing hazardous situations whenever possible and responding appropriately to emergency situations.



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Yourself Layer (Slide Layer)

Accountability
CLICK ON EACH BELOW.




A professional healthcare provider accepts the responsibility of protecting the lives of others.

Practice your skills so that you are capable and confident in your abilities.

Seek clarification from a supervisor if you do not understand something.

Evaluate your own performance on a continuous basis.

Know that you are responsible for human lives each day you show up for work.



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Progress (Slide Layer)

Introduction to Basic Life Support (BLS) – Accountability

Accountability

CLICK ON EACH BELOW.



Your skills need to be maintained at a test ready level throughout your credential validity period.

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1.6 Legal Concepts

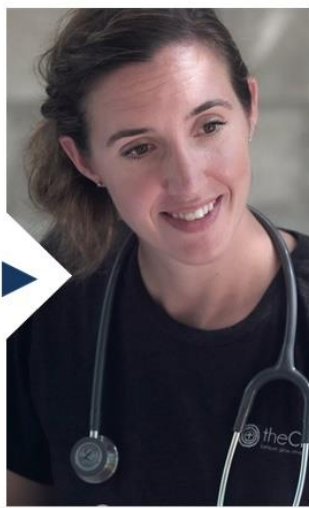
Legal Concepts That Apply to Healthcare Providers

Standard of Care

- ✓ People you serve have a right to expect that professional rescuers working are competent and attentive.
- ✓ Standard of Care refers to the reasonable degree of care that a person should expect from the individual who is providing that care.

"Does the care provided in this instance match what other care providers would do, assuming those providers have the same level of training and knowledge, access to the same resources and placed in the same setting?"

- ✓ If the care provided reasonably reflects what other providers would do under the same defined circumstances, the Standard of Care is considered to be maintained.



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Notes:

Legal Concepts 2 (Slide Layer)


Legal Concepts That Apply to Healthcare Providers

Abandonment

- ✓ You can be held legally responsible for abandoning a person who requires ongoing care if you leave the scene or stop providing care.

Confidentiality

- ✓ While rendering care to a victim, you may learn something about the injured or ill person.
- ✓ This information should not be shared with anyone except authorized personnel directly associated with the person's care.




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Legal Concepts 3 (Slide Layer)

Legal Concepts That Apply to Healthcare Providers

Documentation
Consent

- ✓ If legal action occurs later, your facility records and reports can provide a legal record of what happened.
- ✓ It is important to complete any required witness and incident forms as soon as possible after an incident occurs.
- ✓ When completing a report, each person writing a statement must clearly document the facts of the incident without opinions.



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Legal Concepts 4 (Slide Layer)



Legal Concepts That Apply to Healthcare Providers

Duty to Act

- While on the job, you have a legal responsibility to act in an emergency by responding and rendering appropriate care.

Negligence

- When a patient is injured or suffers additional harm because of your actions or inactions (with reasonable consideration of the circumstances of the care scene), you may be considered negligent.
- Negligence may include failure to prevent or control any behaviors that could result in further harm, failure to provide appropriate care, and/or rendering care beyond the scope of your training.





Legal Concepts 5 (Slide Layer)

Legal Concepts That Apply to Healthcare Providers

Refusal of Resuscitate Order (DNR)

- Sometimes, patients who are injured or sick may refuse assistance even though they desperately need it.
- Also known as a DNR order, is a physician's written medical order that instructs health care providers not to do cardiopulmonary resuscitation (CPR) if a patient's breathing stops or if the patient's heart stops beating.
- Always follow your organization's established protocols when dealing with a refusal of care situation, including how it is documented, who should be alerted and any other appropriate next steps.



Progress (Slide Layer)

Introduction to Basic Life Support (BLS) – Legal Concepts That Apply to Healthcare Providers

Legal Concepts That Apply to Healthcare Providers

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1.7 Reduce Post-Traumatic Stress

Reduce Post-Traumatic Stress

- ✓ Complete any required post-care documentation promptly and accurately.
- ✓ Reflect on the positive steps that you took during the event.
- ✓ Don't feel intimidated during questioning sessions with authorities.
- ✓ Prepare for media coverage, but do not comment.
- ✓ Share support with others on your team and ask for help.
- ✓ Exercise to help reduce your stress level, and resume your familiar routines.
- ✓ Take advantage of any support counselors or trained mental health professionals available, and consider long-term counseling services.




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Progress (Slide Layer)

Introduction to Basic Life Support (BLS) - Reduce Post-Traumatic Stress

Reduce Post-Traumatic Stress

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1.8 Summary

Key Terms

- ✓ Accountable
- ✓ Consent
- ✓ Confidentiality
- ✓ Liability
- ✓ Refusal of Care
- ✓ Negligence
- ✓ Standard of Care
- ✓ Documentation



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Notes:

Progress (Slide Layer)

Introduction to Basic Life Support (BLS) - Summary

Key Terms

- ✓ **Accountable**
- ✓ **Consent**
- ✓ **Confidentiality**
- ✓ **Liability**
- ✓ **Refusal of Care**
- ✓ **Negligence**
- ✓ **Standard of Care**
- ✓ **Documentation**



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HCP BLS: Respiratory Emergencies

1. Content

1.1 Welcome



Notes:

1.3 The Respiratory System

Causes of Respiratory Emergencies

The respiratory system is the pathway for delivering oxygen to the body and removing carbon dioxide.

- ❖ Airway obstruction (Choking)
- ❖ Inhaling smoke or other toxic substances
- ❖ Aspiration (Breathing in stomach contents when vomiting)
- ❖ Asthma
- ❖ Lung infections such as pneumonia

- ❖ Near drowning
- ❖ Suffocation
- ❖ Chest trauma
- ❖ Opioid (narcotic) overdose
- ❖ Electrocutation
- ❖ Heart attack
- ❖ Cardiac arrest
- ❖ Anaphylactic Shock

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Progress (Slide Layer)

Basic Life Support - Respiratory Emergencies: The Respiratory System

Causes of Respiratory Emergencies

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1.4 Respiratory Distress

Respiratory Distress SIGNS AND SYMPTOMS PATIENT

- + Labored breathing (Straining to breathe).
- + Noisy breathing such as wheezing, gurgling or high-pitched sounds.
- + Unusually slow or fast breathing.
- + Unusually deep or shallow breathing.

- ❖ Help the patient rest in a position that makes breathing easier. This is often a seated position
- ❖ Comfort and reassure the patient
- ❖ Call 9-1-1
- ❖ Assist the patient with his or her prescribed medications, such as an inhaler or epinephrine
- ❖ Administer emergency supplemental oxygen if available
- ❖ Keep the patient's airway clear

- + Changes in level of consciousness.
- + Flushed, pale, or bluish (cyanotic) skin.
- + Chest pain or discomfort.
- + Tingling sensations.

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Progress (Slide Layer)

Basic Life Support - Respiratory Emergencies: Respiratory Distress

Respiratory Distress SIGNS AND SYMPTOMS PATIENT

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1.5 Respiratory Complications Due To Opioid Intoxication

Opioids Overview

- ✓ Over two million people in the United States suffer from opioid addiction - many using prescription opioids or illicit drugs.
- ✓ Increasingly, children are suffering accidental overdose by consuming their parents' medications.
- ✓ Education efforts have been put into place to provide education with the goal of preventing overdoses.
- ✓ Naloxone is a medication that can reverse opioid overdose symptoms if the patient is not already in cardiac arrest.




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Notes:

Opioid Overdose Responsive (Slide Layer)

Caring for Opioid Overdose in a Responsive Patient

- ✓ If the patient becomes hostile and cannot be easily controlled, or if their symptoms get worse, call 9-1-1.
- ✓ Call for or retrieve naloxone and emergency equipment, including oxygen and an AED.
- ✓ If naloxone is available, administer a dose to the patient once it is safe to do so.
- ✓ Provide supplemental oxygen if needed and monitor the patient and provide additional care, including rescue breathing and CPR until emergency services arrive.



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Opioid Overdose Unresponsive (Slide Layer)

Caring for Opioid Overdose in an Unresponsive Patient **Primary Check**

NOT BREATHING BUT DOES HAVE A PULSE

NOT BREATHING BUT DOES NOT HAVE A PULSE

- Begin rescue breathing, incorporating oxygen as soon as it is
- ✓ Begin CPR, incorporating the AED as soon as it is available. Do not pause or delay CPR or AED care to administer naloxone.
- ✓ If naloxone is available, pause rescue breathing to deliver a dose to the patient and then resume care.





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General Guidance for Naloxone Administration (Slide Layer)

General Guidance for Naloxone Administration

- ✓ Make sure EMS is contacted and that you are following your organization's procedures.
- ✓ Follow the instructions that come with the naloxone device for proper administration.
- ✓ Follow local response protocols when required.
- ✓ Provide basic life support care such as rescue breathing or CPR with supplemental oxygen support as needed.





Progress (Slide Layer)

Basic Life Support - Respiratory Emergencies: Respiratory Complications Due To Opioid Intoxication

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1.6 Respiratory Arrest

Respiratory Arrest

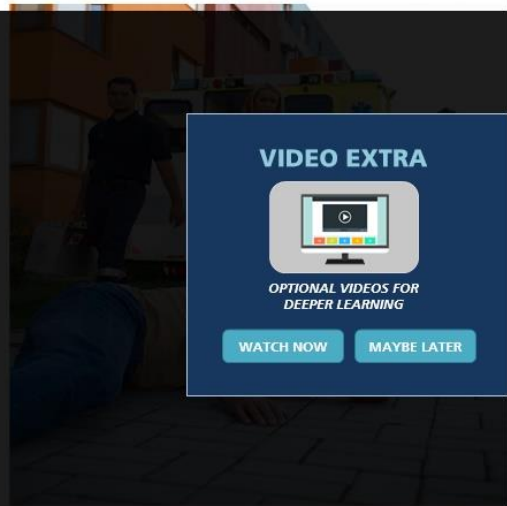
- ✓ When a patient is no longer breathing, it is a condition known as respiratory arrest.
- ✓ Respiratory arrest can result from prolonged respiratory distress, or as a result of cardiac arrest.
- ✓ Respiratory arrest can also exist when breathing is ineffective, such as agonal breathing.
- ✓ Agonal breathing is characterized by gasping or labored breathing.
- ✓ Death is certain if left untreated but is potentially reversible if treated early.



Video Launch (Slide Layer)

Respiratory Arrest

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Video Play (Slide Layer)

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Progress (Slide Layer)

Basic Life Support - Respiratory Emergencies: Respiratory Arrest

Respiratory Arrest

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MODULE PROGRESS






1.7 Survey the Scene

Survey the Scene

- ✓ If the scene is unsafe, try to make it safe without endangering your life. If it is possible to move the victim to a safer location, do so, unless it is too dangerous for you to make an attempt.
What may have happened?
- ✓ Never enter dangerous areas without the proper professional training and equipment.
- ✓ If it is not possible to make the scene safe, then call 9-1-1 and keep others from entering dangerous areas.
- ✓ Once you are able to provide care to the patient you will do your primary and secondary checks.



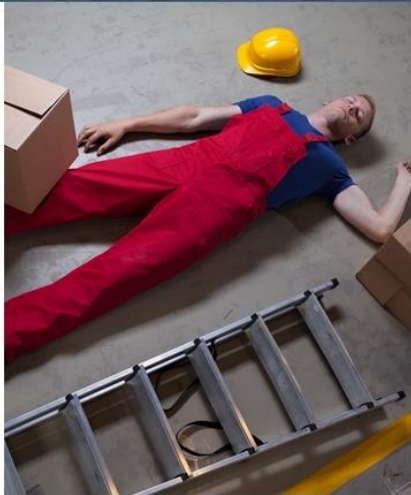
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Progress (Slide Layer)

Basic Life Support - Respiratory Emergencies: Survey the Scene

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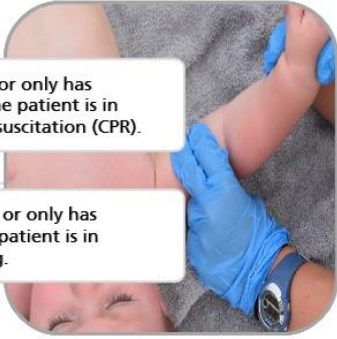
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1.8 Primary and Secondary Checks

Primary Check ~~Check for responsiveness~~

- At the same time you are checking for breathing, check the carotid pulse in the neck of an adult, or a child over the age of one year. Checking for a pulse takes about 5-10 seconds.
- To find the carotid pulse, locate the Adam's apple. Move your fingers to the side of the neck. If you feel movement (rising and falling) that would indicate breathing.
- Slide your fingers to the neck. Press down gently. If the patient is unresponsive, not breathing, or only has occasional gasps, **but does have a pulse**, the patient is in respiratory arrest and needs rescue breathing.
- For infants, check the brachial pulse in the inside of the upper arm.







Navigation icons: CC, Refresh, Pause, Previous, Next

Notes:

1.9 Rescue Breathing

Rescue Breathing

- ✓ Rescue breathing is the process of manually providing oxygen to the lungs of a patient in respiratory arrest by giving ventilations using your own breath, or by an artificial means, such as a bag-valve-mask (BVM).
- ✓ Personal protective equipment (PPE) is important when caring for a patient. When using your own breath, be sure to use a barrier device, such as a resuscitation mask.



Notes:


Opening Airway (Slide Layer)

Rescue Breathing 1 Opening the Airway

Head Tilt, Chin Lift - With A Mask
Jaw Thrust Without Head Tilt

- Retrieve your rescue breathing mask and have it ready.
- If performing on an infant, do not tilt the head and lift the chin as far back as you would for an older child or adult. Instead, tilt and lift slightly.
- Over the patient's airway.
- While maintaining the chin lift, seal the mask over the patient's airway and begin ventilations.

breathing will be successful.
If a spinal injury is suspected, use the Jaw Thrust Without Head Tilt technique.



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Providing Ventilations (Slide Layer)

Rescue Breathing 2 Providing Ventilations


Rescue Breathing Care Summary

If your attempts at delivering ventilations are unsuccessful, it is

Patient	Approximate Age Group	Rescue Breathing	Ventilation Quality
Adults	Adolescence* through adulthood *Onset	1 breath every 6 seconds (10 breaths per minute)	Duration: 1 second Volume Indicator: Achieve visible chest rise Volume Range: 500 – 600 ml (approximate)
Children	1 year old – adolescence* *Onset	1 breath every 2 – 3 seconds (20 – 30 breaths per minute) Training Target: 1 breath every 3 seconds	Duration: 1 second Volume Indicator: Achieve visible chest rise Volume Range: 90 – 500 ml (approximate)
Infants	Newborn* – 1 year old *Home from the hospital	1 breath every 2 – 3 seconds (20 – 30 breaths per minute) Training Target: 1 breath every 3 seconds	Duration: 1 second Volume Indicator: Achieve visible chest rise Volume Range: 25 – 90 ml (approximate)

Resuscitation Mask

SCROLL HERE





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Progress (Slide Layer)

Basic Life Support - Respiratory Emergencies: Rescue Breathing

Rescue Breathing

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1.10 Special Situations

Special Situations

CLICK ON EACH BELOW



Laryngectomy

- ✓ A patient who has had a laryngectomy has had the larynx surgically removed.
- ✓ This patient breathes through a small opening in the front of the neck called a stoma.
- ✓ To provide rescue breathing for a patient with a laryngectomy, close the patient's mouth and nose, place a pediatric sized resuscitation mask over the stoma, and give ventilations.
- ✓ If a breathing tube is present, a bag-valve-mask (BVM) can be attached directly to the tube.


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Notes:

Dentures (Slide Layer)

Special Situations

CLICK ON EACH BELOW



Laryngectomy


- ✓ A patient who has had a laryngectomy has had the larynx surgically removed.
- ✓ If you are providing rescue breathing for a patient with dentures, it is not necessary to remove them, as they will help maintain a seal on the facemask.
- ✓ If the dentures are very loose and may prevent air from entering freely, then the dentures should be removed.
- ✓ If a breathing tube is present, a bag-valve-mask (BVM) can be attached directly to the tube.

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Air Layer (Slide Layer)

Special Situations

CLICK ON EACH BELOW



Laryngectomy


- ✓ When providing rescue breathing, it is important to provide proper ventilations to avoid getting air into the patient's stomach (gastric distention) which can result in vomiting.
- ✓ The front of the neck called a stoma.
- ✓ You can avoid air in the stomach by providing ventilations lasting 1 second, delivered every 5-6 seconds for adults or delivered every 3-5 seconds for children and infants, and only delivered until the chest rises.
- ✚ Giving ventilations that are too deep. If a breathing tube is present, a bag-valve-mask can be attached directly to the tube.

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Vomit Layer (Slide Layer)

Special Situations

CLICK ON EACH BELOW



Laryngectomy


- ✓ A patient who has had a laryngectomy has had the larynx surgically removed.
- ✓ If a patient begins to vomit while you are providing rescue breathing, turn the patient to the side while trying to maintain the head and body inline.
- ✓ With your gloved hand, wipe the patient's mouth clean, roll the guest back and continue rescue breathing.
- ✓ If a breathing tube is present, a bag-valve-mask (BVM) can be attached directly to the tube.

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Spinal Layer (Slide Layer)

Special Situations

CLICK ON EACH BELOW



Spinal Injury

- ✓ A patient who has had a laryngectomy has had the larynx surgically removed.
- ✓ If you are caring for a patient that may have a spinal injury either from an injury in the pool or from some type of blunt force, you should take steps to avoid moving the victim's head and neck more than is needed.
- ✓ To provide rescue breathing for a patient with a spinal injury, you should use the jaw thrust without head tilt.
- ✓ To open the airway, you want to modify your approach and use the jaw thrust without head tilt as discussed earlier in the module.
- ✓ If a breathing tube is present, a bag-valve-mask (BVM) can be attached directly to the tube.


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Progress (Slide Layer)

Basic Life Support - Respiratory Emergencies: Special Situations

Special Situations

CLICK ON EACH BELOW



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1.11 Airway Obstruction

Airway Obstructions in a Responsive Adult or Child

Heimlich Maneuver

- ✓ Stand behind the patient, and reach around the patient's back.
- ✓ If a choking patient is too large and you are unable to reach around the patient to give effective abdominal thrusts, or if the patient is obviously pregnant, give chest thrusts.
- ✓ the navel.
- ✓ Reach under the patient's armpits and place the thumb side of your fist against the center of the patient's chest.
- ✓ the object out.
- ✓ Grasp your fist with your other hand and give quick, inward thrusts.
- ✓ becomes unresponsive. If the patient becomes unresponsive, you will need to begin CPR.
- ✓ adult or child.



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Notes:

Progress (Slide Layer)

Basic Life Support - Respiratory Emergencies: Airway Obstructions in a Responsive Adult or Child

Airway Obstructions in a Responsive Adult or Child

Heimlich Maneuver

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1.12 Airway Obstruction In a Responsive Infant

Airway Obstruction In a Responsive Infant

- With your free hand, place 2 fingers on the breastbone, about a finger width below the nipples, and give 5 chest compressions.
- Each compression should be at least one-third the depth of the chest, or about 1.5 inches. Be sure to allow the chest to fully recoil after each compression.
- Look in the mouth for any object. If an object is visible sweep the object out with your gloved finger.
- Repeat these steps until the obstruction is dislodged or the infant becomes unresponsive. If the infant becomes unresponsive, begin CPR.



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Notes:

Progress (Slide Layer)

Basic Life Support - Respiratory Emergencies: Airway Obstructions in a Responsive Infant

Airway Obstruction In a Responsive Infant

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- Repeat these steps until the obstruction is dislodged or the infant becomes unresponsive. If the infant becomes unresponsive, begin CPR.



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1.13 Airway Obstruction In an Unresponsive Guest.

Airway Obstruction In an Unresponsive Patient

- If your ventilations fail to make the chest rise, reposition the head and neck and repeat ventilations.
- If a responsive choking patient becomes unresponsive, repeat the following steps until the obstruction is relieved.
- If still unresponsive, provide 30 chest compressions.
- Give 30 chest compressions.
- Look in the mouth with your finger if you see it, then reattempt ventilations.
- Look for the object and remove it if visible.
- Reattempt ventilations.
- This is normally all that is needed to dislodge the object, so repeat this process until chest rise is obtained.




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Basic Life Support - Respiratory Emergencies: Airway Obstructions in a Unresponsive Guest

Airway Obstruction In an Unresponsive Patient



- ✓ If your ventilations fail to make the chest rise, reposition the head and neck and repeat ventilations.
- ✓ If a responsive choking patient becomes unresponsive, repeat the following steps until the obstruction is relieved.
- ✓ If still unresponsive, give 30 chest compressions.
- ✓ Give 30 chest compressions.
- ✓ Look in the mouth for the object and remove it if visible. with your finger if you see it, then reattempt ventilations.
- ✓ Reattempt ventilations.
- ✓ This is normally all that is needed to dislodge the object, so repeat this process until chest rise is obtained.

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1.14 Summary

Key Terms

✓ Agonal breathing	✓ Recovery position
✓ Airway obstruction	✓ Rescue breathing
✓ Bag-valve-mask (BVM)	✓ Respiratory distress
✓ Heimlich Maneuver	✓ Head tilt, Chin lift
✓ Jaw thrust	✓ Respiratory arrest
✓ Laryngectomy	✓ Resuscitation mask
✓ Primary check	✓ Stoma



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Notes:

HCP BLS: Cardiac Emergencies FINAL 1.18.2021

1. Content

1.1 Welcome



Notes:

1.3 The Circulatory System

The Circulatory System

The circulatory system is made up of blood vessels that carry blood throughout the body.

These chambers receive oxygen-poor venous blood from the body and pump it to the lungs, where the waste products are removed, and oxygen is picked up and returned to the left side of the heart.

These chambers accept the oxygen-rich blood and pump it out to all parts of the body through the arteries.

SIZE OF A FIST

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Healthcare Provider Basic Life Support – Cardiac Emergencies: The Circulatory System

The Circulatory System

The circulatory system is made up of blood vessels that carry blood throughout the body.

These chambers receive oxygen-poor venous blood from the body and pump it to the lungs, where the waste products are removed, and oxygen is picked up and returned to the left side of the heart.

These chambers accept the oxygen-rich blood and pump it out to all parts of the body through the arteries.

SIZE OF A FIST

MODULE PROGRESS


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1.4 Cardiovascular Disease

Cardiovascular Disease

- ✓ Cardiovascular disease includes conditions that involve the heart and the blood vessels (arteries, veins, and capillaries).
- ✓ Coronary heart disease (CHD) involves the narrowing of the coronary arteries, the blood vessels that supply oxygen and blood to the heart.
- ✓ This is usually caused by atherosclerosis, which is the plaque (cholesterol substances) that accumulates on the inside walls of the arteries, causing them to narrow. This results in reduced blood flow to the heart.
- ✓ CHD commonly causes chest discomfort, shortness of breath, heart attack, or sudden cardiac death, known as cardiac arrest.



A microscopic view of red blood cells, showing their characteristic biconcave disc shape. The cells are densely packed and appear in shades of red and pink against a darker background.

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Notes:

1.5 Heart Attack

Heart Attack RECOGNITION

- ✓ Call 9-1-1.
- ✓ Help the patient to rest in the most comfortable position.
- ✓ Breathing difficulty, Chest pain, Sweating
- ✓ If the patient has prescribed heart medication, such as nitroglycerin, assist the patient with its use.
- ✓ If the patient is not allergic to aspirin and is not taking a blood thinner, provide one regular aspirin or two low dose aspirins if available.
- ✓ Provide supplemental oxygen support if having trouble breathing.



Notes:

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Healthcare Provider Basic Life Support – Cardiac Emergencies: Stroke

Stroke **RECOGNITION**

Ischemic Stroke Brain Stroke Hemorrhagic Stroke

Facial droop. Ask the patient to smile and see if one side of the face is drooping.

Call 9-1-1.
 Ischemic stroke is caused by a blood clot that has
 disrupted due to blocked or ruptured arteries in the brain.

Have the patient rest in the most comfortable position. This position is often lying on the back with head and shoulders elevated.

Speech difficulty. Listen to the patient speaking.

If vomiting occurs, roll the patient onto his/her side (recovery position) to keep the airway clear.

Time to call 9-1-1.

Ischemic Stroke: Disruption of blood flow to affected area

Hemorrhagic Stroke: Rupture of blood vessels; leakage of blood

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1.7 Cardiac Arrest

Cardiac Arrest **ACTIVATING EMS**

You play a major role in the Adult Chain of Survival.

Adult Chain of Survival (Pre-hospital)

Adult Chain of Survival Pre-Hospital Care Links

1. Activation of Emergency Response
2. High Quality CPR
3. Defibrillation
4. Advanced Resuscitation
5. Post Cardiac Care
6. Recovery

Pediatric Chain of Survival (Pre-hospital)

Pediatric Chain of Survival Pre-Hospital Care Links

1. Prevention
2. Activation of Emergency Response
3. High Quality CPR
4. Advanced Resuscitation
5. Post Cardiac Care
6. Recovery

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Notes:

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Healthcare Provider Basic Life Support – Cardiac Emergencies: Cardiac Arrest

Cardiac Arrest **ACTIVATING EMS**

1. You play a major role in

Adult Chain of Survival
Pre-Hospital Care Links

1. Activation of Emergency Response
2. High Quality CPR
3. Defibrillation
4. Advanced Resuscitation
5. Post Cardiac Care
6. Recovery

Pediatric Chain of Survival
Pre-Hospital Care Links

1. Prevention
2. Activation of Emergency Response
3. High Quality CPR
4. Advanced Resuscitation
5. Post Cardiac Care
6. Recovery

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1.8 Cardiopulmonary Resuscitation (CPR)

Cardiopulmonary Resuscitation (CPR) **CHEST COMPRESSIONS**

CLICK COMPRESSIONS GIVEN TOO SLOW

Position the patient on his/her back on a hard surface.

CLICK COMPRESSIONS AT PROPER DEPTH

Compress on the center of the chest.

CLICK COMPRESSIONS GIVEN TOO FAST

EAP is activated in order to get an Automated External Resuscitator (AED) and Emergency Medical Services (EMS) professionals called to the scene as soon as possible.

Push fast (at a rate of 100-120 compressions per minute).

Push deep (at least 2 inches for an adult or child).

Push rhythmically.

Allow for complete recoil of the chest.

Minimize interruptions.

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Cardiopulmonary Resuscitation (CPR) CHEST COMPRESSIONS

CLICK Position the patient on his/her back on a hard surface.

CLICK Push fast (at a rate of 100-120 compressions per minute).

CLICK Push deep (at least 2 inches for an adult or child).

CLICK Push rhythmically.

CLICK Allow for complete recoil of the chest.

CLICK Minimize interruptions.

CLICK EAP is activated in order to get an Automated External Resuscitator (AED) and Emergency Medical Services (EMS) professionals are called to the scene as soon as possible.

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Cardiopulmonary Resuscitation (CPR) CHEST COMPRESSIONS

CLICK Position the patient on his/her back on a hard surface.

CLICK Compress on the center of the chest.

CLICK EAP is activated in order to get an Automated External Resuscitator (AED) and Emergency Medical Services (EMS) professionals called to the scene as soon as possible.

COMPRESSIONS GIVEN TOO SLOW Push fast (at a rate of 100-120 compressions per minute).

COMPRESSIONS AT PROPER RATE Push deep (at least 2 inches for an adult or child).

COMPRESSIONS GIVEN TOO FAST

Push rhythmically.

Allow for complete recoil of the chest.

Minimize interruptions.

80 BPM (Slide Layer)

Cardiopulmonary Resuscitation (CPR) CHEST COMPRESSIONS

CLICK Position the patient on his/her back on a hard surface.

CLICK Compress on the center of the chest.

CLICK EAP is activated in order to get an Automated External Resuscitator (AED) and Emergency Medical Services (EMS) professionals called to the scene as soon as possible.

COMPRESSIONS GIVEN TOO SLOW Push fast (at a rate of 100-120 compressions per minute).

COMPRESSIONS AT PROPER RATE Push deep (at least 2 inches for an adult or child).

COMPRESSIONS GIVEN TOO FAST

Push rhythmically.

Allow for complete recoil of the chest.

Minimize interruptions.

1.9 Single Rescuer Adult CPR

Single Rescuer Adult CPR

✓ With your shoulders over your hands, compress the chest at least 2 inches and allow the chest to return to its normal position. Give 30 chest compressions at a rate of 100 - 120 compressions per minute (almost 2 per second).

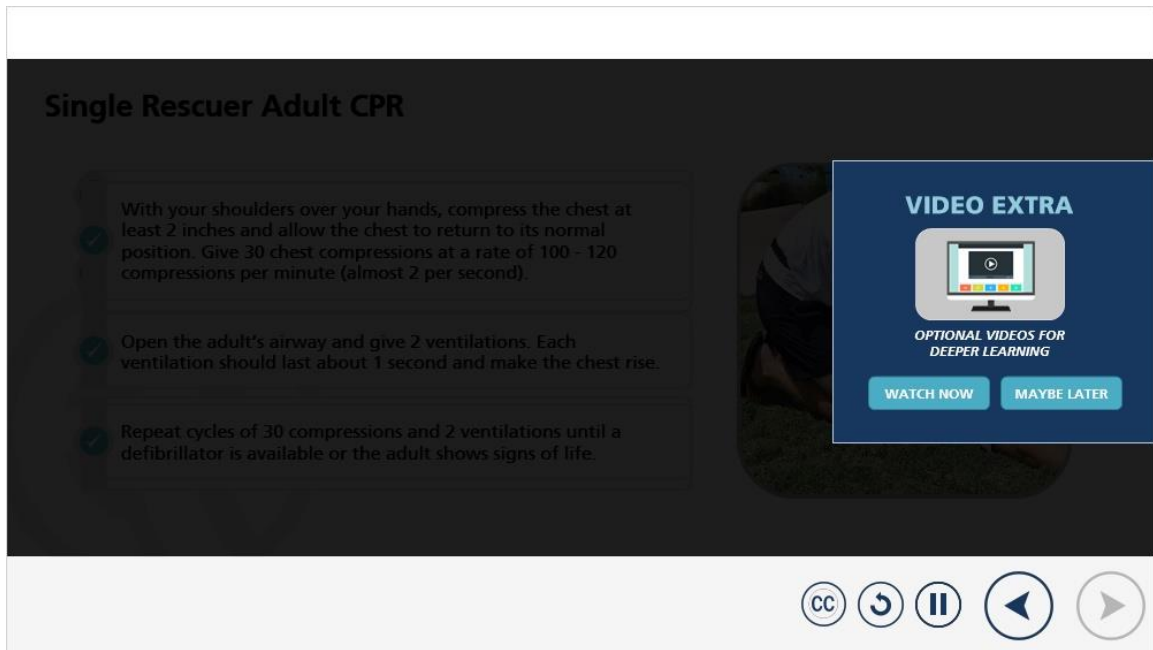
✓ Open the adult's airway and give 2 ventilations. Each ventilation should last about 1 second and make the chest rise.

✓ Repeat cycles of 30 compressions and 2 ventilations until a defibrillator is available or the adult shows signs of life.



Notes:

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Single Rescuer Adult CPR

- 1 With your shoulders over your hands, compress the chest at least 2 inches and allow the chest to return to its normal position. Give 30 chest compressions at a rate of 100 - 120 compressions per minute (almost 2 per second).
- 2 Open the adult's airway and give 2 ventilations. Each ventilation should last about 1 second and make the chest rise.
- 3 Repeat cycles of 30 compressions and 2 ventilations until a defibrillator is available or the adult shows signs of life.

VIDEO EXTRA

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Healthcare Provider Basic Life Support – Cardiac Emergencies: Single Rescuer Child CPR

Single Rescuer Child CPR

- ✓ Compress the chest at least one third the depth of the chest (about 2 inches) and allow the chest to return to its normal position. Give 30 chest compressions at a rate of 100-120 compressions per minute (almost 2 per second).
- ✓ Open the child's airway and give 2 ventilations. Each ventilation should last about 1 second and make the chest rise.
- ✓ Repeat cycles of 30 compressions and 2 ventilations until a defibrillator is available or the child shows signs of life.



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1.11 Single Rescuer Infant CPR

Single Rescuer Infant CPR

- ✓ Use your fingers to compress the chest at least one third the depth of the chest (about 1 1/2 inches) and allow the chest to return to its normal position. Give 30 chest compressions at a rate of 100-120 compressions per minute (almost 2 per second).
- ✓ Open the infant's airway and give 2 ventilations. Each ventilation should last about 1 second and make the chest rise.
- ✓ Repeat cycles of 30 compressions and 2 ventilations until a defibrillator is available or the infant shows signs of life.



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Healthcare Provider Basic Life Support – Cardiac Emergencies: Single Rescuer Infant CPR

Single Rescuer Infant CPR

- Use your fingers to compress the chest at least one third the depth of the chest (about 1 1/2 inches) and allow the chest to return to its normal position. Give 30 chest compressions at a rate of 100-120 compressions per minute (almost 2 per second).
- Open the infant's airway and give 2 ventilations. Each ventilation should last about 1 second and make the chest rise.
- Repeat cycles of 30 compressions and 2 ventilations until a defibrillator is available or the infant shows signs of life.



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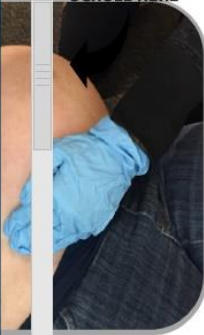
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1.12 Multiple-Rescuer CPR

Multiple-Rescuer CPR

Care Steps	Adults (Adolescence* and older) <small>*Onset</small>	Children (1 year of age to Adolescence*) <small>*Onset</small>	Infants (Newborn* - 1 year of age) <small>*Home from the Hospital</small>
Scene safety and recognition	Determine scene safety, PPE. Check for responsiveness: "Tap and shout"	Determine scene safety, PPE. Check for responsiveness: "Tap and shout"	Determine scene safety, PPE. Check for responsiveness: "Tap and shout"
Patient position and airway	Place patient on back (hard surface). Tilt head backward, lift chin/jaw to open the airway.	Place patient on back (hard surface). Tilt head backward, lift chin/jaw to open the airway.	Place patient on back (hard surface). Tilt head <i>slightly</i> backward, lift chin to open the airway (achieve neutral position).
Simultaneously Assess pulse/breathing	Look for chest rise and fall. Listen and feel for breathing. Attempt to find the <i>carotid pulse</i> in the neck for no more than 10 seconds.	Look for chest rise and fall. Listen and feel for breathing. Attempt to find the <i>carotid pulse</i> in the neck for no more than 10 seconds.	Look for chest rise and fall. Listen and feel for breathing. Attempt to find the <i>brachial pulse</i> in the arm for no more than 10 seconds.
Pulse present	Provide rescue breathing:	Provide rescue breathing:	Provide rescue breathing:



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Healthcare Provider Basic Life Support – Cardiac Emergencies: Multiple-Rescuer CPR

Multiple-Rescuer CPR

Care Steps	Adults (Adolescence* and older) *Onset	Children (1 year of age to Adolescence*) *Onset	Infants (Newborn* - 1 year of age) *Home from the Hospital
Scene safety and recognition	Determine scene safety, PPE. Check for responsiveness: <i>"Tap and shout"</i>	Determine scene safety, PPE. Check for responsiveness: <i>"Tap and shout"</i>	Determine scene safety, PPE. Check for responsiveness: <i>"Tap and shout"</i>
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Simultaneously Assess pulse/breathing	Look for chest rise and fall. Listen and feel for breathing. Attempt to find the <i>carotid pulse</i> in the neck for no more than 10 seconds.	Look for chest rise and fall. Listen and feel for breathing. Attempt to find the <i>carotid pulse</i> in the neck for no more than 10 seconds.	Look for chest rise and fall. Listen and feel for breathing. Attempt to find the <i>brachial pulse</i> in the arm for no more than 10 seconds.
Pulse present	Provide rescue breathing:	Provide rescue breathing:	Provide rescue breathing:

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1.14 The Heart's Electrical Conduction System

The Heart's Electrical Conduction System

- ✓ When the normal electrical activity of the heart is interrupted, electrical disturbances known as dysrhythmias will occur.
- ✓ Ventricular tachycardia (V-tach) causes the ventricles to beat far too fast. The chambers cannot fill properly or pump blood effectively.
- ✓ Ventricular fibrillation (V-fib) is disorganized, chaotic electrical activity that results in quivering of the ventricles. Blood cannot be pumped out of the heart so the patient will be pulseless.

Right atrium

Left atrium

Atrioventricular node

Purkinje fibers

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Healthcare Provider Basic Life Support – Cardiac Emergencies: The Heart's Electrical Conduction System

The Heart's Electrical Conduction System

- ✓ When the normal electrical activity of the heart is interrupted, electrical disturbances known as dysrhythmias will occur.
- ✓ Ventricular tachycardia (V-tach) causes the ventricles to beat far too fast. The chambers cannot fill properly or pump blood effectively.
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Right atrium

Left atrium

Atrioventricular node

Purkinje fibers

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1.16 Using an AED

Using an AED

- ✓ In some cases, more than one shock will be needed to correct the dysrhythmia.
- ✓ If no shock is advised, it means that the AED did not find a shockable rhythm (V-fib or V-tach).
- ✓ Regardless of whether a "shock" or a "no shock" advisory is given, follow with 2 minutes of CPR if the patient is in cardiac arrest.
- ✓ CPR and AED care should be continued until the patient begins to show signs of responsiveness, such as breathing.

SURVIVAL



Notes:

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Using an AED

- In some cases, more than one shock will be needed to correct the dysrhythmia.
- If no shock is advised, it means that the AED did not find a shockable rhythm (V-fib or V-tach).
- Regardless of whether a "shock" or a "no shock" advisory is given, follow with 2 minutes of CPR if the patient is in cardiac arrest.
- CPR and AED care should be continued until the patient begins to show signs of responsiveness, such as breathing.

VIDEO EXTRA

OPTIONAL VIDEOS FOR DEEPER LEARNING

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Video Play (Slide Layer)

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Healthcare Provider Basic Life Support – Cardiac Emergencies: Using and Maintaining an AED

Using an AED

- ✓ In some cases, more than one shock will be needed to correct the dysrhythmia.
Once the second electrode pad is attached.
- ✓ If no shock is advised, it means that the AED did not find a shockable rhythm (V-fib or V-tach).
- ✓ Regardless of whether a “shock” or a “no shock” advisory is given, follow with 2 minutes of CPR if the patient is in cardiac arrest.
- ✓ CPR and AED care should be continued until the patient begins to show signs of responsiveness, such as breathing.

SURVIVAL



A photograph showing a person in a white shirt with 'REGUARD' on the back using an AED on a patient lying on a stretcher. Other people are assisting with the patient.

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1.17 Maintaining an AED

Maintaining an AED

- ✓ Devices run their own internal checks to verify proper operation, and have warning lights that signal users if it's functioning properly or malfunctioning.
- ✓ If a device has a problem, such as a low battery, it can inform users by changing to a red light instead of its normal light and chirping the same way a smoke alarm does.
- ✓ Periodic inspection of the AED will also ensure that the proper supplies will be available, such as unexpired electrode pads, and items in the "ready kit."



A photograph of a person in a red shirt sitting at a desk, inspecting an AED. The AED is open, and the person is looking at the device and a manual. There are various supplies and papers on the desk.

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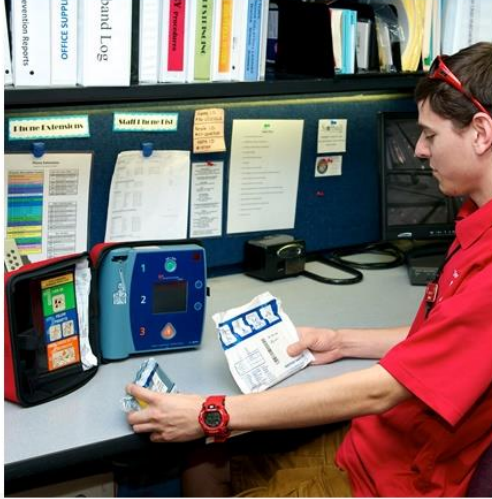
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Healthcare Provider Basic Life Support – Cardiac Emergencies: Using and Maintaining an AED

Maintaining an AED

- ✓ Devices run their own internal checks to verify proper operation, and have warning lights that signal users if it's functioning properly or malfunctioning.
- ✓ If a device has a problem, such as a low battery, it can inform users by changing to a red light instead of its normal light and chirping the same way a smoke alarm does.
- ✓ Periodic inspection of the AED will also ensure that the proper supplies will be available, such as unexpired electrode pads, and items in the "ready kit."



MODULE PROGRESS

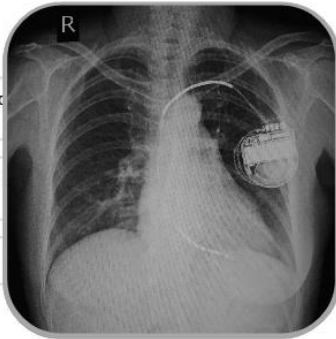
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1.18 AED Special Considerations

AED Special Considerations

- ✓ Water is a conductor of electricity, which could provide a pathway for the current.
- ✓ If the implanted device delivers a shock to the patient while you are using the AED, for example the patient's muscles contract similar to that observed during AED use, it will not damage your AED, but the AED analysis may be interrupted during this time.
- ✓ specific heart conditions.
- ✓ Though the patient will feel a jolt, the energy that escapes to the surface, where a rescuer might be in contact with the patient, is hard to detect and harmless.
- ✓ Dry the patient's chest and then attach the electrode pads.



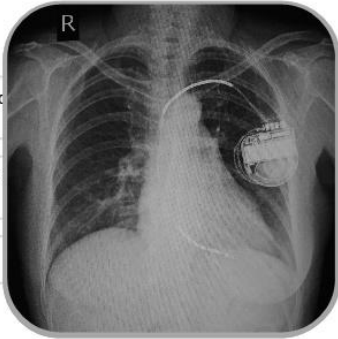
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Healthcare Provider Basic Life Support – Cardiac Emergencies: AED Special Considerations

AED Special Considerations

- Water is a conductor of electricity, which could provide a pathway for the current.
- ✓ If the implanted device delivers a shock to the patient while you are using the AED, for example the patient's muscles contract similar to that observed during AED use, it will not damage your AED, but the AED analysis may be interrupted during this time.
- specific heart conditions.
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- ✓ Dry the patient's chest and then attach the electrode pads.



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1.19 Summary

Key Terms

- ✓ Automated External Defibrillator (AED)
- ✓ Cardiac Arrest
- ✓ Cardiopulmonary Resuscitation (CPR)
- ✓ Defibrillation
- ✓ Electrode Pads
- ✓ Ventricular Fibrillation
- ✓ Ventricular Tachycardia



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Notes:

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Healthcare Provider Basic Life Support – Cardiac Emergencies: Summary

Key Terms

- ✓ Automated External Defibrillator (AED)
- ✓ Cardiac Arrest
- ✓ Cardiopulmonary Resuscitation (CPR)
- ✓ Defibrillation
- ✓ Electrode Pads
- ✓ Ventricular Fibrillation
- ✓ Ventricular Tachycardia



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