

BLS Cardiorespiratory Arrest

Keys to High-Quality CPR

- Rate of 100-120 per minute
- Compression depth of at least 2 inches
- Allow complete recoil after each compression
- Minimize interruptions in compressions by continuing compressions while AED is charging hovering over the chest during defibrillation
- Change compressor roles every 2 min to limit fatigue – try to change roles in < 5 seconds

- Assess for responsiveness and **normal** breathing (i.e. seemingly effortless breaths without gasping)
- Request ALS assistance early

If patient is
Not responsive | Not Breathing | Agonal Breathing:
Is carotid pulse **definitely** felt within 10 seconds?

Yes

- Insert OPA/NPA
- Give 1 ventilation every 6 seconds via BVM (with supplemental **Oxygen**)
- Recheck pulse every 2 min

No

Begin continuous **CPR**¹
Apply AED when available

Analyze Rhythm
Shockable?

Yes

No

Give 1 shock²
Resume **CPR** immediately
Recheck pulse and rhythm every 2 min

Resume **CPR** immediately
Recheck pulse and rhythm every 2 min until
ALS arrives or patient becomes responsive

Following the initial rhythm check and/or shock:

Consider applying a mechanical CPR device, if available
Consider inserting a supraglottic airway (without interruption of compressions)
Apply Impedance Threshold Device, if available
Apply CPR Defib-Tech Device, if available

¹ Promptly initiating and maintaining effective and continuous chest compressions is most important – CPR is a treatment!
Airway management should not interfere with chest compressions or defibrillation. Provide ventilations at 10 breaths per minute.

² In cases of witnessed arrest or adequate & uninterrupted bystander CPR performed prior to first responder arrival, it is reasonable to defibrillate as soon as possible after chest compressions are initiated. **CPR should not be delayed while applying pads or charging.**

³ An impedance threshold device prevents unnecessary air from entering the lungs during the decompression phase of CPR – this decreases pressure and allows more blood to return back to the heart. Remove the ITD upon return of spontaneous circulation.

The effectiveness of CPR decreases with movement.

Resuscitation should occur on-scene for a minimum of 30 minutes if it is safe and operationally possible.

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