## **BLS Cardiorespiratory Arrest**

## **Keys to High-Quality CPR**

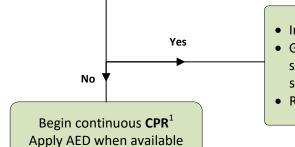
- Rate of 100-120 per minute
- Compression depth of at least 2 inches
- Allow complete recoil after each compression
- Minimize interruptions in compressions by continuing compressions while AED is charging hovering over the chest during defibrillation
- Change compressor roles every 2 min to limit fatigue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

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

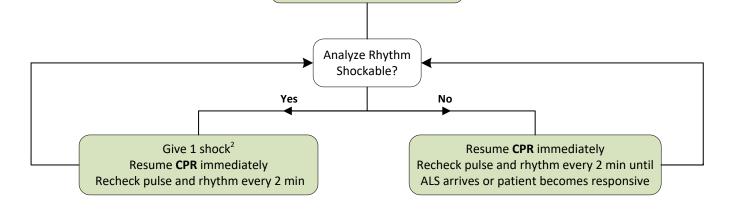
If patient is

Not responsive | Not Breathing | Agonal Breathing:

Is carotid pulse definitely felt within 10 seconds?



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



## 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

<sup>1</sup> 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.

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.

Mich Richers

<sup>&</sup>lt;sup>2</sup> 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.** 

<sup>&</sup>lt;sup>3</sup> 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.