



Quick Reference Guide

ADULT, CHILD, INFANT CPR

STANDARD FIRST AID

AED (AUTOMATED EXTERNAL DEFIBRILLATOR)

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CPR Basics

Suggested guidelines for administering CPR are as follows:

Adult CPR - victim has reached the onset of puberty and older.

Child CPR - victim has not reached the onset of puberty and is not an infant (approximately 1 year to the onset of puberty).

Infant CPR - victim is younger than toddler aged (approximately birth to 1 year).

C-A-B (Compressions-Airway-Breathing) Order

- Begin **C**ompressions
- Open **A**irway with head tilt–chin lift method, check breathing, **AT THE SAME TIME**
- Give 2 rescue **B**reaths

Compressions

Chest compressions, which keep oxygen flowing to the brain, is the single most important factor in life saving procedures.

Compressions should be swift, hard and consistent.

Use

- Adult: Two hands (heel of dominant hand)
- Child: One hand (heel of dominant hand)
- Infant: Two fingers

Depth

- Adult: At least 2 inches, but no more than 2.4 inches
- Child: At least 1/3 depth of the child's body (or 2")
- Infant: At least 1/3 depth of the infant's body (or 1 1/2")

Position

- Adult and child: On the breastbone (sternum)
- Infant: On the breastbone, just below nipple line

Rate

- 100-120 compressions per minute



Airway

Head Tilt-Chin Lift Method

Use one hand on the forehead to tilt the victim's head back. **AT THE SAME TIME** place the other hand under the victim's chin, lift the chin to open the airway and displace the tongue. Look into the victim's mouth for an obstruction. If you see an obstruction, remove it immediately.

Rescue Breaths

Keep airway open with head tilt-chin lift method. Administer one rescue breath (1 second). Observe chest for rise and fall. If breath does not go in, re-tilt head and administer second rescue breath (1 second). Observe chest for rise and fall **AT THE SAME TIME** as administering rescue breaths.

Use one of the following methods to administer rescue breaths:

- Mouth-to-barrier
- Mouth-to-nose
- Mouth-to-stoma (An artificial opening in the neck, such as a breathing tube)

CPR Cycle

Perform **30 compressions** then administer **2 rescue breaths**

- At a rate of 100-120 compressions per minute
- Check for signs of breathing (rise/fall of chest)

Continue CPR cycle until:

- AED becomes available
- Victim shows signs of life
- A second rescuer takes over
- EMS takes over
- You are too tired to continue

Airway Obstruction

Responsive Adult or Child

Check victim for choking. Elicit response to question, "Are you choking?" Observe signs of obstruction (speaking and breathing).

Begin **Heimlich Maneuver**:

- Move behind the victim
- Reach around the victim's waist with both arms just above the navel
- Place a fist with the thumb side against the victim's abdomen
- Grasp the fist with other hand
- Press into the abdomen with quick inward and upward thrusts
- Continue administering thrusts until the object is removed or the victim becomes unresponsive
- If unable to move behind the patient, have patient lay on the ground and administer abdominal thrusts using both hands in the same location as if they were standing
- If victim becomes unresponsive, stops breathing and loses consciousness, immediately call or have a bystander call 911 and begin CPR Cycles
- Continue CPR cycles until a second rescuer or EMS takes over, you are too tired to continue, or victim begins breathing
- If victim begins breathing, place in recovery position until EMS arrives

*****Pregnant women**, in the late stages of pregnancy should **NOT** be given the Heimlich Maneuver from behind. Instead rescuer should administer abdominal thrusts to victim while she is lying on the ground.

Responsive Infant

Check victim for choking. Observe signs of obstruction (speaking and breathing).

- Support the infant's head, neck, and back with hand and forearm
- Use thigh to support your arm
- Give strong five back blows
- Turn the infant over, supporting the head and neck, using your leg or nearby object.
- Check mouth and throat for obstruction.
- Give five chest compressions, using two fingers and check airway again
- Repeat these steps until the object is removed
- If the victim becomes unresponsive, stops breathing and loses consciousness, immediately call or have a bystander call 911 and **begin CPR**

Unresponsive Choking Victim

Begin CPR – check mouth for object between CPR cycles.

Continue CPR cycle until:

- AED becomes available
- Victim shows signs of life
- A second rescuer takes over
- EMS takes over
- You are too tired to continue

Tongue and Airway Obstruction

Airway obstruction in an unresponsive victim lying on his or her back is usually the result of the tongue relaxing in the back of the mouth, restricting air movement. Opening the airway with the head tilt-chin lift method may be all that is needed to correct this problem.

Hands Only CPR

Call or direct bystander to call 911. Press hard and fast, about 100-120 times per minute, on the middle of the victim's chest. Continue care until EMS arrives, an AED becomes available or you are too tired to continue.

*****Conventional CPR is recommended for children and infants, however due to the asphyxial nature of most pediatric cardiac arrests, rescue breaths may not be possible. In these instances, the hands only method is preferred to no CPR.**

First Aid Basics

First aid is the immediate care given to someone in an emergency situation, due to an illness or injury before EMS (Emergency Medical Services) arrives and takes over. Most of the time first aid is provided by a bystander (or by the victim) with minimal or no medical equipment. First aid is usually provided for minor illnesses and injuries. However, first aid may also be provided to someone who has a more serious illness or injury, such as a heart attack or severe bleeding.

Action at an Emergency

In an emergency situation, the bystander is a vital link between the victim and Emergency Medical Services (EMS). When entering the scene of an emergency situation, it is important to recognize the severity of the emergency before deciding how to respond.

Assess the Scene

Always remember to check the scene for safety hazards BEFORE providing care, it is important to ensure if you and the victim(s) are in a safe location, free of imminent danger or hazards.

- Determine
 - if it is safe to help
 - number of victims
 - if you will need additional assistance from EMS
 - what personal protective devices are readily available to you
- Safety
 - If the area is unsafe for the victim or rescuer, move the victim to a safe location, if can be done safely
 - Do not put you or the victim's safety at risk
 - If you cannot safely provide care, do not become another victim, call EMS and wait for EMS to arrive

Activate EMS

- For serious situations, it is best to error on the side of caution and call 911
- Provide vital information to EMS dispatcher
 - You name and number
 - Location of emergency
 - Information about the type of emergency
 - Number of victims
 - Victim(s) condition
 - What care is being provided at the scene



Assess the Victim

- Check the victim for responsiveness
- Tap on the shoulder and shout, **“Are you okay?”**
- Ask the victim if you he or she would like you to provide care
- If the victim is facedown and unresponsive, turn the victim over
- Check the victim for breathing
 - If victim is **not** breathing – **begin CPR**
 - If victim is breathing – check the victim and provide care
- Check the victim for obvious signs of injury, such as bleeding, broken bones, burns, or bites
- Look for medical information jewelry to determine if the victim has a serious medical condition
- Place the victim in recovery position (on side)
 - If the victim has difficulty breathing because of vomiting, or other secretions
 - you have to leave an unresponsive victim to get help
- If the victim shows signs of shock, have the victim lie flat on back
- If the victim does not show signs of trauma or injury, raise the feet about 6-12 inches.
 - Do not raise the feet if it causes the victim any pain

Provide Care

- Decide to provide care
- Determine what type of care is needed
- Begin care immediately – early care is critical for a victim's survival

Victim Assessment

When providing care to a victim it is important to identify and correct any condition that may not be immediately life threatening, but may have the potential to become life threatening if it is not corrected.

SAMPLE

Gather information about victim using the **SAMPLE** history method. Ask victim about the following information

- **S**igns and symptoms
- **A**llergies
- **M**edications
- **P**ast medical history
- **L**ast meal eaten
- **E**vents leading to the injury or illness

Medical information tags may identify allergies, medication, or medical condition

DOTS

Use the **DOTS** method to check the victim head to toe for the following conditions

- **D**eformity
- **O**pen wounds
- **T**enderness
- **S**welling

Head to Toe exam

- **H**ead – look for blood, check eyes, check mouth for loose teeth or blood, check the nose and ears for fluid or blood, look for bruising of the eyes or behind the ears
- **N**eck – look for bleeding, distention of the jugular vein, open wounds, or tracheal deviation
- **C**hest –look for blood, broken ribs, open wounds, accessory muscle breathing
- **A**bdomen –look for bleeding, abdominal wounds, tenderness, bruising
- **L**egs –look for bleeding, bruising, open wounds, broken bones, deformities
- **P**elvis –look for bleeding and instability
- **A**rms –look for bleeding, bruising, open wounds, broken bones, deformities

Ongoing Care until EMS arrives

- Monitor the victim's condition using **ABC assessment**:
 - **A**irway – use head tilt-chin lift method
 - **B**reathing – look, listen and feel for breathing
 - **C**irculation – check for severe bleeding
- Treat for shock
 - Help victim lie on back
 - Keep covered and warm
 - Do not give anything to eat or drink
- Remain with victim and record any changes in the victim's condition
- Report your findings and care to EMS when they arrive
- **If victim becomes unresponsive** or has agonal breathing (irregular, shallow or gasping) or is not breathing at all – **begin CPR**
 - Continue CPR cycle until EMS arrives, a second rescuer takes over or you are too tired to continue
 - If you do not know CPR begin "Hands Only" compressions at a rate of 100-120 per minute

Providing Care for Medical Emergencies

Asthma

- Administer inhaler, if available
- Encourage victim to remain calm and relax
- Remain with victim until EMS arrives

Choking

- Elicit response to question, **“Are you choking?”**
- Observe signs of obstruction (speaking and breathing)
- **Responsive** Adult or Child - **begin Heimlich Maneuver**
- **Unresponsive** Adult, Child or Infant – **begin CPR**

Allergic Reaction

- Administer Epinephrine Pen
- If victim does not respond to first dose, and EMS does not arrive within 5-10 minutes a repeat dose may be administered

*****Anaphylaxis is the most severe form of allergic reaction. It has a rapid onset and may cause death**

Heart Attack

- If victim is NOT breathing - **begin CPR**
- If victim is breathing
 - Encourage victim to remain calm and in a comfortable position (recovery position if possible)
 - Offer 1 adult dose or 2 low dose aspirin, if certain the victim is experiencing a heart attack and has no known allergy

Fainting

- Instruct the victim to remain lying flat on the ground until he/she can sit up and feel normal
- If the victim fell – check for injuries caused by the fall
- Remain with victim until he/she feels normal and alert
 - Can stand and walk without assistance
 - Is aware of what happened and who he/she is

Diabetic Victim

- If the victim can sit up and swallow
 - Give glucose tablet if available OR
 - Give a food or drink that contains sugar (chocolate does not contain enough sugar)
 - Fruit juice
 - Milk
 - Sugar
 - Honey
 - A regular soft drink
 - Diet foods and drinks do not have sugar
- If the victim cannot sit up and swallow
 - Do NOT give food or drink
 - Have victim sit quietly or lie down until EMS arrives

Stroke

Use FAST assessment to determine if stroke is occurring

- **F** - **F**acial droop
- **A** - **A**rm weakness
- **S** - **S**peech difficulty
- **T** - **T**ime to call EMS
- Encourage the victim to remain calm and quiet
- DO NOT give anything to eat or drink
- Monitor victim and be prepared to begin CPR

Seizure

- Protect the victim from injury
- Move furniture or other unsafe objects out of the way
- Place a small pad or towel under the victim's head, if possible
- Do NOT place objects in the victim's mouth
- Encourage the victim to remain calm
- Remain with the victim until EMS arrives and takes over

Shock

- Help the victim lie on his/her back
- Cover the victim to keep him/her warm
- Check the victim using **ABC method**:
 - **A**irway – use head tilt-chin lift method
 - **B**reathing – look, listen and feel for breathing
 - **C**irculation – check for severe bleeding
- Record any changes in the victim's condition
- Report your findings and care to EMS when they arrive

Providing Care for Injury Emergencies

External Bleeding

- Treat wound according to severity
- Apply pressure or tourniquet
- Immobilize partial amputations
- Do NOT remove bandages
- Take care that dressing does not become occlusive (sealing wound) in open chest wounds

Internal bleeding

- Have the victim lie down and remain still
- Provide care for shock, if necessary
- If vomiting occurs, roll victim on his or her side
- Check the victim using ABC method:
 - **A**irway – use head tilt-chin lift method
 - **B**reathing – look, listen and feel for breathing
 - **C**irculation – check for severe bleeding
- Care for shock, if necessary
 - Victim lies on back
 - Cover and keep warm
 - Do not give anything to eat or drink
- Record any changes in victim
- Report findings to EMS when they arrive

Nose Bleeds

- Pinch victim's nose
- Tilt the victim's head forward
- Keep constant pressure on both sides of the nostrils until the bleeding stops
- If bleeding continues, press harder
- Apply a cold pack to the bridge of the nose
- Call or direct a bystander to call EMS if
 - The bleeding doesn't stop in approximately 15 minutes
 - Bleeding is heavy (gushing)
 - The victim has trouble breathing
 - Do **NOT** have victim tilt head back



Bleeding from the Mouth

- If you can reach the area
 - Apply pressure with clean, sterile dressings
- Check the mouth for any missing teeth, or parts of teeth
 - Clean the wound with saline or clean water
 - If the victim has a loose tooth
 - Have the victim bite down on a piece of gauze to keep the tooth in place
 - Call a dentist
 - If the tooth is chipped, clean the area and call a dentist
 - If tooth is missing
 - Apply pressure with gauze to stop bleeding at the empty tooth socket
 - Place tooth in a cup of Hank's balanced salt solution, propolis, egg white, coconut water, Ricetral or milk
 - Take victim to dentist or emergency room

Eye Injury

- Instruct victim to keep eyes closed
- Use clean water to rinse the eye(s)
- If the eye(s) have been punctured or penetrated by an object leave the object in place until EMS arrives and takes over

Embedded (Impaled) Objects

- Expose the injured area
- Stabilize the object
- Do NOT remove the object
- Control bleeding around the object
- Seek medical attention or wait for EMS to arrive

Head, Neck or Spine Injury Victim

- Minimize movement
 - Encourage victim to remain as still as possible
 - Do not apply a cervical collar or move the victim
 - Stabilize the head and neck with your hands, if possible
- Advise victim to remain calm and still
- Evaluation by a healthcare provider should occur as soon as possible

Victim with a Broken Bone or Sprain

- Advise the victim to remain still and avoid using or moving the injured body part
- Apply a cold pack to the injured area
- Do **NOT** try to straighten a bent or deformed body part
- Do **NOT** try to move a broken bone that has come through the skin
- Make a splint if you are unable to access EMS support immediately (example hiking in the woods)
 - Use something to support the arm or leg from moving (magazine, stick, rolled up towels)
 - Place the splint so that it goes beyond the injured area and supports the joints above and below the injury
 - Tie the splint to the injured body part for support
 - Use tape, gauze or cloth to secure it
 - Check to make sure the splint is not too tight
 - You should be able to put a few fingers between the splint and the injured body part
- If the injured part is bleeding, apply direct pressure to stop the bleeding and apply dressing to the wound **BEFORE** applying the splint
- If there are no materials to make a splint, have the victim self-splint by using his/her arm to hold the injured arm in place
- Do **NOT** try to straighten body parts when applying a splint

Thermal Burns

- Victim is on fire
 - Direct the victim to stop, drop and roll
 - Cover the person with a wet blanket to put the fire out
 - Remove the blanket after the fire is out
- Victim is burned
 - Determine the type and severity of burn

- Stop the burning process
- Open airway and check breathing
- Seek medical attention if
 - Victim is younger than 5 and older than 55
 - Victim has difficulty breathing
 - Victim has other injuries or electrical injuries
 - Face, feet, hands and/or genitals are burned
 - Child abuse is suspected
 - Second degree burn is larger than 20% BSA
 - Burn is third degree

First Degree Burns (superficial)

- Cool burn with cold water – no ice
- Apply moisturizer, such as aloe vera gel
- Adult: administer ibuprofen for pain relief
- Child: administer acetaminophen for pain relief

Second Degree Burns (partial thickness)

- Cool burn with cold water – no ice
- Apply antibiotic ointment
- Cover burn with dry, nonstick, sterile dressing
- Adult: administer ibuprofen for pain relief
- Child: administer acetaminophen for pain relief
- For larger Second Degree Burns – **see caring for third degree burns**

Third Degree Burns (full thickness)

- Seek medical attention **immediately**
- If the person is on fire, put the fire out
- Remove jewelry and clothing that is not stuck to the skin
- Cover the person with a blanket
- Open airway and check for breathing
- Monitor breathing
- Care for shock – **see shock section**
- Remain with the victim until EMS arrives

Chemical Burns

- Flush skin
- Remove contaminated clothing
- Cover burn
- Seek medical care
- Monitor breathing
- Care for shock – **see shock section**
- Remain with the victim until EMS arrives

Electrical Burns

- Turn off the main power source, if possible
- Cover burns
- Check for spinal injuries
- Assess the victim, once safe
- Record any changes in the victim's condition
- Report your findings and care to EMS when they arrive



Providing Care for Environmental Emergencies

Insect/Animal Bites and Stings

- Move away from the animal, if possible
- Advise the victim to remain still and calm
 - Victim should avoid moving the part of the body that was bitten
- Remove any clothing that covers the area
- Flush the wound with running water
- Clean it with soap and water
- Stop any bleeding by applying pressure and dressings
- If a bite breaks the skin, see a healthcare provider
- Place an ice pack over any area that has bruising or swelling
- For serious bites, remain with victim until EMS arrives

Providing for Weather Related Emergencies

Heat Cramps

- Advise the victim to lie down, rest and cool off
- Stretch cramped muscle
- Provide drink that contains electrolytes, such as juice or a sports drink
 - Give the victim water if the others are not available
- A cool ice pack may be applied to the sore muscle for up to 20 minutes, if the victim can tolerate it.
- Call or direct a bystander to call EMS if victim's condition does not improve
- Monitor breathing

Heat Exhaustion

- Stop activity and rest in a cool place
- Remove excess or tight clothing
- Provide drink that contains electrolytes, such as juice or a sports drink
- Give water if other drinks are unavailable
- Advise victim to lie down, raise legs 6 to 12 inches
- Apply cool damp cloths to the neck, armpit and groin area, if possible
- Spray with a cool water spray, if possible
- Call or direct a bystander to call EMS if victim's condition does not improve
- Monitor breathing



Heatstroke

- Begin cooling the victim immediately
- Place in cool water up to neck, if possible
- Cool with a cool water spray, if possible
- Stop cooling the victim once behavior is normal again – continued cooling can lead to hypothermia
- If the victim is able to drink
 - Provide drink that contains electrolytes, such as juice or a sports drink
 - Give water if other drinks are unavailable
- If victim is unable to drink
 - Remain with victim until EMS arrives and takes over

Frostbite

- Move the victim to a warm place
- Remove tight clothing and jewelry from the frostbitten area
- Remove wet clothing
- Pat the body dry
- Put dry clothes on the victim, if possible
- Cover with a blanket

- Do not try to thaw the frozen part if you think there may be a chance of refreezing
- Try not to touch the frostbitten area
- Do **NOT** rub the damaged area
- Remain with victim until EMS arrives

Hypothermia (Low Body Temperature)

- Move the victim out of the cold
- Remove wet clothing
- Pat the body dry
- Put dry clothes on, if possible
- Cover with a blanket and any other coverings you may have
- Cover the head, but not the face
- Place victim near a heat source and place containers of warm – not hot – water in contact with the skin
- Remain with victim and record any changes
- Report changes to EMS when they arrive

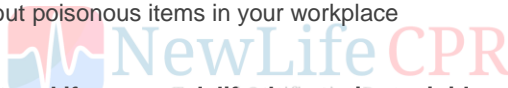
Poison Emergencies

Many types of products can be poisonous to people. When victims come into contact with poisonous products either by swallowing, breathing or contact with skin and eyes, serious sickness and even death can occur. If you are unsure of a victim's exposure, call 911 immediately, before calling poison control

Caring for Poison Emergencies

The number for the **American Association of Poison Control** Centers (Poison Control) is

- **1-800-222-1222**
- Follow all workplace guidelines about poisonous items in your workplace



*****Naloxone, if available, may be administered if suspected, life-threatening opioid overdose has occurred.**

AED Basics

CPR must be started and continue until defibrillator (AED) becomes available.

When AED becomes available

- Turn on AED machine
- Place AED pads in proper position
- Follow AED prompts