CPR Study Guide

1. Signals of an emergency – Unusual Noises, unusual odors, unusual appearances or behaviors
2. If someone does not give consent, do not give care but do call 911 if it is an emergency
3. Emergency Action Steps – Check, Call, Care
4. Call 911 for life threatening emergencies such as heart attacks and trouble breathing
5. You should only move a victim is the scene is becoming unsafe, or you have to move the person to give care
6. Following standard precautions, wearing gloves and washing your hands and using a breathing mask would be to minimize disease transmission.
7. When checking a conscious person, get consent, conduct a head to toe scan, do no move injured areas of the body and ask questions as to what they are experiencing.
8. For a person who is in shock, you may keep them comfortable or even lift their feet, but never under any circumstances give them water or food.
9. The best way to initially check if a person is unconscious it so tap and shout “Are you ok?”
10. Signals of trouble breathing can include noisy breathing, shallow breathing, changes in skin color and wheezing
11. For a conscious adult who is choking, get consent, give 5 abdominal thrusts, and 5 back blows repeatedly until the object is forced out or until the victim becomes unconscious
12. When checking for signs of life, look, listen and feel for no more than 10 seconds
13. A single rescue breath should last about 1 second
14. If a person is experiencing chest pain that lasts for more than 5 minutes, or goes away and returns, the person may be experiencing a heart attack.
15. You should perform about 5 cycles of CPR in 2 minutes
16. The proper CPR cycle includes 30 chest compressions and 2 rescue breaths
17. Once CPR is started, you should never stop until the victim shows signs of life, an AED arrives or the EMS arrives.
18. CPR helps to circulate blood to vital organs
19. For a child who is coughing and may start to choke, encourage them to keep coughing to prevent choking from occurring.
20. When giving rescue breaths to a child, the breath should last 1 second.
21. Performing CPR on a child will keep vital organs supplied with blood and oxygen.
22. Compressions for a child should be about 1 to 1 and half inches down.
23. Rescue breaths for a child should be every 3 seconds.
24. When performing Rescue Breathing, you should stop and check for signs of life every 2 minutes or about 40 breaths.
25. An infant who was choking will probably look panicked and will not be able to cough, cry, or breathe.
26. When performing CPR on an infant you should have one hand on the infants forehead and 2 to 3 fingers on the center of the infants chest.
27. For a conscious infant who is choking, give back blows and chest thrusts, until the object is forced out or the infant becomes unconscious or EMS arrives
28. An infant in need of CPR will show no signs of life.
29. CPR compressions for an infant should be one half to one inch down.

AED Study Guide

1. Every minute AED is delayed reduces 10% chance of survival
2. Early AED can save the lives of more people in cardiac arrest
3. AED is an electric shock that may help the heart to resume an effective rhythm
4. If AED prompts “No shock advised” continue 5 cycles of CPR
5. You should ensure no one including you is touching the victim during analysis
6. When preparing an AED for use the first thing you should do is turn it on
7. It is important to stand clear during a shock so that you are not injured, you don’t interfere with the shock or you don’t interrupt the analysis.
8. If the person has a medication patch on their chest you should remove it with a gloved hand before placing the pads on the person.
9. Pads should be placed on the Upper Right and Lower Left of the victims chest
10. Once you have attached the pads you should allow for the AED to analyze the heart rhythm
11. Causes of cardiac arrest in children include traumatic injuries, breathing emergencies or a hard blow to the chest.
12. If the pediatric pads risk touching each other on a child they should be placed on the center of the chest and the center of the child’s back between the shoulder blades