

BLS Provider - Guidelines 2025 CPR (Cardio Pulmonary Resuscitation)

	ADULT Puberty and beyond	CHILDREN 1 year of age to puberty	INFANTS Younger than 1 year, excluding newborns
SCENE SAFETY	Scene is safe for rescuers AND victims		
Check for RESPONSIVENESS	Hey, Hey, are you OK? If no response--Shout for nearby help		
CALL 911 and Get the AED, or Call a Code	* Activate the emergency response system & get an AED as soon as the victim is found unresponsive-- <i>With adults, ALWAYS call first *</i>	*If victim is unresponsive – WITNESSED arrest or with OTHERS present: activate the emergency response system & get an AED * If ALONE & UNWITNESSED : Perform 5 cycles of CPR before activating emergency response system and getting an AED	
Check for BREATHING AND PULSE simultaneously	* Scan & check simultaneously for breathing & carotid pulse * If no breathing and no pulse, start compressions	* Scan & check simultaneously for breathing & carotid pulse (If pulse is <60 beats per min with signs of poor perfusion, start compressions)	* Scan & check simultaneously for breathing & brachial pulse (If pulse is < 60 beats per min with signs of poor perfusion, start compressions)
* Gasping is not normal breathing. If victim is gasping, begin CPR starting with compressions * If the victim does not have a pulse & is not breathing normally, high quality CPR is required			
Compression Location	Lower half of the breastbone * Heel of 1 hand, 2nd hand on top of the first (heel of one hand for small child victims if adequate depth can be achieved with 1 hand)	Just below the nipple line * Heel of one hand OR two thumb encircling hands technique	
Compression Depth * PUSH HARD	At Least 2 inches	At Least 1/3 the depth of the chest	
Compression Rate * PUSH FAST	100 - 120 compressions per minute		
Compression Ventilation * Ratio	30:2 (1or 2 rescuers)	30:2 (1 rescuer) 15:2 (two or more rescuers)	
Compression Method	Allow for complete chest recoil (allowing the heart to completely refill with blood) between each compression - avoid LEANING - Minimize interruptions (< 10 seconds) in chest compressions		
Open the AIRWAY	Head tilt-chin lift - (suspected trauma: jaw thrust)		
Give 2 BREATHS that make the chest rise	Give 2 breaths (making the chest rise & fall , lasting 1 second each) Avoid excessive ventilations, return to compressions within 10 seconds		
AED	TURN ON THE AED, FOLLOW THE PROMPTS		
* Defibrillator takes an abnormal heart rhythm into normal rhythm	* Use adult pads ONLY . Do not use child pads/system.	*Use child pads/system if available. If not, use adult pads, placing one on front center of chest, the other on the center of the back	
NOTE: To avoid fatigue & provide high quality CPR, when 2 or more rescuers are available, it is important to alternate the compressor role every 2 minutes (5 cycles of 30:2 for adults, 10 cycles of 15:2 for children & infants) or sooner if fatigued.			

RESCUE BREATHING			
	ADULT Puberty & beyond	CHILDREN 1 year of age to puberty	INFANTS Younger than 1 year, excluding newborns
<i>When the victim has a valid pulse – but is not breathing normally</i> <i>*check pulse every 2 mins*</i>	<ul style="list-style-type: none"> • give 1 breath every 6 seconds • give each breath over 1 sec with visible chest rise 	<ul style="list-style-type: none"> • give 1 breath every 2 to 3 seconds • give each breath over 1 sec with visible chest rise 	
ADVANCED AIRWAY			
<i>When any Advanced Airway is in place</i>	<ul style="list-style-type: none"> • provide continual compressions • give 1 breath every 6 seconds 	<ul style="list-style-type: none"> • provide continual compressions • give 1 breath every 2-3 seconds 	

RELIEF OF CHOKING (for a RESPONSIVE victim)		
<p><u>Mild Obstruction</u></p> <ul style="list-style-type: none"> • good air exchange • responsive and can cough forcefully • may wheeze between coughs 	<ul style="list-style-type: none"> • with continuous/spontaneous coughing-- encourage victim to keep coughing • do not interfere with the victim's own attempts but stay and monitor their condition • if mild obstruction persists - call 911 	<ul style="list-style-type: none"> • do not interfere with victim's own attempts to expel object • if mild obstruction persists - call 911
<p><u>Severe Obstruction</u></p> <ul style="list-style-type: none"> • poor or no air exchange • weak, ineffective cough or no cough at all • high-pitched noise or no noise at all • unable to speak • possible cyanosis (turning blue) • clutching the throat 	<ul style="list-style-type: none"> • Ask the victim – “Are you choking? Can I help you?” • If the victim nods “yes” and cannot speak • Call 911 • Perform repeated cycles of 5 back blows (slaps) followed by 5 abdominal thrusts until the object is expelled, or the victim becomes unresponsive 	<ul style="list-style-type: none"> • If victim cannot make any sounds or breathe – • Call 911 • Perform repeated cycles of 5 back blows (slaps) followed by 5 chest thrusts until the object is expelled or the child becomes unresponsive <p>* The heel of 1 hand technique for chest thrusts is now recommended for infants</p>

When choking victim becomes UNRESPONSIVE continue to attempt to relieve the airway obstruction:	
If help is available, have them call 911 <ul style="list-style-type: none"> • begin 2 minutes of CPR, starting with compressions • added action - open the mouth wide & look for the object (removing it if seen) before attempting 2 breaths 	If ALONE with no immediate access to a phone <ul style="list-style-type: none"> • begin 2 minutes of CPR, starting with compressions • added action - open the mouth wide & look for the object (removing it if seen) before attempting 2 breaths • activate 911

TEAM DYNAMICS *Utilize a CPR Coach when available	<ul style="list-style-type: none"> • CLEAR ROLES & RESPONSIBILITIES allows all team members to know their positions, functions, and tasks during a resuscitation attempt • KNOWING YOUR LIMITATIONS is communicating boundaries and asking for help when needed during a resuscitation attempt • Communication is presented with clear messages and mutual respect, messages are repeated back to Team Leader to insure comprehension
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