

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? * 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 or 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 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 the 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 <i>Location</i>	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 <i>Depth</i> * PUSH HARD	At Least 2 inches	At Least 1/3 the depth of the chest	
Compression <i>Rate</i> * PUSH FAST	100 - 120 compressions per minute		
Compression Ventilation * <i>Ratio</i>	30:2 (1or 2 rescuers)	30:2 (1 rescuer) 15:2 (two or more rescuers)	
Compression <i>Method</i>	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)			

RESCUE BREATHING			
	ADULT Puberty & beyond	CHILDREN 1 year of age to puberty	INFANTS Younger than 1 year, excluding newborns
When the victim has a valid pulse – but is not breathing normally *check pulse every 2 mins*	<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			
When any Advanced Airway is in place	<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)			
Mild Obstruction <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	
Severe Obstruction <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 abdominal thrusts (Heimlich maneuver)* repeated cycles pf 5 back blows (slaps) followed by 5 abdominal thrusts & repeat 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 a series of 5 back blows (slaps) alternating with 5 chest thrusts until the object is expelled or the child becomes unresponsive* The heel of 1 hand technique for chest thrusts is now recommended for infants	
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	