Cardiopulmonary Resuscitation (CPR)

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Clinical Indications:

- Basic life support for the patient in cardiac arrest

Procedure:

1. Assess the patient's level of responsiveness (shake and shout)
2. If no response, open the patient's airway with the head-tilt, chin-lift and look, listen, and feel for respiratory effort. If the patient may have sustained C-spine trauma, use the modified jaw thrust while maintaining immobilization of the C-spine. For infants, positioning the head in the sniffing position is the most effective method for opening the airway
3. If patient is an adult, go to step 4. If no respiratory effort in a pediatric patient, give two ventilations. If air moves successfully, go to step 4. If air movement fails, proceed to the Airway Obstruction Procedure.
4. Check for pulse (carotid for adults and older children, brachial for infants) for at least 10 seconds. If no pulse, begin chest compressions based on chart below:

Age	Location	Depth	Rate
Infant	Over sternum, between nipples (inter-mammary line), 2-3 fingers	0.5 to 1 inch (1/3 the anterior-posterior chest dimension)	At least 100/minute
Child	Over sternum, just cephalad from xyphoid process, heel of one hand	1 to 1.5 inches (1/3 the anterior-posterior chest dimension)	80 to 100/minute (3 compressions Every 2 seconds)
Adult	Over sternum, just cephalad from xyphoid process, hands with interlocked fingers	1.5 to 2 inches (1/3 the anterior-posterior chest dimension)	80 to 100/minute (3 compressions Every 2 seconds)

5. Go to Cardiac Arrest Procedure. Begin ventilations in the adult as directed in the Cardiac Arrest Procedure
6. Provide no more than 12 breaths per minute with the BVM. Use EtCO2 to guide your ventilations as directed in the Cardiac Arrest Protocol.
7. Chest compressions should be provided in an uninterrupted manner. Only brief interruptions are allowed for rhythm analysis, defibrillation, and performance of procedures
8. Document the time and procedure in the Patient Care Report (PCR).

Certification Requirements:

- Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS System.