

B. Infant CPR (1 hour to < 1 year of age)

1. Assess unresponsiveness – shout loudly and attempt to stimulate patient. If unresponsive, make certain the appropriate resources are responding.
2. Position the infant face-up on a flat, firm surface. Place a folded towel under the shoulders to prevent further flexion of the neck and resultant obstruction of the airway. Open the airway using a gentle head tilt-chin lift maneuver. Do not hyperextend the infant’s head and neck as this may collapse the airway. If trauma is suspected use the jaw thrust maneuver.
3. Assess breathing - is there no breathing visible or no normal breathing (only gasping)?
4. If the patient is unresponsive with no breathing or no normal breathing (only gasping), immediately begin CPR with chest compressions first.
5. Begin chest compressions.
  - a. Compress the chest with two hands encircling the chest and compressing the chest with two thumbs on the lower third of the sternum just below the nipple line.
  - b. Compress the sternum at least 1/3<sup>rd</sup> the depth of the chest or 1.5 inches.
  - c. Provide 15 chest compressions (at a rate of 100 per minute) to 2 ventilations.
  - d. “Push hard, push fast.” Allow complete recoil of the chest wall between compressions and minimize interruptions of chest compressions.
6. To ventilate, maintain a patent airway and deliver 2 breaths with an infant BVM. Maintain a seal using the appropriate sized facemask around the patient’s nose and mouth. Deliver each rescue breath over 1 second and give a sufficient volume to just produce visible chest rise. Place a supraglottic airway as soon as possible and follow the airway management guidelines (8.02 A.1.d.)
7. Any and all pulse checks should take no more than 10 seconds, and if a pulse is not definitely felt within 10 seconds, chest compressions should be restarted.
8. If there is a pulse, continue with rescue breaths at a rate of 15-20 per minute with frequent checks to ensure pulse remains.
9. Once an advanced airway is placed (supraglottic airway or ET Tube), convert to continuous chest compressions at a rate of 100/minute without pauses for ventilations. Ventilations should be provided at a rate of 15-20 per minute (every 3-4 seconds) on the upstroke of a chest compression.

C. Child CPR (1 year to < 8 years of age)

1. Assess unresponsiveness – shout loudly and attempt to stimulate patient. If unresponsive, make certain the appropriate resources are responding.
2. Position the patient face-up on a flat, firm surface and open the airway using a gentle head tilt-chin maneuver. If trauma is suspected, use the jaw thrust maneuver.
3. Assess breathing - is there no breathing visible or no normal breathing (only gasping)?
4. If the patient is unresponsive with no breathing or no normal breathing (only gasping), immediately begin CPR with chest compressions first.
5. Begin chest compressions.
  - a. Compress the chest with the heel of one or both hands over the lower third of the sternum at the nipple line.
  - b. Compress the sternum at least 1/3<sup>rd</sup> the depth of the chest or 2 inches.
  - c. Provide 15 chest compressions (at a rate of 100 per minute) to 2 ventilations.
  - d. “Push hard, push fast.” Allow complete recoil of the chest wall between compressions and minimize interruptions of chest compressions.
6. To ventilate, maintain a patent airway and deliver 2 breaths with an child BVM. Maintain a seal using the appropriate sized facemask around the patient’s nose and mouth. Deliver each rescue breath over 1 second and give a sufficient volume to just produce visible

chest rise. Place a supraglottic airway as soon as possible and follow the airway management guidelines (8.02 A.1.d.)

7. Any and all pulse checks should take no more than 10 seconds, and if a pulse is not definitely felt within 10 seconds, chest compressions should be restarted.
8. If there is a pulse, continue with rescue breaths at a rate of 15-20 per minute with frequent checks to ensure pulse remains.
9. Once an advanced airway is placed (ET Tube or Supraglottic Airway), convert to continuous chest compressions at a rate of 100/minute without pauses for ventilations. Ventilations should be provided at a rate of 15-20 per minute (every 3-4 seconds) on the upstroke of a chest compression.

D. Adolescent (8 years of age to <16 years) / Adult CPR (16 years of age or greater)

1. Assess unresponsiveness – shout loudly and attempt to stimulate patient. If unresponsive, make certain the appropriate resources are responding.
2. Position the patient face-up on a flat, firm surface and open the airway using a gentle head tilt-chin maneuver. If trauma is suspected, use the jaw thrust maneuver.
3. Assess breathing - is there no breathing visible or no normal breathing (only gasping)?
4. If the patient is unresponsive with no breathing or no normal breathing (only gasping), immediately begin CPR with chest compressions first.
5. Begin chest compressions.
  - a. Compress in the center of the chest midline at the nipple line with the heel of one hand and the other hand on top.
  - b. Compress the sternum at least 2 inches deep for each compression.
  - c. Provide 30 chest compressions (at a rate of 100 per minute) to 2 ventilations.
  - d. “Push hard, push fast.” Allow complete recoil of the chest wall between compressions and minimize interruptions of chest compressions.
6. To ventilate, maintain a patent airway and deliver 2 breaths with an adult BVM. Maintain a seal using the appropriate sized facemask around the patient’s nose and mouth. Deliver each rescue breath over 1 second and give a sufficient volume to just produce visible chest rise. Place a supraglottic airway as soon as possible and follow the airway management guidelines (8.02 A.1.d.)
7. Any and all pulse checks should take no more than 10 seconds, and if a pulse is not definitely felt within 10 seconds, chest compressions should be restarted.
8. If there is a pulse, continue with rescue breaths at a rate of 8-10 per minute with frequent checks to ensure the pulse remains.
9. Once an advanced airway is placed (ET Tube or Supraglottic Airway), convert to continuous chest compressions at a rate of 100/minute without pauses for ventilations. Ventilations should be provided at a rate of 8-10 per minute (every 6-8 seconds) on the upstroke of a chest compression.

## 7.06 Hemorrhage Control [BLS/ALS]

### A. Direct Wound Care

1. Use proper body substance isolation precautions.
2. Remove any sharp, loose fragment of glass or other foreign substance which, if pressed upon, could result in further injury to the patient or rescuer.
3. Impaled objects should not be removed, but should be stabilized in place to prevent further movement or deeper insertion.
4. Cover the bleeding site with several gauze dressings so that their edges extend at least slightly beyond the edges of the wound.