



An Independent ASHI Advanced Training Center
501 NW 5th Street, Suite 600 ♥ Blue Springs, MO 64014-2721
(816) 463-2684 ♥ www.GreenCo Education.com

Participants of ASHI CPR-PRO by Mosby, ILCOR **NEW** 2005 Guidelines:

AED is included in this course. BLS participants please bring a copy of your current CPR card with you to class. If you are sick, please schedule another class at a later date. If you have any impairments, we will work around any problem to get you proficient.

Successful completion of this course requires preparation prior to the course dates. You need to read and study, not memorize, the enclosed materials. We will have more material and books AVAILABLE prior to and at class. Please call or e-mail us to find out more information.

If you know the material you will have no problems. ALL testing is done on a TEAM basis. We share knowledge and experiences, not dictate them. Our goal is make you comfortable with BLS. Know the materials and you will have no problem doing great!

Visit our web site at "www.greencoeducation.com" for more information AND DON'T FORGET FOOD AND BEVERAGES ARE SERVED AT ALL OUR CLASSES.

I'm looking forward to meeting you, having some fun and if I have left any questions unanswered, feel free to call anytime.

See you at the Class!

Sincerely,

Randall Green, EMT-P
ACLS Coordinator
GreenCo Education.com
Greencoeducation@aol.com
GCE V5.0 BLS Supplement





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What's **HOT**, What's **NOT**

New BLS/CPR 2005 Guidelines

ALL RESCUERS

The 5 major changes in the 2005 guidelines are these:

- Emphasis on, and recommendations to improve, delivery of effective chest compressions
- A single compression-to-ventilation ratio for all single rescuers for all victims (except newborns)
- Recommendation that each rescue breath be given over 1 second and should produce visible chest rise
- A new recommendation that single shocks, be followed by immediate CPR, be used to attempt defibrillation for VF cardiac arrest. Rhythm checks should be performed every 2 minutes.
- Endorsement of the 2003 ILCOR recommendation for use of AEDs in children 1 to 8 years old (and older); use a child dose-reduction system if available.

Major changes in BLS for HCP include the following:

- Healthcare provider “child” CPR guidelines now apply to victims 1 year to the onset of puberty.
- Lone healthcare providers should tailor their sequence of actions for the most likely cause of arrest in victims of all ages.
 - “ Phone first” and get the AED and return to start CPR and use the AED for all adults and any children with out-of hospital *sudden collapse*.
 - “ CPR first” (provide about 5 cycles or 2 minutes of CPR before activating the emergency response number) for unresponsive infants and children (except infants and children with sudden, witnessed collapse) and for all victims of likely *hypoxic* (asphyxial) arrest (e.g, drowning, injury, drug overdose).
- Opening the airway remains a priority for an unresponsive trauma victim with suspected cervical spine injury; if a jaw thrust without head extension does not open the airway, healthcare providers should use the head tilt–chin lift maneuver.
- Basic healthcare providers check for “adequate” breathing in adults and presence or absence of breathing in infants and children before giving rescue breaths. Advanced providers will look for “adequate” breathing in victims of all ages and be prepared to support oxygenation and ventilation.
- Healthcare providers may need to try “a couple of times” to reopen the airway and deliver effective breaths (ie, breaths that produce visible chest rise) for infant and child victims.
- Excessive ventilation (too many breaths per minute or breaths that are too large or too forceful) may be harmful and should not be performed.
- Chest compressions are recommended if the infant or child heart rate is less than 60 per minute with signs of poor perfusion despite adequate oxygenation and ventilation. This recommendation was part of the 2000 guidelines but was not emphasized in courses. It will now be emphasized in the courses.
- Rescuers must provide compressions of adequate rate and depth and allow adequate chest recoil with minimal interruptions in chest compressions.
- Use 1 or 2 hands to give chest compressions for a child; press on the sternum at the nipple line. For the infant, press on the sternum just below the nipple line.



- During 2-rescuer infant CPR, the 2 thumb–encircling hands technique should include a thoracic squeeze.
- Healthcare providers should use a 30:2 compression-to-ventilation ratio for 1-rescuer CPR for victims of all ages and for 2-rescuer CPR for adults. Healthcare providers should use a 15:2 compression-to-ventilation ratio for 2-rescuer CPR for infants and children.
- During 2-rescuer CPR with an advanced airway in place, rescuers no longer provide cycles of compressions with pauses for ventilation. The compressor provides continuous compressions and the rescuer providing rescue breaths gives 8 to 10 breaths per minute (1 breath about every 6 to 8 seconds).
- When 2 or more healthcare providers are present during CPR, rescuers should rotate the compressor role every 2 minutes.
- Actions for FBAO relief were simplified. Alert PT - Abominal Thrusts same as Heimlich!

What did NOT change:

- Checking for response
- Pulse check
- Rescue breathing without chest compressions
- Location of hands or fingers for adult chest compressions
- Compression rate
- Compression depth for adults, infants, or children (note that for infants and children the depth of compression is listed as one third to one half the depth of the chest and is no longer listed in inches)
- Ages for use of infant BLS recommendations

For Healthcare Providers priority

Major changes in defibrillation:

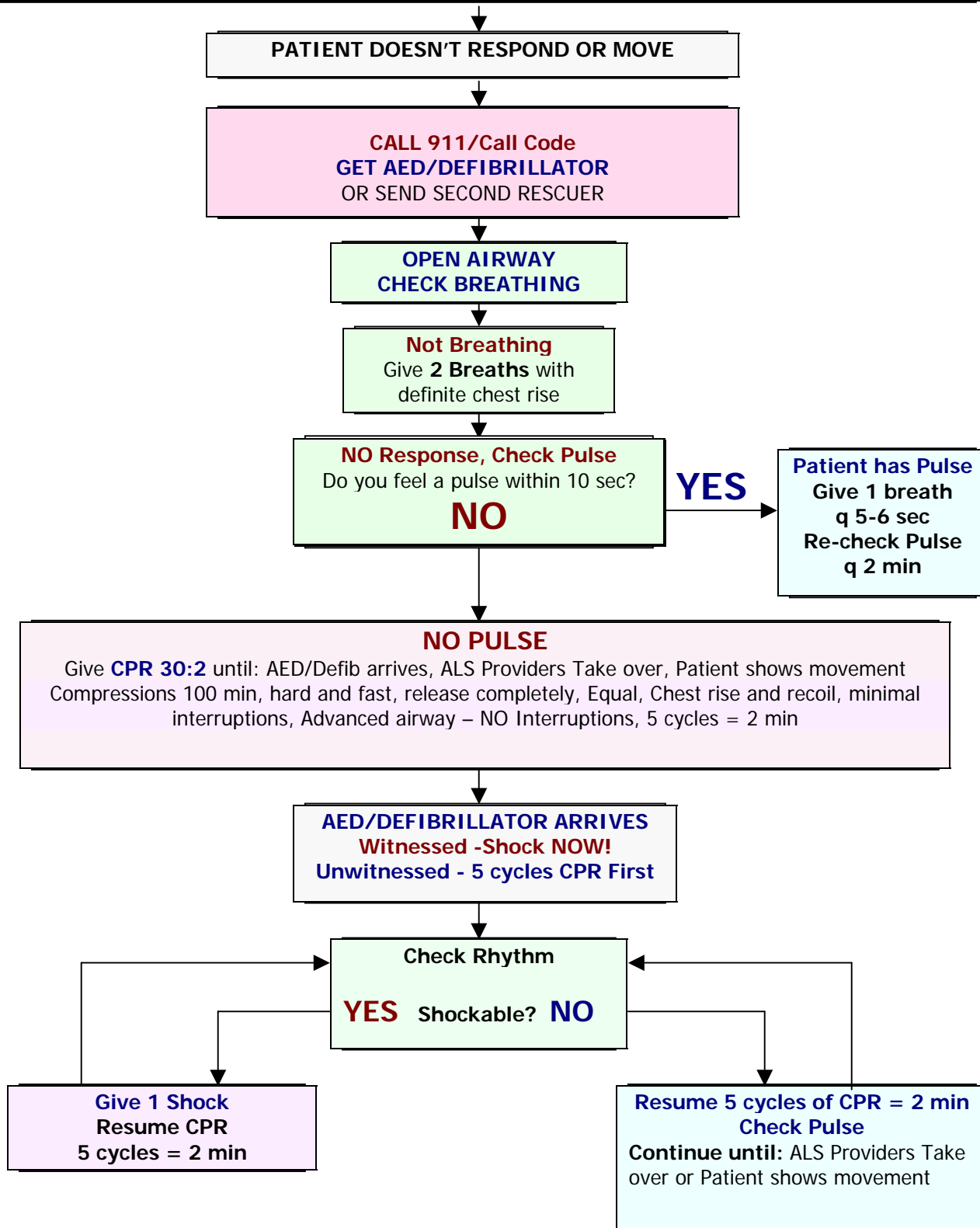
- Immediate defibrillation is appropriate for all rescuers responding to sudden witnessed collapse with an AED on site (for victims ≥ 1 year of age). Compression before defibrillation may be considered when EMS arrival at the scene of sudden collapse is >4 to 5 minutes after the call.
- One shock followed by immediate CPR, beginning with chest compressions, is used for attempted defibrillation. The rhythm is checked after 5 cycles of CPR or 2 minutes.
- For attempted defibrillation of an adult, the dose using a monophasic manual defibrillator is 360 J.
- The ideal defibrillation dose using a biphasic defibrillator is the dose at which the device waveform has been shown to be effective in terminating VF. The initial selected dose for attempted defibrillation using a biphasic manual defibrillator is 150 J to 200 J for a biphasic truncated exponential waveform or 120 J for a rectilinear biphasic waveform. The second dose should be the same or higher. If the rescuer does not know the type of biphasic waveform in use, a default dose of 200 J is acceptable.
- Reaffirmation of 2003 ILCOR statement that AEDs may be used in children 1 to 8 years of age (and older). For children 1 to 8 years of age, rescuers should use an AED with a pediatric dose-attenuator system if one is available.
- Elements of successful community lay rescuer AED programs were revised.
- Instructions for shocking VT were clarified.

What did NOT change:

- The initial dose for attempted defibrillation for infants and children using a monophasic or biphasic manual defibrillator. First dose 2 J/kg; second and subsequent doses 4 J/kg.
- The dose for synchronized cardioversion for infants and children
- The dose for synchronized cardioversion for supraventricular arrhythmias and for stable, monomorphic VT in adults



CPR ADULT HCP ALGORITHM













BLS 2005 Guidelines

In-Hospital and Out of Hospital

ILCOR
Professional Providers

1/06

AGES > Rescuer Action	Adult Puberty, 12-14yo	Child 1yo to Puberty	Infant < 1yo (NOT NEWBORN)
ASSESS: Scene Patient	SAFE? If not, Get out! Check LOC, Responsive?	SAFE? If not, Get out! Check LOC, Responsive?	SAFE? If not, Get out! Tap bottom of feet or rub side or back
ALERT: EMS/911 *If alone:	Activate when found Leave to call	*5 cycles of CPR or FBAO *Carry PT with you to call	*5 cycles of CPR or FBAO *Carry PT with you to call
ATTEND: ABCD'  AIRWAY: Open	Head tilt-chin lift (trauma; jaw thrust)	Head tilt-chin lift (trauma; jaw thrust, neutral)	Sniffing Head tilt-chin lift- (trauma; neutral, sniffing)
 BREATHING: Check	LQOk/Listen/Feel, 5-10 sec Check for Stoma	LQOk/Listen/Feel, 5-10 sec Check for Stoma	LQOk/Listen/Feel, 5-10 sec Check for Stoma
 Rescue MASK Breathing *NO Mouth to Mouth	2 Breaths, 1 sec each Visible Chest Rise 1 breath every 5-6 sec	2 Breaths, 1 sec each Visible Chest Rise 1 breath every 3-5 seconds	2 Breaths, 1 sec each Visible Chest Rise 1 breath every 3-5 seconds
Advanced Airway	1Breath q6-8 sec/8-10 min	1Breath q6-8 sec/8-10 min	1Breath q6-8 sec/8-10 min
 CIRCULATION: Check Pulse	LQOk/Listen/Feel for S&S Carotid pulse - movement - coughing - pale or ashen 5-10 seconds	LQOk/Listen/Feel for S&S Carotid/Femoral pulse - movement - coughing/crying - pale or ashen 3-5 seconds	LQOk/Listen/Feel for S&S Brachial pulse - movement - coughing/crying - pale or ashen 3-5 seconds
 Compressions Center of Chest between Nipples	Hard, fast, complete recoil, minimize interruptions 2 hands	Hard, fast, complete recoil, minimize interruptions 1 or 2 hands	Just below nipple line 1 Rescuer -2 Fingers 2 Rescuer -two thumbs fingers encircling chest
Compression rate	About 100 per minute	About 100 per minute	About 100 per minute
 Compression to breaths Ratio	30:2	1 Rescuer - 30:2 2 Rescuer - 15:2	1 Rescuer - 30:2 2 Rescuer - 15:2
 Compression depth	1 ½ - 2 inches / 4-5 cm 1/3 breadth of the chest	1/3 - ½ Breadth of Chest	1/3 - ½ Breadth of Chest
 DEFIB /AED Unwitnessed Arrest: Witnessed Arrest: When AED available	Expose chest, Attach adult Pads 2 min/5 cycles of CPR first Follow voice prompts	Expose chest, Attach Pads; If no Pedi pads avail, adult are ok 2 min/5 cycles of CPR first Follow voice prompts	 NO Recommendation (ALWAYS CHECK CURRENT GUIDELINE MANUALS for current info for entire table)
FBAO Airway Obstruct Conscious	CAUTION: May cause Harm Abdominal Thrusts	CAUTION: May cause Harm Abdominal Thrusts	 5 back blows, 5 chest thrusts, til UNRESPONSIVE OR <60 BPM
FBAO Airway Obstruct Unconscious USE TOOL to remove object	REMOVE visible Object Attempt ventilation, CHEST COMPRESSIONS NO Heimlich maneuver NO Finger Sweeps	REMOVE visible Object Attempt ventilation, CHEST COMPRESSIONS NO Heimlich maneuver NO Finger Sweeps	Attempt to Remove visible objects, attempt ventilation, reposition, attempt ventilation, 5 back blows, 5 chest thrusts, repeat

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