

# Guidelines for NIH Health Care Providers

Registration is done online. Go to <http://ors2.od.nih.gov/orscprtraining/scripts/cprcalendar.asp>

If you have questions, contact Juli Egebrecht by email at [egebrechj@mail.nih.gov](mailto:egebrechj@mail.nih.gov) or 301-496-4111.

Class will begin ON TIME. Starting time is usually 0800 for Tuesday, Thursday and Friday classes; 12 noon for most Wednesday classes. Make sure of time when you register. Classes are held in Building 31, B4BN09 which is below the Police Offices. Use the "C" wing bank of elevators to go DOWN to the 4<sup>th</sup> Basement.

CPR classes are physically demanding. If you have a medical condition that could be aggravated by performing CPR skills, please consult with your physician and inform the instructor before class so appropriate accommodation can be arranged.

Remember your place will be held for you only until the starting time. We do allow walk-ins. There are 2 dedicated seats just for walk-ins on a first come basis. Others may "bump" anyone who is late. If the class is full with staff who were on time and the door is locked, you will have to reschedule.

Please wear comfortable clothing.

This study guide was developed to assist you in completing the AHA CPR course.

| Age   | ADULTS  |      | CHILDREN – 1 Puberty                                       |      | INFANTS < 1 Year  |      |
|---|---|------|--|------|---|------|
| # of Rescuers   | 1   | 2    | 1  | 2    | 1   | 2    |
| Ratio C:V   | 30:2  | 30:2 | 30:2   | 15:2 | 30:2  | 15:2 |
| Compression Rate  | 100 to 120 Compressions /min.<br>Use heel of 2 hands  |      | 100 to 120 Compressions / min.<br>Use heel of 1 or 2 hands |      | 100 to 120 Compressions / min.<br>Use 2 fingers or thumbs |      |
| Compression Depth   | 1/3 -1/2 A-P chest depth<br>AT LEAST 2 INCHES<br>Not more than 2.4 inches   |      | 1/3 A-P chest depth<br>AT LEAST 2 INCHES                   |      | 1/3 A-P chest depth<br>AT LEAST 1.5 INCHES                |      |
| Make sure there is full chest recoil after compressing (bounce); do not lean on chest during rebound. |   |      |  |      |   |      |
| Rescue Breaths  | 1 q 6 seconds<br>10 per minute  |      | 1 q 4-5 seconds w/o AA<br>1 q 6 sec. w/AA*                 |      | 1 q 3 seconds w/o AA<br>1 q 6 w/AA                        |      |
| Breath Duration   | 1 second given gently   |      |  |      |   |      |
| AED   | Turn AED on. Follow prompts.<br>Attenuated Pediatric Pads on infants/children < 55 pounds<br>Adult Pads on victims > 55 pounds. Position regular for adults.<br>Adult pads positioned AP for peds; use only if no peds pads available |      |  |      |   |      |

| Chains of Survival ADULT              | PEDIATRIC                   |
|---------------------------------------|-----------------------------|
| Phone EMS (911, 9-911, 111 Code Blue) | Prevention                  |
| Begin CPR                             | Assess/Begin CPR            |
| Use AED                               | Phone EMS (911, 9-911, 111) |
| ACLS                                  | PALS                        |
| Post resuscitative care               | Post resuscitative care     |

\*Advanced Airway

## Normal Assessment:

Ensure that scene is safe.

Simultaneously

- Check victim's responsiveness and breathing
- "HELP!" Call EMS yourself if victim is an adult and if there is no bystander.\*
- Check pulse \*\*

Immediately Begin CPR with Compressions

\*If a pediatric victim, call EMS after 5 cycles (2 minutes) CPR

\*\* Health Care Providers may check for pulse; Lay rescuers do not

## Unresponsive Obstructed Victims:

- No breath in when attempted
- Reposition airway
- Attempt again, still no airway
- Begin 30 chest compressions, stop if "ugh" is heard
- Look in mouth for foreign body and remove if seen before attempting breaths
- No "blind" finger sweeps

## Responsive Obstructed Victims:

Adult and Child

Abdominal Thrusts

Infant

Invert baby on thigh, alternate 5 back slaps with 5 chest thrusts until cleared.

Any responsive victim becomes unresponsive:

Begin compressions immediately; check mouth before giving breaths

## HCP Team Approach:

Everyone has clear roles, responsibilities based on experience and limitations

Ventilator just bags, 2 compressors alternate giving high-quality compressions

Rescuers switch q 2 min.