

Forsyth County EMS

Skill Procedure: Cardiopulmonary Resuscitation (CPR)

	MR / EMT	
	Expanded Scope EMT	
	EMT-I	
	EMT-P	

I. Clinical Indications:

A. Basic life support for the patient in cardiac arrest

II. Procedure:

- A. Assess the patient's level of responsiveness (shake and shout)..
- B. 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.
- C. If no respiratory effort, give two rescue breaths that make chest rise using pocket mask or bag valve mask. Allow for exhalation between breaths. (infant, child, adult).
- D. Check for pulse (carotid for adults and older children, brachial for infants) for at least 10 seconds.
- E. If no pulse, begin chest compressions based on chart below:

Age	Location	Depth	Rate
Infant (< 1 yr) Compression/ Ventilation Ratio: 30 / 2 15 / 2 (2 rescuer)	Just below nipple line	(1/3 – 1/2 the anterior-posterior chest dimension)	Approximately 100 / min
Child (1 – 8yrs) Compression/ Ventilation Ratio: 30 / 2 15 / 2 (2 rescuer)	Lower half of sternum, between nipples	(1/3 – 1/2 the anterior-posterior chest dimension)	Approximately 100 / min
Adult (> 8yrs) Compression/ Ventilation Ratio: 30 / 2	Lower half of sternum, between nipples	1.5 to 2 inches	Approximately 100 / min

- F. If pulse present but breathing is absent, provide rescue breathing.
 - Infant / Child 1 breath every 3-5 seconds
 - Adult 1 breath every 5-6 seconds

G. Reassess for pulse every 2 minutes.

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H. If pulse present but < 60 bpm in infant or child with poor perfusion after airway interventions: begin chest compressions.

I. Document the time and procedure in the Patient Care Report (PCR).

III. 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. Assessment should include direct observation at least once per certification cycle.

Approved by:
Dr. R.L. Alson
Medical Director
June, 2006