





It is our pleasure to present to you this work as a result of team work of the **national CPR committee** at the **Saudi Heart Association (SHA).**We adapted the 2010 guidelines as per

The International Liaison Council (Committee) of Resuscitation (ILCOR)

which was published October, 2010. We modified some of the items of 2005 guidelines and kept some as it is depending on our national need in the kingdom of Saudi Arabia. As an example, the sequence of A.B.C in children and infants should not change because most common cause of child and/or infant arrest is respiratory, so respiratory assessment should take place at the beginning.

Reviewing the international resuscitation science since 2010 till 2012, there is a great emphasis on the early CPR and early defibrillation which make difference between life and death, good outcome and bad outcome of in hospital CPR. there is also a great emphasis on CPR awareness to the community through the skillful programs.





ADULT BASIC LIFE SUPPORT (PRE-HOSPITAL)

UNRESPONSIVE?

Shout for help / Call 997 and AED

look for breathing effort

NOT BREATHING NORMALLY?

OR GASPING BREATH

30 chest compressions

Go for ABC assessment

Look, listen, feel (if HCP or trained layperson)

OPEN AIRWAY

2 rescue breaths (if HCP or trained layperson)
30 compressions

Repete this step until EMS arrives or unable to procede

IN HOSPITAL RESUSCITATION

Collapsed I sick patient

Shout for HELP & assess patient / call for defibrillator

Signs of life?

YES

Assess ABCDE

Recognize & treat

Oxygen, monitoring, iv access

Call resuscitation team If appropriate Or first response team (FRT)

Handover to resuscitation team or FRT

NO

Call resuscitation team

CPR 30:2 with oxygen & airway adjuncts

Apply pads/monitor Attempt defibrillation If appropriate

Advanced life Support wher resuscitation team arrives

PEDIATRIC BASIC LIFE SUPPORT

Unresponsive?

Shout for Help

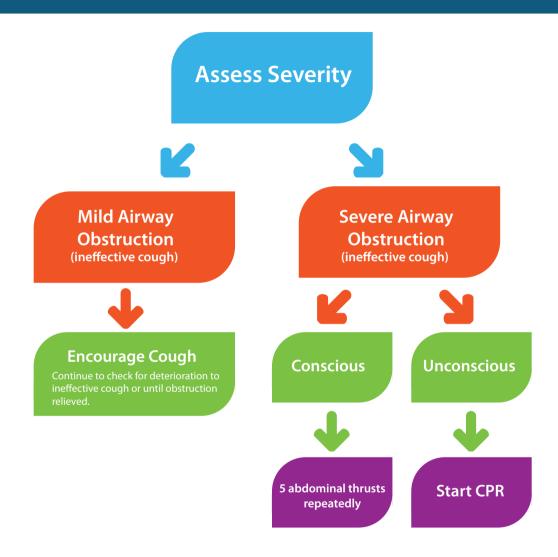
Open Airway

Look, listen, feel (if HCP or trained layperson) Not breathing normally? No signs of life?

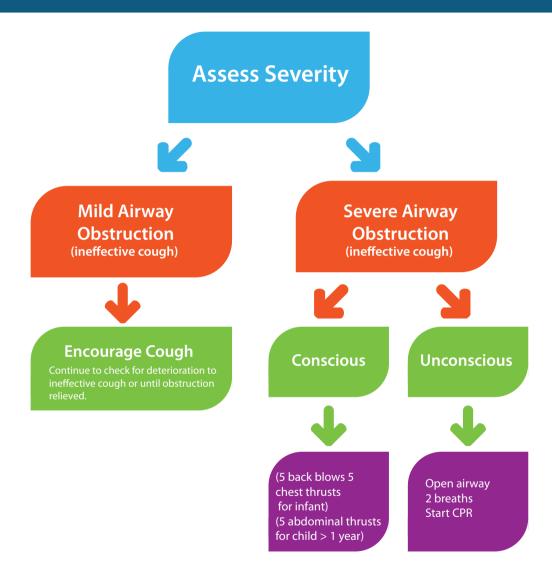
2 Rescue Breaths
15 Chest Compressions

Call cardiac arrest team or Pediatric ALS team

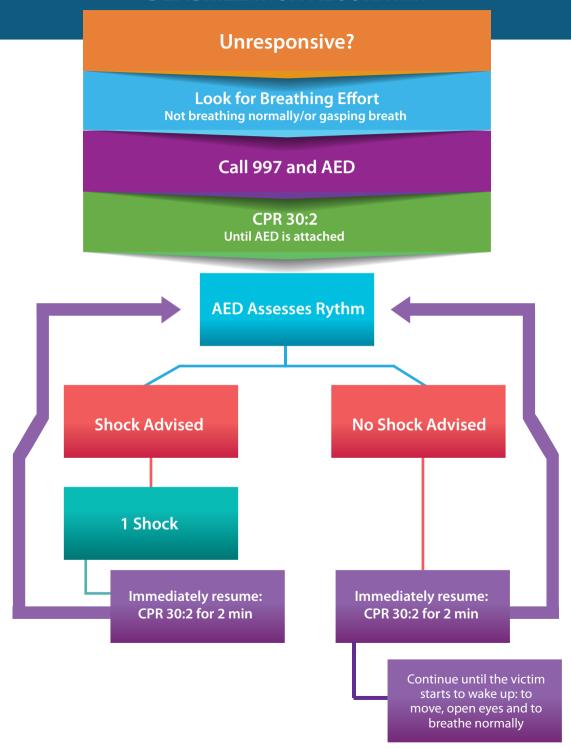
ADULT FOREIGN BODY AIRWAY OBSTRUCTION TREATMENT



PAEDIATRIC FOREIGN BODY AIRWAY OBSTRUCTION TREATMENT



AUTOMATED EXTERNAL DEFIBRILLATION ALGORITHM





Skill Performance Sheet (Adult 1-Man CPR)

Stuc	dent Name	code #	batch no		
Perf	ormance Guidelines			Done	
1.	Establish unresponsiveness and effort of b				
	EMS system should be activated (997) an	d get the AED			
2.	No effort of breathing, check pulse (if train				
	compression 30 Compressions Within the		•		
	Open airway (head tilt-chin lift). Check for				
3.	If breathing is absent or inadequate, give 2				
	Healthcare providers should use a barrier		•		
	means of protecting themselves, e.g. S		handkerchief or		
	towel. Watch chest rise and fall during exh				
4.	Locate and check carotid pulse or femoral				
	breathing, provide rescue breathing (one b	oreath every 5-6 seconds,	about 10 -12		
_	breaths per minute).	l 0: 5 l /A			
5.	If no pulse, start compression: ventilation				
	minutes) with ratio 30:2 and at a rate of at	•	·		
	during compressions (<10 seconds), Chest followed by 2 breaths (1 second/breath).				
	approximately 15-18 seconds.	The set of each 30 compres	ssions snould take		
6.	After 5 cycles of CPR (Approximately 2 mir	utes) compression: ventils	ation ratio 30:2 and		
0.	at a rate of at least 100 per minute.), chec	•			
	According to the findings:	k for paise in carotia of fer	morar arteries.		
	If there is pulse and breathing: Pla	ce the victim in the recov	ery position		
		y is suspected, monitor Vi			
	arrives.	,			
	 If there is pulse but no breathing. 	Continue rescue breathin	a. one breath every		
	5 – 6 sec. (10 - 12/min.), Recheck p		,		
	 If there is no pulse, no breathing. 		CPR (Approximately		
	2 minutes) as mentioned in step 5.				
	arteries (optional every 2-5 minute	es). Continue the cycles un	itil success is		
	achieved or EMS arrives.				
Con	nments:				
Inst	ructor:				

Skill Performance Sheet (Adult 2 -Man CPR)

Student Name		code #	batch no		
	Performance Guidelines			Done	
1.	Establish unresponsiveness and effort of breath	ing (3 - 5 sec.)			
	Ask a second rescuer to activate the EMS sys	tem (997) and get the AED			
	RESCUER 1				
2.	No effort of breathing, check pulse (if trained 5	-10 sec) and immediate chest co	mpression 30		
	compressions Within the first 10-15 seconds.(C-	A-B) sequence.			
	Open airway (head tilt-chin lift). Check for breat	<u> </u>			
3.	If breathing is absent or inadequate, give 2 brea	· · · · · · · · · · · · · · · · · · ·			
	providers should use a barrier device while lay p	<u>•</u>			
	themselves, e.g. Shamagh, Ghuthra, shayla, han	dkerchief or towel. Watch chest	rise and fall		
	during exhalation.				
4.	Locate and Check carotid pulse or femoral pulse				
	breathing, provide rescue breathing (one breath		•		
5.	If no pulse, start compression: ventilation cy		•		
	with ratio 30:2 and at a rate of at least 100	•	_		
	compressions (<10 seconds) Chest compres		•		
	breaths (1 second/breath). The set of each 3	30 compression should take appr	roximately 15-		
	18 seconds.				
	CUER 2 arrives				
Resc	uer 1 stays as the ventilator and rescuer 2 acts as				
6.	Continue as 2 man CPR. Rescuer No. 2 immedia	•	•		
	5 cycles (Approximately 2 minutes) with ratio 30	• •	,		
	second/breath) by Rescuer 1.The pulse is check		•		
	minute thereafter when the switch is made, by According to the findings:	rescuer 2 in the carotid or femora	al arteries.		
	 If there is pulse and breathing: Place th 	e victim in the recovery position	carefully.		
	especially if neck injury is suspected. Mo				
	 If there is pulse but no breathing. Cont 				
	(10 -12 breaths per min.)		,		
	 If there is no pulse, no breathing: Cont 	inue CPR, by recue no.2, 5 cycles	of CPR		
	(Approximately 2 minutes) as in step 6.				
	(every 2 minutes when shift between th				
	achieved or EMS arrives.				
	NOTE: Rescuers should switch every 5 cycles of	CPR approximately 2 minutes.			
			,		
Con	nments:				
••••					
Inst	nstructor:				

Skill Performance Sheet (1-Man CPR for Children1 Year old to puberty)

Stuc	dent Name	code #	batch no		
Perf	ormance Guidelines			Done	
1.	Establish unresponsiveness (3-5 sec.)				
	If second rescuer is available, have him/her acti	vate the EMS syster	m. 997 & get the AED		
2.	No effort of breathing, Open airway (head tilt-chi (if trained 5-10 sec). If breathing is present pla position, then check pulse (if trained A,B,C the sa If untrained or in pre hospital, apply (C-A-B) sequen compressions Within the first 5-10 seconds.	ce the victim carefu ame sequence no cha ace with immediate c	lly in recovery nge). hest compression 30		
3.	If breathing is absent or inadequate, give 2 breathealthcare providers should use a barrier devict means of protecting themselves, e.g. Shamagh, Watch chest rise, allow for exhalation between	e while lay persons o Ghuthra, shayla, ha	can use any other		
4.	Locate and check carotid or femoral pulse (if tra If pulse is present but no breathing, provide res seconds, 12 – 20 breaths per minute)				
5.	If no pulse, Start CPR. Give 5 cycles (approx. 2 n 30:2 and at a rate of at least 100 per minute. M (<10 seconds). Chest compression (depth at lea inches) followed by 2 breaths (1 second per breaths).	inimal interruption of the st 1/3 the depth of the	during compressions		
6.	 After 5 cycles of CPR (approx. 2 minutes, if resc check for pulse in carotid or femoral arteries, at If there is pulse and breathing Place th monitor vital signs until EMS arrives. IF there is pulse but no breathing. Con - 5 sec. (12 - 20 per minute.) If there is no pulse and breathing. Cor 2 minutes) as in step no.5; continue so arrives. 	nd breathing. Accord e victim in recovery tinue rescue breath ntinue CPR Give 5 cy	ding to findings; y position carefully, ing, 1 breath every 3 cles of CPR (approx.		
Comments:					
Inst	ructor:				
Cho	Choose one: ☐ Complete ☐ Needs more practice				

Skill Performance Sheet (2-Man CPR for Children 1 Year old to puberty)

Student Name	code #	batch no	_	
Performance Guidelines			Done	
1. Establish unresponsiveness (3 - 5 sec.)				
If second rescuer is available, have him/her activ	rate the EMS system. (997) & get the AED.		
RESCUER 1				
2. No effort of breathing, Open airway (head tilt- trained 5-10 sec). If breathing is present pla check pulse (if trained A,B,C the same sequence If untrained or in pre hospital, apply (C-A-B) seq compressions Within the first 5-10 seconds.	ice the victim carefully i ce no change). uence with immediate ch	n recovery position, then est compression 30		
If breathing is absent or inadequate, give 2 brea should use a barrier device while lay persons car Shamagh, Ghuthra, shayla, handkerchief or tower.	n use any other means of lel. Watch chest rise and fa	protecting themselves, e.g.		
Locate and Check Carotid or femoral pulse (if trail If pulse is present but no breathing, provide resolutions/per minute).	ue breathing (one breath	•		
5. If no pulse or heart rate less than 60bpm with sign (approximately 2 minutes), compression: ventilated compressions per min. Minimal interruption during depth 1/3 the depth of the chest about 5cm. Follow NOTE: Use one-hand / two hand compression materials.	tion ratio 30:2 and at a ra ing compressions (<10 sec owed by 2 breaths (1 brea	te of at least 100 conds), Chest compression th/second).		
	alu starts ta Civa E avalas	(approximately 2 minutes)		
6. Continue as 2 man CPR. Rescuer No. 2 immediat compression: ventilation ratio 15:2 and at a rate interruption during compressions (<10 seconds) about 4cm. Followed by 2 breaths by rescuer no The pulse is checked at the end of the 2 minutes made, by rescuer 2 in the carotid or femoral arte • If there is pulse and breathing: Place the especially if neck injury is suspected. Mo • If there is pulse but no breathing. Contin Every 3 – 5 sec. (12 -20 breaths/min.) • If there is no pulse, no breathing: Contin Continue so on until success is achier	of at least 100 compression, Chest compression depth. 1(1 breath/second). and every 2 minute there eries. According to the fine victim in the recovery pointor Vital signs until EMS ue rescue breathing. One nue 2 man CPR as in step yed or EMS arrives.	ons per min. Minimal h 1/2 the depth of the chest eafter when the switch is dings: sition carefully, arrives. breath		
Comments: Instructor:				

Skill Performance Sheet (Infant One-Man CPR)

Student Name_____ code #_____ batch no._____

	Performance Guidelines	Dor
1.	Establish unresponsiveness (3-5 sec.)	
	If second rescuer is available, have him or her activate the EMS System. 997	
2.	No effort of breathing, Open airway (head tilt-chin lift) Check breathing (look, listen, feel) (if	
	trained 5-10 sec). If breathing is present place the victim carefully in recovery position, then	
	check pulse (if trained A,B,C the same sequence no change).	
	If untrained or in pre hospital, apply (C-A-B) sequence with immediate chest compression 30	
	compressions Within the first 5-10 seconds.	
3.	If breathing is absent or inadequate, give 2 breaths (1 second per breath 3 sec.). Healthcare	
	providers should use a barrier device while lay persons can use any other means of	
	protecting themselves, e.g. Shamagh, Ghuthra, shayla, handkerchief or towel. Watch chest	
	rise, allow for exhalation between breaths.	
4.	Locate and check brachial pulse (if trained 5-10sec.)	
	If pulse is present but there is no breathing, provide rescue breathing (1 breath every 3 - 5	
	seconds, 12 – 20 breaths per minute).	
5.	If no pulse or heart rate less than 60bpm with signs of poor perfusion, start CPR. Give 5 cycles	
	(approximately 2 minutes), compression: ventilation ratio 30:2 and at a rate of at least 100	
	compressions per min. Minimal interruption during compressions (<10 seconds), Chest compression depth ½ the depth of the chest about 4cm. Followed by 2 breaths (1 breath/second).	
6.	After 5 cycles of CPR (approximately 2 minutes), compression: ventilation ratio 30:2 and at a rate of	
0.	at least 100 compressions per min. Minimal interruption during compressions (<10 seconds), Chest	
	compression depth ½ the depth of the chest about 4cm. Followed by 2 breaths (1 breath/second); If	
	rescuer is alone, activate EMS, 997 then check for pulse in brachial artery, and breathing.	
	According to findings;	
	If there is pulse and breathing <u>Place the victim in recovery position</u> Carefully, monitor	
	vital signs until EMS arrives.	
	 If there is pulse but no breathing. <u>Continue rescue breathing</u>, 1 breath every 3 - 5 sec. 	
	(12 – 20 per minute.)	
	If there is no pulse and breathing. <u>Continue CPR</u> Give 5 cycles as in step no.6, continue	
	so on until success is achieved or EMS arrives.	
	30 OH UHUI SUCCESS IS ACHIEVED OF LIVES ATTIVES.	
Con	nments:	
Inst	ructor:	
11136		
Cha	ose one: \[\sum \cap \cap \sum \sum \sum \neq \neq \neq \neq \neq \neq \neq \neq	

Skill Performance Sheet Infant Two-Rescuer CPR

code #

hatch no

Student Name

check pulse (if trained A,B,C the same sequence If untrained or in pre hospital, apply (C-A-B) seques compressions Within the first 5-10 seconds. If breathing is absent or inadequate, give 2 breath providers should use a barrier device while lay pulse themselves, e.g. Shamagh, Ghuthra, shayla, hand exhalation between breaths. Locate and check brachial pulse (if trained 5 If pulse is present but there is no breathing, seconds, 12 – 20 breaths per minute). If no pulse or heart rate less than 60bpm with signification (approximately 2 minutes), compression: ventilated compressions per min. Minimal interruption during depth 1/3 the depth of the chest about 4cm. Follo thumbs/encircling hands compression technique RESCUER 2 arrives Continue as 2 man CPR. Rescuer No. 2 immediated compression: ventilation ratio 15:2 and at a rated interruption during compressions (<10 seconds), about 4cm. Followed by 2 breaths (1 breath/seconds), about 4cm. Followed by 2 breaths (1 breath/seconds), about 4cm. Followed by 2 breaths (1 breath/seconds), are considered at the end of the 2 minutes made, by rescuer 2 in the brachial artery. According the rescue is pulse and breathing: Place the vicence in full pulse is suspected. Monitor Vital signs	hin lift) Check breathing (look, listen, feel) (if e the victim carefully in recovery position, then no change).	
RESCUER 1 2. No effort of breathing, Open airway (head tilt-trained 5-10 sec). If breathing is present plather check pulse (if trained A,B,C the same sequence if untrained or in pre hospital, apply (C-A-B) seques compressions Within the first 5-10 seconds. 3. If breathing is absent or inadequate, give 2 breather providers should use a barrier device while lay pushemselves, e.g. Shamagh, Ghuthra, shayla, hand exhalation between breaths. 4. Locate and check brachial pulse (if trained 5 if pulse is present but there is no breathing, seconds, 12 – 20 breaths per minute). 5. If no pulse or heart rate less than 60bpm with signification (approximately 2 minutes), compression: ventilated compressions per min. Minimal interruption during depth 1/2 the depth of the chest about 4cm. Followed by 2 breaths (10 seconds), about 4cm. Followed by 2 breaths (10 seconds), about 4cm. Followed by 2 breaths (11 breath/second), about 4cm. Followed by 2 breaths (11 breath/second), about 4cm. Followed by 2 breaths (11 breath/second), about 4cm. Followed by 2 breaths (12 breath/second), about 4cm. Followed by 2 breaths (13 breath/second), about 4cm. Followed by 2 breaths (14 breath/second), about 4cm. Followed by 2 breaths (15 breath/second), about 4cm. Followed by 2 breaths (15 breath/second), about 4cm. Followed by 2 breaths (16 breath/second), about 4cm.	hin lift) Check breathing (look, listen, feel) (if e the victim carefully in recovery position, then no change).	
 No effort of breathing, Open airway (head tilt-trained 5-10 sec). If breathing is present plather the check pulse (if trained A,B,C the same sequence of the untrained or in pre hospital, apply (C-A-B) sequence of the compressions within the first 5-10 seconds. If breathing is absent or inadequate, give 2 breather providers should use a barrier device while lay pulse themselves, e.g. Shamagh, Ghuthra, shayla, hand exhalation between breaths. Locate and check brachial pulse (if trained 5 if pulse is present but there is no breathing, seconds, 12 – 20 breaths per minute). If no pulse or heart rate less than 60bpm with sign (approximately 2 minutes), compression: ventilated compressions per min. Minimal interruption during the depth of the chest about 4cm. Followed by 2 the chest about 4cm. Followed RESCUER 2 arrives Continue as 2 man CPR. Rescuer No. 2 immediated compression: ventilation ratio 15:2 and at a rated interruption during compressions (<10 seconds), about 4cm. Followed by 2 breaths (1 breath/second) about 4cm. Followed by 2 breaths (1 brea	e the victim carefully in recovery position, then no change).	
trained 5-10 sec). If breathing is present pla check pulse (if trained A,B,C the same sequence If untrained or in pre hospital, apply (C-A-B) seque compressions Within the first 5-10 seconds. If breathing is absent or inadequate, give 2 breat providers should use a barrier device while lay pushemselves, e.g. Shamagh, Ghuthra, shayla, hand exhalation between breaths. Locate and check brachial pulse (if trained 5 If pulse is present but there is no breathing, seconds, 12 – 20 breaths per minute). If no pulse or heart rate less than 60bpm with sig (approximately 2 minutes), compression: ventila compressions per min. Minimal interruption dur depth ½ the depth of the chest about 4cm. Follo thumbs/encircling hands compression technique RESCUER 2 arrives Continue as 2 man CPR. Rescuer No. 2 immediat compression: ventilation ratio 15:2 and at a rate interruption during compressions (<10 seconds) about 4cm. Followed by 2 breaths (1 breath/seconds) about 4cm. Followed by 2 breaths (1 breath/second	e the victim carefully in recovery position, then no change).	
providers should use a barrier device while lay p themselves, e.g. Shamagh, Ghuthra, shayla, hand exhalation between breaths. 4. Locate and check brachial pulse (if trained 5 If pulse is present but there is no breathing, seconds, 12 – 20 breaths per minute). 5. If no pulse or heart rate less than 60bpm with sig (approximately 2 minutes), compression: ventila compressions per min. Minimal interruption dur depth ½ the depth of the chest about 4cm. Follo thumbs/encircling hands compression technique RESCUER 2 arrives 6. Continue as 2 man CPR. Rescuer No. 2 immediat compression: ventilation ratio 15:2 and at a rate interruption during compressions (<10 seconds) about 4cm. Followed by 2 breaths (1 breath/second the pulse is checked at the end of the 2 minutes made, by rescuer 2 in the brachial artery. According the pulse is pulse and breathing: Place the victor neck injury is suspected. Monitor Vital signs • If there is pulse but no breathing. Continue breaths/min.) • If there is no pulse, no breathing: Continue success is achieved or EMS arrives.	ence with immediate chest compression 30	
If pulse is present but there is no breathing, seconds, 12 – 20 breaths per minute). 5. If no pulse or heart rate less than 60bpm with sig (approximately 2 minutes), compression: ventilal compressions per min. Minimal interruption dur depth ½ the depth of the chest about 4cm. Follo thumbs/encircling hands compression technique RESCUER 2 arrives 6. Continue as 2 man CPR. Rescuer No. 2 immediat compression: ventilation ratio 15:2 and at a rate interruption during compressions (<10 seconds) about 4cm. Followed by 2 breaths (1 breath/sec The pulse is checked at the end of the 2 minutes made, by rescuer 2 in the brachial artery. Accord If there is pulse and breathing: Place the vicineck injury is suspected. Monitor Vital signs If there is pulse but no breathing. Continue breaths/min.) If there is no pulse, no breathing: Continue success is achieved or EMS arrives.	rsons can use any other means of protecting	
(approximately 2 minutes), compression: ventila compressions per min. Minimal interruption dur depth ½ the depth of the chest about 4cm. Follo thumbs/encircling hands compression technique RESCUER 2 arrives 6. Continue as 2 man CPR. Rescuer No. 2 immediat compression: ventilation ratio 15:2 and at a rate interruption during compressions (<10 seconds) about 4cm. Followed by 2 breaths (1 breath/sec The pulse is checked at the end of the 2 minutes made, by rescuer 2 in the brachial artery. According the second in the	rovide rescue breathing (1 breath every 3 - 5	
 Continue as 2 man CPR. Rescuer No. 2 immediat compression: ventilation ratio 15:2 and at a rate interruption during compressions (<10 seconds), about 4cm. Followed by 2 breaths (1 breath/sec The pulse is checked at the end of the 2 minutes made, by rescuer 2 in the brachial artery. According the significant of the second processing of	on ratio 30:2 and at a rate of at least 100 ng compressions (<10 seconds), Chest compression	
 Continue as 2 man CPR. Rescuer No. 2 immediat compression: ventilation ratio 15:2 and at a rate interruption during compressions (<10 seconds), about 4cm. Followed by 2 breaths (1 breath/sec The pulse is checked at the end of the 2 minutes made, by rescuer 2 in the brachial artery. According If there is pulse and breathing: Place the victor neck injury is suspected. Monitor Vital signs If there is pulse but no breathing. Continue breaths/min.) If there is no pulse, no breathing: Continue success is achieved or EMS arrives. 		
NOTE: Rescuers should switch every 5 cycles of C	of at least 100 compressions per min. Minimal Chest compression depth ½ the depth of the chest and), by Rescuer 1. and every 2 minute thereafter when the switch is not to the findings: min the recovery position carefully, especially if antil EMS arrives. escue breathing, One breath every 3 – 5 sec. (12 -20 man CPR as in step 6. continue so on until	
	PR.	
Comments: Instructor:		_

Skill Performance Sheet (Adult Foreign Body Airway Obstruction)

Student Name code # batch no				_	
Perf	ormance Guidelines			Dor	
1.	Ask "Are you choking?" If the patient not immediately intervene by:	ds " yes" and uses the unive	ersal sign of choking,		
2.	Stand behind the victim and give Abdom the intrathoracic pressure and expel the NOTE: Use Chest thrusts for pregnant or	foreign body.	uver), aiming to increase		
3.	Repeat thrusts with a distinctive movement victim becomes unconscious	ent to achieve expulsion of t	the foreign body or the		
	Adult Foreign Body Airway Obstruction	- Victim becomes unconsci	ious		
4.	Put the victim in the ground and activate	the EMS system or send so	meone to activate. (997)		
5.	Observe for breathing normality or abser airway and try to ventilate. If unsuccessfustill unsuccessful begin cycles of chest co	ıl, re-open the airway and t	ry to ventilate again. If		
6.	Every time the airway is opened to give be object. If you see an object removes it us unsuccessful, re-open the airway and try of chest compression and ventilation with	ing finger sweep. Then try t to ventilate again, If still un	o ventilate, If		
7.	Repeat step 6 till chest raise, if chest raise minutes.	ed, check pulse and continu	e 5 cycles of CPR about 2		
8.	Repeat steps 7 and reassess the pulse ev If there is pulse and breathing: Pl especially if neck injury is suspect If there is pulse but no breathing sec. (10 - 12/min.) If there is no pulse and no breath	ace the victim in the recoved. Monitor Vital signs until . Continue rescue breathing.	ery position carefully, EMS arrives. g one breath every 5 – 6		
Adu	lt Foreign Body Airway Obstruction – Victi	im found unconscious			
9.	Establish unresponsiveness and effort of activated (997) and get the AED	breathing. (3-5 sec.) EMS sy	stem should be		
10.	No effort of breathing, check pulse(if trail Compressions Within the first 10-15 seco		compression 30		
	11. Open airway (head tilt-chin lift). Chec If FBO suspected Repeat steps 5,6,7 a		feel). (5-10 sec)		
Comments:					
	Instructor: Needs more practice				

Skill Performance Sheet (Child Foreign Body Airway Obstruction)

Ask "Are you choking?" If the patient nods "yes" and uses the universal sign of choking, immediately

Student Name

Performance Guidelines

_____ code #______ batch no._____

Done

	intervene by:	
2.	Stand behind the victim and give Abdominal Thrusts (Heimlich maneuver), aiming to increase the intrathoracic pressure and expel the foreign body. NOTE: Use Chest thrusts for obese victim. Kneel down if the victim is short stature.	
3.	Repeat thrusts with a distinctive movement to achieve expulsion of the foreign body or the victim becomes unconscious	
Chilo	Foreign Body Airway Obstruction – Victim becomes unconscious	
4.	Put the victim in the ground and activate the EMS system or send someone to activate. (997)	
5.	Observe for breathing normality or absence, If breathing is absent or inadequate, open the airway and try to ventilate. If unsuccessful, re-open the airway and try to ventilate gain. If still unsuccessful begin cycles of chest compression and ventilation (30:2).	
6.	Every time the airway is opened to give breaths, open the mouth wide and look for the object. If you see an object removes it using finger sweep. Then try to ventilate, If unsuccessful, re-open the airway and try to ventilate again, If still unsuccessful begin cycles of chest compression and ventilation with the ratio 30:2.	
7.	Repeat step 6 till chest raise, if chest raised, check pulse and continue 5 cycles of CPR about 2 minutes.	
8.	 Repeat steps 7 and reassess the pulse every 2 minutes; According to findings: If there is pulse and breathing: Place the victim in the recovery position carefully, especially if neck injury is suspected. Monitor Vital signs until EMS arrives. If there is pulse but no breathing. Continue rescue breathing one breath every 3 – 5 sec. (12 - 20/min.) If there is no pulse and no breathing. Continue maneuvers of Child CPR. 	
Child	l Foreign Body Airway Obstruction – Victim found unconscious	
9.	Establish unresponsiveness and effort of breathing (3-5 sec.) If second rescuer around ask him to activate the EMS system (997) and get the AED	
10.	No effort of breathing, Open airway (head tilt-chin lift) Check breathing (look, listen, feel) (if trained 5-10 sec). If breathing is present place the victim carefully in recovery position, then check pulse (if trained A,B,C the same sequence no change). If untrained or in pre hospital, apply (C-A-B) sequence with immediate chest compression 30 compressions Within the first 5-10 seconds.	
11.	Open airway (head tilt-chin lift). Check for breathing (look, listen, feel). (5-10 sec) If FBO suspected Repeat steps 5,6,7 and 8 butting in consideration the activation of the EMS system (997) after the first 2 minutes of CPR.	
Com	ments:	
	ructor: ose one:	

Skill Performance Sheet (Infant Foreign Body Airway Obstruction)

code #

batch no.

Student Name

Perf	ormance Guidelines – concious	Don
1.	Confirm airway obstruction. Check for serious breathing difficulty, ineffective cough, weak or absent cry.	
2.	Give up to 5 back blows, turn the infant carefully using both hands supporting the face and the back of the head and give 5 chest Thrusts.	
3.	Repeat blows and thrusts until effective or victim becomes unconscious	
Infar	nt Foreign Body Airway Obstruction – Infant becomes unconscious	
1.	Establish unresponsiveness (3-5 sec.) If second rescuer is available, have him or her activate the EMS System. 997	
2.	No effort of breathing, Open airway (head tilt-chin lift) Check breathing (look, listen, feel) (if trained 5-10 sec). If breathing is present place the victim carefully in recovery position, then check pulse (if trained A,B,C the same sequence no change). If untrained or in pre hospital, apply (C-A-B) sequence with immediate chest compression 30 compressions Within the first 5-10 seconds.	
3.	Open the airway and look in the mouth, remove an object only if it is visible. Do not use a Blind finger sweep.	
4.	Try to ventilate. If ventilation is unsuccessful, re-open the airway and try to ventilate again. If still unsuccessful.	
5.	After 5 cycles of CPR (approximately 2 minutes), compression: ventilation ratio 30:2 and at a rate of at least 100 compressions per min. Minimal interruption during compressions (<10 seconds), Chest compression depth ½ the depth of the chest about 4cm. Followed by 2 breaths (1 breath/second); If rescuer is alone, activate EMS, 997 then check for pulse in brachial artery, and breathing. According to findings; If there is pulse and breathing Place the victim in recovery position Carefully, monitor vital signs until EMS arrives. If there is pulse but no breathing. Continue rescue breathing, 1 breath every 3 - 5 sec.(12 – 20 per minute.) If there is no pulse and breathing. Continue CPR Give 5 cycles as in step no.5, continue so on until success is achieved or EMS arrives. N.B.: Every time the airway is opened to give breaths, open the mouth and look for the	
6.	object and, if one is seen remove it.	
	ments: uctor:	
	se one: Complete Needs more practice	

Performance Evaluation CPR and AED (Adult, Child & Infant)

Stuc	lent Name	code #	batch no	_
Perf	ormance Guidelines			Done
1.	Establish unresponsiveness and effort of breat	hing (3-5 sec.)		200
	EMS system should be activated (997) and ge	_		
2.	No effort of breathing, check pulse(if trained) and immediate chest compression 30 compressions			
	Within the first 10-15 seconds.(C-A-B) sequence		ession de compressions	
	Open airway (head tilt-chin lift). Check for brea) sec)	
3.	If breathing is absent or inadequate, give 2 breathing			
٥.	Healthcare providers should use a barrier devi			
	protecting themselves, e.g. Shamagh, Ghuthra			
	Watch chest rise and fall during exhalation.	, shayia, harrakeremer or tov		
4.	Locate and check carotid pulse or femoral puls	se (brachial for Infant) (5-1	In sec)	
4.	If pulse is present but no breathing, provide re			
	10 -12 breaths per minute OR one breath ever	0 (,	
5.	If no pulse, start compression: ventilation cycle			
Э.	30:2 and at a rate of at least 100 per minute. N			
	seconds), Chest compression (depth of 5 cm =		. ,	
	set of each 30 compressions should take appro	•	,	
۸ED	Skills (AED arrives at any point during basic CP		III AED IS available.	
6.	Place the AED next to the victim . POWER ON	·		
7.	Attach electrode pads in the proper positions (ED electrodes sternum	
7.			ED electrodes, sternam	
	and apex, with proper contact and no overlap			
_	NOTE: CPR should not be interrupted during the	•	Alexander de la contracta	
8.	Clear the victim during the ANALYZE. Some many others will analyze automatically.	achines may ask you to press	the analysis button,	
	,	AFD		
_	The AED may take 5-15 seconds for analysis. (A			
9.	Clear before delivering the shock. Ensure no co			
	you are clear, all are clear" or simply "clear", the			
	delivered at the end of 2 minutes and every 2		•	
	chest compression: ventilation as per age grou	ip. CPR is applied as 1 man C	PR, while the second	
	rescuer only operates the AED.		// Cl. 1	
10.	Repeat steps 7-8 until the EMS or ACLS team a		"No Shock Indicated".	
	Continue monitoring the vital signs and accord			
	 If there is pulse and breathing: Place in 		etully, especially it neck	
	injury is suspected, monitor Vital signs			
	 If there is pulse but no breathing. <u>Cor</u> 			
	12/min.) for adult or one breath / 3 – 9		-	
	 If there is no pulse and breathing: Col 			
	compression: ventilation 30:2 ratio and			
	interruption in compressions. Chest co	ompressions depth according	to the age of the victim,	
	then analyze, shock, CPR and so on un	til success is achieved or EM	S arrives.	
Con	nments:			
Inst	ructor:			