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## How to Do CPR on a Child

Though CPR (cardiopulmonary resuscitation) should be administered by individuals trained at a certified first aid course, lay bystanders can also make a significant difference in the survival of children undergoing cardiac arrest. Follow these steps, updated to reflect 2010 American Health Association guidelines, to learn how to perform CPR on children. For youth under 1 years of age, follow infant CPR protocol and for adults, follow adult protocol.

The biggest change is that the AHA has declared compression-only CPR to be as effective as the traditional method that includes mouth-to-mouth breathing, so the latter is now optional. For children, the airway opening and rescue breathing is more useful than for adults because they're more likely to have breathing problems. [1] (Adults are more likely to suffer heart problems, which is why the compressions are vital.)

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### Steps

Check the scene for dangers. If you come across someone who is unconscious, you need to quickly make sure there are no dangers to yourself if you choose to help them. Is there a car exhaust running? A gas stove? Is there a fire? Are electrical lines down?

- If there is anything that could endanger you or the victim, see if there is something you can do to counteract it. Open a window, turn off the stove, or put out the fire if possible. Anything you can do to counteract the danger.
- However, if there is nothing you can do to counteract the danger, move the victim. The best way to move the victim is by placing a blanket or a coat underneath their back and pulling on the coat or blanket.

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2 Check the victim for consciousness by shaking or tapping their shoulder and saying in a loud, clear voice, "Are you okay? Are you okay?"

- If they respond, they are conscious. They may have just been sleeping, or they
  could have been unconscious. If it still appears to be an emergency situation
  (e.g. they are having trouble breathing, they appear to be fading in between
  consciousness and unconsciousness, they were unconscious, etc.) call for help
  and begin basic first aid and take measures to prevent or treat shock.
- . If they do not respond, continue with the following steps.
- Send for help. Send someone to call the Emergency Medical Services (EMS). If you are alone, do not call EMS until you have completed two minutes of CPR.
- Call 911 in North America, 000 in Australia, 111 in New Zealand, 112 by cell
  phone in the EU (including the UK) and 999 in the UK.

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- 3 Check the victim's pulse. Do not check for more than 10 seconds. If the victim does not have a pulse, continue with CPR and the next steps.
  - To check the neck (carotid) pulse, feel for a pulse on the side of the victim's neck closest to you by placing the tips of your first two fingers beside his Adam's apple.



 To check the wrist (radial) pulse, place your first two fingers on the thumb side of the victim's wrist.



Other pulse locations are the groin and ankle. To check the groin (femoral)
pulse, press the tips of two fingers into the middle of the groin. To check the
ankle (posterior tibial) pulse, place your first two fingers on the inside of the
ankle.

Perform CPR for two minutes (which is about five cycles of CPR) and then call for Emergency Medical Services before resuming with CPR. If possible, send someone else to get an AED (Automatic External Defibrillator) if there is one in the building.

Remember CAB: Chest Compressions, Airway, Breathing. In 2010, the AHA changed the recommended sequence to deliver chest compressions before airway opening and rescue breathing. Chest compressions are more critical for correcting abnormal heart rhythms (ventricular fibrillation or pulseless ventricular tachycardia), and because one cycle of 30 chest compressions only require 18 seconds, airway opening and rescue breathing are not significantly delayed.

**6** Give 30 chest compressions. Place your hands on top of each other and place them on the sternum, or in the center of the chest (on the breastbone) between the two nipples. Your ring finger should be on top of the nipple (this will lower the chances of breaking a rib or ribs).

- Compress the chest, with elbows locked, by pushing straight down about 2 inches deep (a third of the thickness of a child's chest).
- Do 30 of these compressions, and do them at a rate of at least 100 compressions per minute if you are the only rescuer.<sup>[2]</sup> If there are two rescuers, each should complete rounds of 15 compressions followed by 2 breaths.
- Allow complete chest recoil after each compression.
- Minimize pauses in chest compression that occur when changing providers or preparing for a shock.<sup>[3]</sup> Attempt to limit interruptions to less than 10 seconds.<sup>[2]</sup>

Make sure the airway is open. Place your hand on the victim's forehead and two fingers on their chin and tilt the head back to open the airway (if you suspect a neck injury, pull the jaw forward rather than lifting the chin). If jaw thrust fails to open the airway, do a careful head tilt and chin lift.

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If there are no signs of life, place a breathing barrier (if available) over the victim's mouth.

**9** Give two rescue breaths. Keeping the airway open, take the fingers that were on the forehead and pinch the victim's nose closed. Make a seal with your mouth over the victim's mouth and breathe out for about one second. Make sure you breathe slowly, as this will make sure the air goes in the lungs not the stomach. Make sure you keep your eye on the victim's chest.

- If the breath goes in, you should see the chest slightly rise and also feel it go in.
  If the breath goes in, give a second rescue breath.
- If the breath does not go in, re-position the head and try again. If it does not go
  in again, the victim may be choking. Do abdominal thrusts (the Heimlich
  manuever) to remove the obstruction.

Repeat the cycle of 30 chest compressions and 2 breaths. You should do CPR for 2 minutes (5 cycles of compressions to breaths) before checking for signs of life. Continue CPR until someone takes over for you, emergency personnel arrive, you are too exhausted to continue, an AED is available for immediate use, or pulse and breathing return (signs of life).

If an AED becomes available, turn on the AED, place the pads as instructed (one over the right chest and another over the left side), allow the AED to analyze the rhythm, and give one shock if indicated, after clearing everyone from the patient. Resume chest compressions immediately after each shock for another 5 cycles before reassessing.

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### Tips

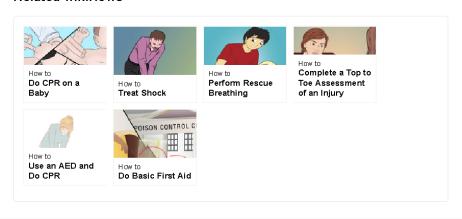
- American and British advice, differs on when to call for assistance, with British advice being to call for help before beginning compressions, however what is important is that
  - o you have help on the way
  - o keep compressions going as long as is safely possible.

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- If you are unable or unwilling to perform rescue breathing, engage in compression-only CPR with the victim. This will still aid the victim in recovering from cardiac arrest.<sup>[3]</sup>
- Be sure to survey the scene for danger before you attempt to administer CPR.
- Remember that CPR is different for adults, children and infants; this CPR is meant to be administered to a child.
- Always wear gloves and use a breathing barrier when possible to make transmission of diseases less likely.
- Do not move the patient unless they are in immediate danger or are in a place that is life threatening.

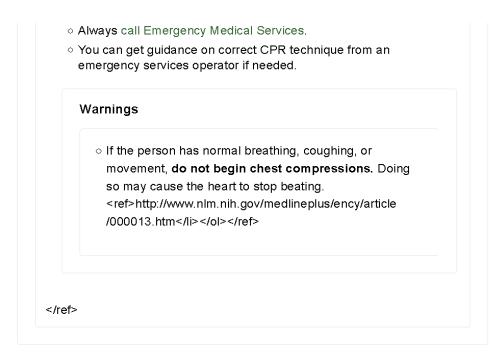
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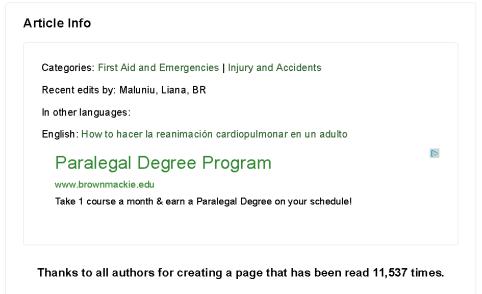


### Sources and Citations

- http://www.firstaidweb.com/cpr.php
- American Red Cross
- 1. ↑ http://www.foxnews.com/story/0,2933,344212,00.html
- ↑ Cite error <cite\_error\_references\_no\_text>; \$2
- 3. ↑ <sup>3.03.1</sup>
  - Get proper training from a qualified organization in your area.
     Training from an experienced instructor is the best way to be prepared in an emergency.
  - Don't forget to place your hands in the middle of the breastbone at the level of the nipples.
  - If you must move the victim, try to disturb the body as little as possible.

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