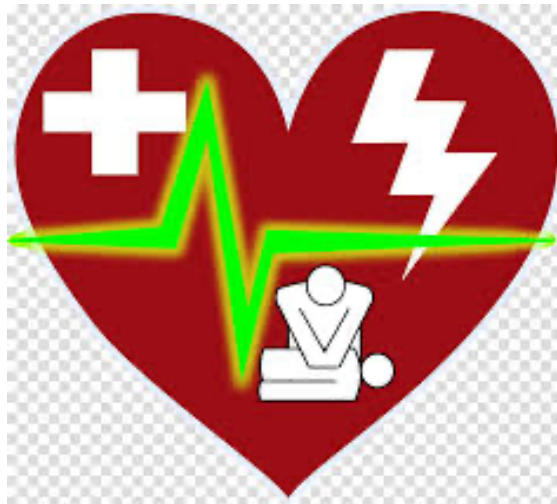


BLS for Healthcare Providers

Participant Preparation Packet

2020-2025

This information is derived from the 2020 ECC Guidelines



This review guide contains an answer sheet that must be completed and turned in at the start of class. Use your provider textbook to answer the questions in this packet.

If the pretest is not completed, you will not be able to be remediated or retest if unable to successfully pass the written exam on the first attempt. You will need to call the office to schedule a retest.

(772) 878-3085 * Fax: (772) 878-7909 * Email: info@medicaltraining.cc
597 SE Port Saint Lucie Blvd * Port Saint Lucie, Florida 34984
Visit Our Website... MedicalTraining.cc



Emergency Medical Consultants

772-878-3085 www.EMCmedicaltraining.com

Skills Review for Healthcare Providers The CAB's of CPR

Simultaneously Determine unresponsiveness and check for effective breathing

If unresponsive: call a "code" or 911

C = Circulation- Check for a pulse Max - 10 seconds. If pulse is not definite, begin compressions.

A = Airway- Open airway (head tilt/chin lift)

B = Breaths- Give 2 breaths then back to compressions

D = Defibrillator- Attach a manual defibrillator or AED

CPR Reference

	Adults (> puberty)	Children (1 - puberty)	Infants (< 1yr)
Rescue breathing, Victim definitely has a pulse	10 breaths/min recheck pulse every 2 minutes	20-30 breaths/min recheck pulse every 2 minutes	20-30 breaths/min recheck pulse every 2 minutes
Compression landmark No pulse (or pulse <60 in infant or child with poor perfusion)	Middle of the chest, between the nipples	Middle of the chest, between the nipples	1 finger below nipple line
Compressions are performed with	Heel of 2 hands	Heel of 1 or 2 hands	2 fingers OR 2 thumbs when using encircling hands technique
Rate of compressions per minute	100-120/min	100-120/min	100-120/min
Compression depth	At least 2 inches ↑ 2 inches	At least 1/3 depth of chest 2 inches	At least 1/3 depth of chest 1 ½ inches
Ratio of compressions to breaths <i>*Once an advanced airway is placed ventilations will be 1 every 6 sec. with continual compressions.</i>	30:2 Change compressors and reevaluate every 2 min	30:2 15:2 if 2 rescuers Change compressors and reevaluate every 2 min	30:2 15:2 if 2 rescuers Change compressors and reevaluate every 2 min

Foreign Body Airway Obstruction

** If not rapidly removed call Emergency Medical Service **

Conscious choking

Adult	Child	Infant
Abdominal Thrusts (Red Cross Class – 5 Back Blows)	Abdominal Thrusts (Red Cross Class – 5 Back Blows)	5 Back Blows/5 Chest Thrusts

Unconscious choking

Adult	Child	Infant
Call a "code" or call 911 Begin CAB's of CPR Before giving breaths: look in mouth for foreign body, remove object if it is seen.	Begin CPR If second rescuer is present, send them to call a "code" or 911, otherwise, call after 2 min of CPR Before giving breaths: look in mouth for foreign body, remove object if it is seen.	Begin CPR If second rescuer is present, send them to call a "code" or 911, otherwise, call after 2 min of CPR Before giving breaths: look in mouth for foreign body, remove object if it is seen.
Repeat cycles of CPR if needed	Repeat cycles of CPR if needed	Repeat cycles of CPR if needed

2020 Outcome Driven Notes



Rapid Response teams are essential to improve patient outcomes by identifying and treating early clinical deterioration.

CPR Coach- helps the resuscitation team perform high quality CPR
Provides interactive feedback about the rate, depth, and recoil of compressions.
Monitors ventilatory performance & minimizes pauses in CPR. Optimizes CCF.

The following efforts increase the **chest compression fraction (CCF)**, which ideally minimizes the hands-off time during CPR.

- ✓ Pre-charge the defibrillator 15 sec before rhythm check/shock is due
- ✓ Compressor hovers over, but off, the chest during defibrillation
- ✓ Intubate without delay in compressions
- ✓ Try to keep other stops at 5 sec or less (10 is still acceptable)
- ✓ Administer meds during compressions

Immediate Actions for a Suspected Heart Attack Victim: (Chest or arm pain/pressure, short of breath, anxious)

Considered a time critical emergency. Take the following actions immediately:

1. Have the victim sit down & remain calm
2. Activate the EMS system- get the AED, if available.
3. Suggest that alert adults chew and swallow an aspirin. This is contraindicated if known allergy or advised to avoid aspirin by a healthcare provider.
4. If the patient loses consciousness and is not breathing, or only gasping---START CPR

Suspected Stroke? Act Fast!

Every 40 seconds, someone in the United States suffers a stroke. Know the signs: (FAST)

1. Face Drooping
2. Arm Weakness
3. Speech difficulty
4. Time to phone

There are possibly other signs so consider this also a critical emergency!

1. Quickly evaluate for obvious signs
2. Activate the EMS system
3. Find out when symptoms first appeared
4. Stay with the individual, until help arrives
5. Loss of consciousness & not breathing or only gasping? = START CPR

INFORMATION TO KEEP IN MIND:

1. Know the maximum time that should be spent checking for the presence of a pulse.
2. Know the preferred techniques/devices for providing ventilations if you are a single rescuer versus having multiple resources in the professional setting.
3. Know the concept of scene safety/awareness before providing care.
4. Know which patients require ventilations and which require ventilations plus compressions.
5. Know the best way to open the airway for an Adult, Child, Infant or spinally injured patient.
6. Know the location, depth and rate of compressions for an Adult, Child and Infant.
7. Know when to start compressions for an Adult, Child and Infant, be able to explain chest recoil (release) and high-quality CPR.
8. Know the compression to ventilation ratio for both 1 and 2-rescuer for Adult, Child and Infant.
9. Know how to reduce the incidence of air being introduced into the patient's stomach versus their lungs.
10. Understand how an AED affects the heart (shock to organize the rhythm) and know the steps for using an AED on an Adult, Child or Infant; pediatric use and placement.
11. Know how to incorporate CPR before, during and after AED use.
12. Know the changes in CPR, which are incorporated once a victim has an advanced airway "tube" placed by a medical professional.
13. Know the sequence, procedures and roles for 1 rescuer versus 2-rescuer CPR.
14. Know the procedures for conscious and unconscious choking for Adult, Child and Infant.
15. Know how to determine effectiveness of ventilations and compressions being provided during CPR
16. Know the elements of effective team dynamics and communicating during an emergency
17. Know that in Opioid OD's CPR is still most important for no breathing or pulse, but Naloxone can be administered along with CPR every 2-3 minutes, as needed.
18. Know that in late pregnancy, during CPR the fetus should be shifted to the left if possible. If resuscitated, lay patient on the left side.
19. No need to remove jewelry to defib—just relocate the defib pad.

20. Understand the term 'closed loop communication'.
21. CPR should be started immediately when indicated.
22. Take a look at the Adult in Hospital Cardiac Chain of Survival.
23. The carotid and femoral artery really is the best place to check for pulses after ROSC.
24. Modified jaw-thrust maneuvers are to be used with suspected neck injuries.
25. The bag valve mask device (BVM) is best utilized by 2 people.
26. Be aware of the suggested ages for an infant, child & adult, per resuscitative guidelines.
27. If you are alone and delivering CPR to an infant, utilize the thumb circle technique and provide breaths with a face shield or pocket mask.

Adult In-Hospital Cardiac Chain of Survival



BLS Pre-Course Exam

1. An elderly woman collapses to the floor in a bingo hall. Your first action should be:
 - A. Open the airway and give 2 breaths. (mouth to mouth rapid is best)
 - B. Go grab the defibrillator off the wall in the hallway.
 - C. Yell out/ call for help while simultaneously assessing for pulse and respirations. (carotid or femoral is best)
 - D. Check for a carotid or radial pulse.
2. You are performing 1 rescuer CPR on a 6-year-old child. The AED only has adult size pads. What should you do?
 - A. Just use one pad in the center of the chest.
 - B. Cut the pads to make them smaller.
 - C. Do not defibrillate if there are not appropriately sized pads.
 - D. Use the adult pads.
3. What age group refers to a "child" in CPR/AED usage?
 - A. The age of 1-12.
 - B. The age of 2-18.
 - C. The age of 1-8 years old.
 - D. The age of 1 to puberty onset.
4. What is the preferred plan of care when administering care to a suspected narcotic overdose victim?
 - A. Give Naloxone every 2-3 minutes, as indicated.
 - B. Administer Naloxone prior to initiating CPR.
 - C. Give Naloxone every 4 minutes, as indicated
 - D. Administer Naloxone, once only.
5. Your middle age neighbor is mowing his grass when he clutches his chest and drops to the ground. He has no pulse or respirations. Your son calls 911 while you initiate chest CPR. How fast should the compression rate be?
 - A. 100 compressions per minute.
 - B. 100-120 compressions per minute.
 - C. 80-100 compressions per minute
 - D. 120-150 compressions per minute.
6. Which of the following is true about rescue breaths given to a child or infant?
 - A. Give 1 ventilation every 6 seconds.
 - B. Give 1 ventilation every 2-3 seconds
 - C. The pulse should be checked every 1 minute.
 - D. Give 2 breaths every 6 seconds.

7. Once you have determined that a person is pulseless, CPR should begin?

- A. When the AED arrives.
- B. Immediately
- C. After checking for a medical ID bracelet
- D. Within 10 seconds

8. When utilizing a bag valve mask device, it is important to remember:

- A. That this device requires training and is best suited for a 2-rescuer situation.
- B. The E-C clamp technique should be used while lifting the jaw to provide a good seal.
- C. To squeeze the bag for 1 second while watching the chest rise.
- D. All of the above.

9. What is the correct ratio for compressions to ventilations in infant CPR with 2 rescuers present?

- A. 20 compressions to 4 breaths.
- B. 15 compressions to 2 breaths.
- C. The rate remains 30 compressions to 2 breaths.
- D. 15 compressions to 1 breath.

10. The maximum amount of time that should be taken to check for a pulse or perform any procedure on an adult, infant or child in cardiac arrest is?

- A. 15 seconds
- B. 10 seconds
- C. 30 seconds
- D. 5 seconds

11. You are watching a resuscitation attempt at a medical facility. You observe the hand placement of the person who is providing compressions to be incorrect. Your next step as a team member should be?

- A. Wait 10 seconds to see if the team leader notices.
- B. Tell the person doing compressions that you will take over.
- C. Alert the team leader for him/her to address.
- D. Tell another team member to take over.

12. While providing 1 rescuer CPR to a child, what techniques are the most effective??

- A. Stand at the head of the infant; utilize the 2 finger technique, ventilate with a BVM .
- B. Stand to the side; utilize the thumb encircling technique while providing breaths with a pocket mask.
- C. Stand at the side; utilize the palm of one hand for CPR while providing breaths with a pocket mask
- D. Stand at the head: utilize the thumb encircling technique while providing breaths with a BVM.

13. Which link in the Adult in Hospital Cardiac Chain of Survival precedes defibrillation?

- A. Early high-quality CPR
- B. Integrated Cardiac Recovery Assessment.
- C. Orthostatic blood pressure maneuvers.
- D. Intubation.

14. Current guidelines suggest that adult compressions should be administered at a depth of at least 2 inches. Which of the following is not true regarding chest compression depth?

- A. Compressions are often delivered too hard rather than too shallow.
- B. It may be difficult to accurately judge compression depth without the use of a feedback device.
- C. Consistent compression depth of at least 2 inches is associated with better outcomes.
- D. Potential complications can occur at depths of greater than 2.4 inches.

15. When 2 or more personnel are available during a resuscitation, the team should

- A. Have the strongest person continue compressions.
- B. Ventilate slightly faster.
- C. Perform 1 minute of rapid compressions, then slightly slower.
- D. Change compressors every 2 minutes.

16. When ventilating a patient in respiratory arrest, 1 breath should be given every ____ seconds?

- A. 5 seconds
- B. 6 seconds
- C. 10 seconds
- D. None of the above

17. When is the two-thumb encircling technique is used?

- A. During infant CPR (if your hands are big enough).
- B. When the infant is choking.
- C. When performing CPR on a pediatric victim.
- D. When performing one rescuer CPR on an infant and you become tired.

18. At the beginning of your work shift, your team leader assigns you the role of compressor during a cardiac arrest. This is known as:

- A. Mutual respect.
- B. Closed loop communications.
- C. Clear roles and responsibilities.
- D. Constructive intervention.

19. While assisting with a cardiac arrest, you are instructed to take over bag valve mask ventilations. You repeat back “you would like for me to take over bag valve mask ventilations.” In team dynamics, what is this called?

- A. Closed loop communications
- B. Knowing your limitations
- C. Knowledge sharing
- D. Mutual respect

20. A person is found lying next to an electrical line, unresponsive. You assure that the power is disconnected before you attempt resuscitation. In this case, you identified the information you saw, and took appropriate action. This concept of taking action based on information gathered is called?
- A. Critical thinking.
 - B. Unified team approach.
 - C. Problem identification.
 - D. Solving issues.
21. You arrive to find a hospital maintenance worker lying on the ground, next to a ladder. Your first action should be?
- A. Perform the jaw-thrust maneuver
 - B. Place them in the left lateral recumbent position
 - C. Begin compressions at 30:2
 - D. Check for responsiveness
22. While choking on a grape a conscious infant becomes unconscious, the next step for the provider is to?
- A. Perform a finger sweep
 - B. Attempt ventilations
 - C. Turn the infant over and administer back blows
 - D. Begin CPR compressions
23. Which of the following is true regarding CPR in the pregnant patient?
- A. Consider a resuscitative cesarean delivery (RDS) if fetal age is estimated to be <20 weeks
 - B. The team should provide left uterine displacement (LUD) until the infant is delivered, even if ROSC occurs
 - C. The team should prepare for a resuscitative cesarean delivery (RCD) immediately following ROSC
 - D. Provide left uterine displacement (LUD) only for the time CPR is in progress
24. When performing compressions on an infant, the proper depth is?
- A. ½" or ½ the depth of the chest
 - B. 1 ½ " to 2 1 ½ " inches
 - C. Varies based on age and weight
 - D. 1 1/2 inches
25. While at a school event, a teacher chokes on a big wad of gum. He is responsive, but panicked. Which should you do first?
- A. 5 back blows followed by 5 abdominal thrusts, in cycles
 - B. Perform a finger sweep
 - C. Readjust the airway with a jaw thrust maneuver
 - D. Continuous back blows

26. Where is the most appropriate place to check for pulses following ROSC?
- A. The brachial or radial artery
 - B. The brachial or femoral artery
 - C. The carotid or femoral artery
 - D. The carotid or radial artery
27. A victim begins to choke, and you find them grabbing their throat and coughing uncontrollably, you should?
- A. Perform the Heimlich maneuver
 - B. Perform the modified Heimlich maneuver
 - C. Perform chest thrust if they are pregnant or obese
 - D. Allow them to continue coughing
28. When suspecting a potential spinal cord injury, the best technique to open the airway is:
- A. Head tilt /jaw lift
 - B. Insert an oropharyngeal Airway
 - C. Place in the sniffing position
 - D. Modified Head tilt/chin lift method
29. The accepted ratio of compressions to ventilations for a 6-year-old drowning victim when only 1 rescuer is available is?
- A. 15:1
 - B. 30:1
 - C. 30:2
 - D. 15:2
30. When switching CPR providers every 2 minutes, what is the maximum time frame for interruptions?
- A. 5 seconds
 - B. 15 seconds
 - C. 3 seconds
 - D. 10 seconds

NAME: _____

COURSE: _____

MISSED: _____

GRADE: _____

1. A B C D E

26. A B C D E

2. A B C D E

27. A B C D E

3. A B C D E

28. A B C D E

4. A B C D E

29. A B C D E

5. A B C D E

30. A B C D E

6. A B C D E

7. A B C D E

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23. A B C D E

24. A B C D E

25. A B C D E

