HOW TO PROCEED?

Activate the emergency response system first

Check for the victim response, breathing and pulse;

Immediately begin the CPR, perfom cycles of 30 compressions and 2 breaths

Get an AED/defibrillator and use when available to check rhythm

Continue until ALS providers take over or victims starts to move

REFERENCES

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AUTHORS

Alexsandra Vitória Pedrosa de Oliveira Jordão
Ana Julia de Souza Mendes
Beatriz Costa de Freitas
Gabriele de Araújo Anacleto
Luaclara Lourenço da Silva
Natalia Ramos Moura

Carlos Magno Carvalho da Silva
(Professor Responsible for the League)

AFFILIATION

UNIVERSIDADE FEDERAL DO ESTADO DO RIO DE JANEIRO (UNIRIO)

CONTACT US!

@laetie.unirio
laetieunirio@gmail.com

Guide about

CPR

CARDIOPULMONARY RESUSCITATION

LAETIE – UNIRIO

RECOGNIZING A CARDIAC ARREST

- If a victim is unconscious/unresponsive, with absent or abnormal breathing (ie, only gasping), the lay rescuer should assume the victim is in cardiac arrest;

- If a victim is unconscious/unresponsive, with absent or abnormal breathing (ie, only gasping), the healthcare provider should check for a pulse for no more than 10 s and, if no definite pulse is felt, should assume the victim is in cardiac arrest.

SOS

Is important to call emergency or ask for another person to call before starting the CPR

RECOMMENDATIONS FOR A RESUSCITATION

- Ensure scene safety;
- Check for response, breathing and pulse;
- After identifying a cardiac arrest, a lone responder should activate the emergency response system first and immediately begin CPR;
- Use the AED/ defibrillator when available;

Metrics for High-Quality CPR:

- when providing chest compressions, the rescuer should place the heel of one hand on the center (middle) of the victim's chest (the lower half of the sternum) and the heel of the other hand on top of the first so that the hands are overlapped
- when 2 or more rescuers are available, it is reasonable to switch approximately every 2 min (or after about 5 cycles of compressions and ventilation at a ratio of 30:2) to prevent decreases in the quality of compressions
- it is preferred to perform CPR on a firm surface and with the victim in the supine position, when feasible
- during manual CPR, rescuers should perform chest compressions to a depth of at least 2 inches, or 5 cm
- it is reasonable for rescuers to perform chest compressions at a rate of 100 to 120/min

Opening the Airway

- should use the head tilt–chin lift maneuver to open the airway of a patient when no cervical spine injury is suspected
- in cases of suspected cervical spine injury, should open the airway by using a jaw thrust without head extension

Ventilation and Compression-to-ventilation ratio

- it is possible to deliver breaths either by mouth or by using bag-mask ventilation
- when providing rescue breaths, its ideal to give 1 breath over 1 s, take a "regular" (not deep) breath, and give a second rescue breath over 1 s
- keep the chest compressions and rescue breaths in a ratio of 30 : 2
- rescuers should avoid excessive ventilation (too many breaths or too large a volume) during CPR

Defibrillation:

- are recommended to treat tachyarrhythmias requiring a shock.
- Send someone to find an AED (Automated external defibrillator) if available
- Follow the spoken and visual directions given by the AED.
- conect te paddles to the AED and then, place defibrillation paddles or pads on the exposed chest in an anterolateral or anteroposterior position
- If a shock is advised, make sure no one is touching the victim
- after pushing the shock button, immediately resume CPR and continue to follow directions by AED.