

Choking Guidelines



Check the Scene

- Make sure it is safe for you to help the choking victim. Don't become another victim yourself.

Check the Victim

- Ask if they are choking. If they can not cough, speak, or breathe, then they need help.
- Ask for permission to help.

Call for Help

- Tell someone to call 9-1-1 and come back!

Perform abdominal thrusts:

- Place the thumb side of your fist just above the victim's belly button.
- Grab your fist with your free hand.
- Pull quick, upward thrusts to dislodge the object.
- Use chest thrusts on a pregnant woman (middle of the breast bone)



Repeat Abdominal Thrusts until the object is forced out, the victim can breathe, or the victim becomes unresponsive.

If victim becomes unresponsive:

- Open the airway, look for an object. If an object is visible, remove it. DO NOT perform a blind finger sweep.
- Begin CPR (start with compressions) with one extra step: each time you open the airway, look for the object in the back of the throat. If you see an object, remove it quickly with your thumb and forefinger.

Recovery Position



Place the person on her left side with the left arm perpendicular to the body and the right arm draped over the left. By placing the victim on their side, fluid can drain from the mouth. You must still monitor the person's ABCs (airway, breathing, and circulation).

Signs of Circulation

1. Normal breathing
2. Movement
3. Coughing

AED: Automated External Defibrillator

CPR is especially important to use prior to the AED's arrival. For every minute of delay of CPR and Defibrillation, there is a 10% decrease in chance of survival for the patient. Thus, if CPR and AED are applied 3 minutes after patient has gone into cardiac arrest, there is a 70% chance of successful resuscitation. After 10 minutes, it is <<<< 1 %. Thus, time is absolutely critical.

What's the difference between a Defibrillator and an AED? An AED is known as an automated External Defibrillator. Essentially, an AED can analyze a heart's rhythm, determine whether or not the patient has a shockable rhythm, and defibrillate the person if necessary. If the rhythm is shockable, the machine will charge to a pre-set energy level and ask the rescuer to press the button to shock the patient. It's that simple! The best part about this is you can't shock a patient who's not in cardiac arrest. This electrical shock ranging from 200 Joules to 360 Joules is enough energy to temporarily stop the heart's electrical activity altogether momentarily. By stopping the irregular electrical activity for a brief moment, the heart may start to beat normally with normal electrical activity.

Is it possible to defibrillate someone who has flatlined (no electrical activity in the heart)? The answer is no. Why?? Because the heart has already stopped, Defibrillation won't do anything.

Make sure you know where the AED is located in your school/place of business.

Stroke Symptoms and Management

SYMPTOMS

- SUDDEN one sided numbness/weakness of face, arm or leg.
- SUDDEN confusion, trouble speaking or understanding.
- SUDDEN trouble seeing in one or both eyes.
- SUDDEN trouble walking, dizziness, loss of balance or coordination.
- SUDDEN severe headache with no known cause.

MANAGEMENT: Act F.A.S.T.

- Face: Smile – Does one side of face droop?
- Arms: Raise both arms – Does one arm drift downward?
- Speech: Repeat a sentence – Are words slurred and/or out of order?
- Time: If symptoms present – CALL 9-1-1 immediately!

<http://www.stroke.org/site/PageServer?pagename=SYMP>

Maryland Good Samaritan Act - Maryland Law 5-309

- The act is not one of gross negligence
- The assistance is provided without fee or other compensation
- The assistance is provided in a reasonably prudent manner

Healthcare Provider Summary of Steps for Adults, Children, and Infants

Healthcare Provider Summary of Steps of CPR for Adults, Children, and Infants

CPR	Adult and Older Child (puberty and older)	Child (1 year old to puberty)	Infant (Less than 1 year old)
Establish that the victim does not respond Activate your emergency response system.	Activate your emergency response system as soon as the victim is found.	Activate your emergency response system after giving 5 cycles of CPR.	
Open the airway Use head tilt–chin lift.	Head tilt–chin lift (Suspected trauma: jaw thrust)		
Check breathing If the victim is not breathing, give 2 breaths that make the chest rise.	Open the airway, look, listen, and feel. Take at least 5 seconds and no more than 10 seconds.		
First 2 breaths	Give 2 breaths (1 second each)		
Check pulse At least 5 seconds and no more than 10 seconds.	Carotid pulse (if no pulse, start CPR)	Carotid pulse (if no pulse or pulse is <60 bpm with signs of poor perfusion, start CPR)	Brachial pulse (if no pulse or pulse is <60 bpm with signs of poor perfusion, start CPR)
Start CPR			
• Compression location	Center of breastbone between nipples	Just below nipple line on breastbone	
• Compression method	Heel of 1 hand, other hand on top (or 1 hand for small victims)	2 fingers (2 thumb–encircling hands for 2-rescuer CPR)	
• Compression depth	1½ to 2 inches	⅓ to ½ depth of chest	
• Compression rate	100 per minute		
• Compression-ventilation ratio	30:2 (1- or 2-rescuer CPR)	30:2 for 1-rescuer CPR (15:2 for 2-rescuer CPR)	

Adult BLS Algorithm

