

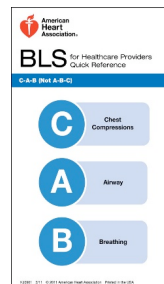
"THE HOME OF STRESS FREE LEARNING"



BCLS QUICK STUDY GUIDE

Welcome to Learn ACLS a multi-regional and international American Heart Association Training Center, the home of "Stress Free Learning"

If you register and pay 10 days prior to the class, you may choose to receive your course materials shipped to you for an additional \$7.95. Please take the opportunity to review the materials prior to attending your course. Enclosed you will find a quick reference study guide which we have prepared to assist you in preparing for your course. This guide is not meant to replace your AHA materials but to facilitate your learning.



Healthcare Provider Basic Life Support

- High Quality CPR is: Push hard, fast, deep full recoil of the chest with minimal interruptions.
- ABC has been replaced by CAB sequence. Check responsiveness and scan for adequate breathing, call for help and get an AED/Manual Defibrillator, check a pulse, no more than 1- seconds and begin with compressions.
- Deep is at least 1/3 A/P diameter or 1.5 inches, or 4 CM for infants. At least 2 inches or 5 CM for adults and children.
- Fast is a rate of at least 100 compressions a minute, the beat of "Staying Alive" by the Bee Gee's.
- Push hard on the lower half of the breastbone, Sternum
- Universal Compression to Ventilation ratio is 30:2 for adult, child and infant 1 person CPR. Also for 2 person adult CPR. For 2 person child and infant it is 15:2.
- 5 cycles of 30:2 or 10 cycles of 15:2 is approximately 2 minutes.
- Neonate or Newborn = birth to discharge. Infant is to age one. Child is to signs of puberty. Adult is a person with signs of puberty.
- Ideally rescuers should switch every 2 minutes, taking no more than 10 seconds to switch and charge a manual defibrillator or AED and shock.
- Rescue breathing: for an adult 1 breathe every 5-6 seconds, and for children it is 1 breathe every 3-5 seconds.
- When using an advanced airway rescuers should perform continuous compressions ventilating once every 6-8 seconds on all patients.
- The preferred ventilation technique in one person CPR is mouth to mask, mouth to mouth, or mouth to barrier.
- Always check that the scene is safe when first encountering a patient.