Basic Life Support
Factsheet

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Knowledge

- With knowledge you can act quickly and save lives
- The longer the delay in providing basic life support, the less chance a person has of staying alive
- So why don't people know how to provide basic life support?

Fears of first aid

- Getting it wrong and making it worse
- Litigation and being sued
- Scared of blood and gore
- Catching an infection or disease

Solutions

Always use a barrier for protection e.g. gloves.

- Check gloves for faults and change them between patients
- Take care when taking them off and dispose as clinical waste
- Use the back of the glove to write notes and details on

Always use a barrier for protection e.g. resuscitation face shield.

- Use face shields to minimise cross contamination
- Makes mouth-to-mouth easier
- Disposed of as clinical waste

Fears of being sued

- Get consent
- Call emergency services
- Stay within the limitations of your training and knowledge

Identifying a choking casualty

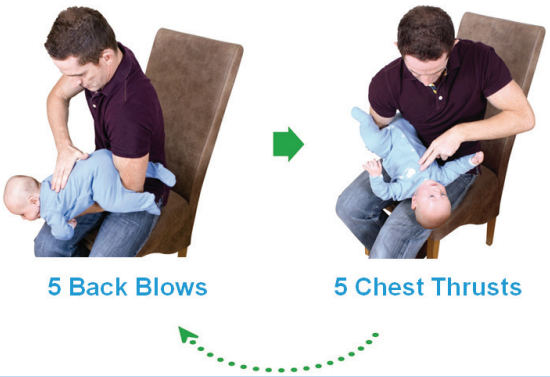
Choking is caused by a foreign object which becomes lodged in the airway. The severity will be the determining factor in applying the correct treatment.

There are two types of choking

Mild choking	Severe choking
• The casualty is able to speak • The casualty is able to breath • The casualty is able to cough • The casualty will show signs of distress	• The casualty will be unable to speak • The casualty will be unable to breath • The casualty will be unable to cough effectively • The casualty will show signs of distress • The face will become red • Eyes will become enlarged • Grasping at the throat • Will become unconscious

First aid for choking adult

First aid for choking baby



Choking after care

Abdominal thrusts and chest compressions can potentially cause serious internal injuries and all patients successfully treated with these measures should be examined afterwards for injury by a health care professional.

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Mild choking

- Encourage the person to cough and assist the person to lean forward
- If the airway is still obstructed give up to 5 back blows checking after each blow to determine if the obstruction is removed
- If still choking give up to 5 abdominal thrusts checking after each thrust
- If still choking repeat back blows, abdominal thrusts and get someone to call 999

Severe choking

- If the person is not able to breathe and becomes unresponsive, make sure emergency medical services have been called
- Lay the person on the floor if not already there and begin CPR

CPR

- Centre of the chest
- Press the chest 5 – 6cm at a rate of 100-120 compressions a minute
- 30 compressions then 2 rescue breaths: alternatively continuous chest compressions only
- Continue until a more qualified person takes over, the casualty starts breathing or you are too tired to continue

Infant CPR

- Give five initial rescue breaths before the chest compressions
- Compress the chest by about one-third of its depth
- For a baby under 1 year, use two fingers
- If on your own, perform resuscitation for 1 minute before going for help

Child CPR

- Give five initial rescue breaths before the chest compressions
- Compress the chest by about one-third of its depth
- For a child over 1 year, use one or two hands to achieve an adequate depth
- If on your own, perform resuscitation for about 1 minute before going for help

When to stop

Continue resuscitation until

- Qualified help arrives and takes over
- The casualty starts breathing normally
- You become physically exhausted

DR ABCD

- Danger
- Response
- Airway
- Breathing
- CPR
- Defibrillator

Defibrillators

- There are different types of defibrillators, these are:
- Fully automated
- Semi automated

Defibrillation

- The definitive treatment for ventricular fibrillation
- Early defibrillation is the key to survival
- CPR at best achieves 15% normal cardiac output and
- 30% normal cerebral perfusion

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