BLS Helpful Hints (AHA 2025)

1. Be Ready, Be Alert

- Always check scene safety **first**: is the environment safe for you and the victim?
- Quickly assess responsiveness: shout, tap, check for breathing or abnormal gasping for at least 5, but no more than 10 seconds.
- Activate the emergency response system without delay (call 911 or activate inpatient code blue) and get an AED if available.
- Remember the "Chain of Survival" concept: early recognition & activation → immediate high-quality CPR → rapid defibrillation → advanced care & post-cardiac arrest care.

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2. High-Quality Chest Compressions (Key Emphasis)

- **Rate**: Aim for approximately **100-120 compressions per minute**.
- **Depth**:
  - Adults: At least ~2 inches (5 cm), but not more than ~2.4 inches (6 cm). A
  - Children: At least 1/3 of the chest anterior-posterior diameter (~2 inches) when possible.
  - Infants: At least 1/3 of chest diameter (~1½ inches / ~4 cm) when appropriate.
- Allow full chest recoil after each compression (do not lean).
- Minimize interruptions in compressions—every pause reduces perfusion. Aim to keep interruptions under 10 seconds when feasible.

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3. Ventilations & Breaths

- If you're trained and able, combine compressions with ventilations (for 2-rescuer scenarios or as per your BLS provider training). Provide 2 breaths for every 30 compressions.
- With an advanced airway in place (e.g., in a hospital setting) compress at ~100-120/min and give **1 breath every 6 seconds** (≈10 breaths/min).
- For non-advanced airway/rescuer scenarios: the 30:2 compression-to-ventilation ratio remains for adults.
- For non-advanced airway/ **TWO** rescuer scenarios: the 15:2 compression-to-ventilation ratio for pediatrics.

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4. AED (Automated External Defibrillator) Use

- As soon as an AED is available, deploy it. Time to defibrillation is critical for shockable rhythms.
- Follow AED prompts exactly: attach pads, clear for analysis, deliver a shock if indicated, then immediately resume CPR.
- Do *not* pause CPR awaiting the AED; instead, continue until pads are attached and machine is ready.

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5. Special-Population Considerations

- Children & Infants: Adjust compressions/ventilations appropriately (size, hand placement, depth). Use pediatric pads/AED if available.
- Choking situations: Perform 5 abdominal thrusts (Heimlich) and 5 chest thrusts/backs blows appropriately depending on age/size.
- Opioid overdose recognition: Consider ventilation support and naloxone if trained and available (as per protocol) in suspected opioid arrest.

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6. Teamwork & Preparedness

- In multi-rescuer scenarios, assign roles clearly: “compressor,” “ventilator,” “AED/monitor,” etc.
- Rotate compressors every 2 minutes (or sooner if fatigue) to maintain depth & rate.
- Use feedback devices (compression depth/rate monitors) if available—they’re increasingly emphasized.
- After the event, debrief: review what went well, what could be better, addressing both technical and human factors.

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7. Practical Reminders for Instructors & Providers

- Keep hands centered on the lower half of the sternum for adults/children; for infants use the 2-thumb encircling technique when 2 rescuers are present.
- Stay aware of rescue breaths vs. compressions: avoid over-ventilation (which can reduce cardiac output).
- Recognize when to switch from CPR to advanced life support (if your setting allows) or when to hand off to EMS/Code team.
- Be mentally prepared: large stressors like cardiac arrest require calm, decisive action. Training + refreshers keep you ready.

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8. Stay Current & Certified

- The 2025 guideline release date for AHA's CPR & ECC materials is scheduled October 22, 2025. cpr.heart.org+1
- Ensure your BLS certification is based on the most recent provider course material. cpr.heart.org
- Conduct regular skill review sessions in your organisation (especially since your business offers CPR/AHA classes).

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9. Quick Cheat-Sheet (for Pocket Reference)

- **Scene safe?** → yes →
- **Check responsiveness/breathing** → no? →
- **Activate EMS & get AED →**
- Begin **compressions 100-120/min**, depth as above →
- Ventilations as trained →
- Attach AED ASAP → shock if indicated → resume CPR →
- Continue until advanced responders take over or victim shows signs of life.