



Basic Life Support

Care and resuscitation of a collapsed adult

Basic life support (BLS) is a life saving technique, it involves chest compressions combined with rescue breaths (mouth to mouth). BLS can keep oxygenated blood flowing to the brain and other vital organs. If there is no blood flowing to the brain, permanent damage occurs within a few minutes.

Many people do not attempt BLS because they fear that they may do more harm than good. If someone is unresponsive there is nothing you can do to make the situation any worse – **any attempt is better than none**.

If you do not wish to perform rescue breaths, deliver compressions only, until medical assistance arrives.

Remember DR call ABC

(D)ANGER

Check for danger to yourself or the victim eg. fumes, fire, electrical hazards, broken glass, traffic etc. When safe, place the victim on their back on a firm surface.

(R)ESPONSE

Kneel next to the person's neck and shoulders. Check for a response. Are there signs of life, eg. movement, swallowing, blinking, breathing. Gently shake the shoulders and shout loudly close to their ears (in case of deafness) eg. "Are you OK", "Open your eyes" **Spend no longer than 10 seconds**

CALL for an ambulance and get assistance from bystanders

(A)IRWAY

If **NO** signs of life you need to open the airway. Turn the head to one side, open mouth. If you see any obstruction in the mouth (eg. vomit, loose dentures, mouthguard) remove with a finger sweep gently to the front of the mouth. Turn the head back to the centre, open the airway by head tilt/chin lift.

Place a hand on the forehead, gently tilt the head back, and with the fingertips under the point of the victims chin, lift the chin. This lifts the tongue from the back of the

throat (the most common cause of airway obstruction). Leave tight fitting dentures in position as they provide a good seal for rescue breaths.



(B)REATHING

Keeping the airway open, check for normal breathing. Gaspings is NOT considered normal breathing. **Spend no more than 10 seconds.**

Look for any chest wall/abdominal movement.

Listen for any breath sounds

Feel for any breath on your own cheek/hand

Feel for any chest wall/abdominal movement

If they are breathing, roll them on to their side into the recovery position, until help arrives or they show signs of life.

A rescue breath (formerly 'mouth to mouth') is performed by placing your mouth over the victims slightly opened mouth, pinch the end of the nose with thumb and index finger. Give a normal breath of 1 second duration, watching to see that the chest rises and falls. The nose and mouth should then be released to allow the air to escape.



RESCUE BREATHING

It is important to maintain head tilt/chin lift to keep the airway open whilst performing rescue breaths. If the mouth is seriously injured or cannot be opened place your mouth over the nose instead.

If the chest does not rise check that you have a good seal, a good head tilt/chin lift, perhaps blow a little harder, or is there possibly still an obstruction to the airway?

If there are **NO** signs of life, give 2 rescue breaths, if there are still **NO** signs of life commence chest compressions immediately.

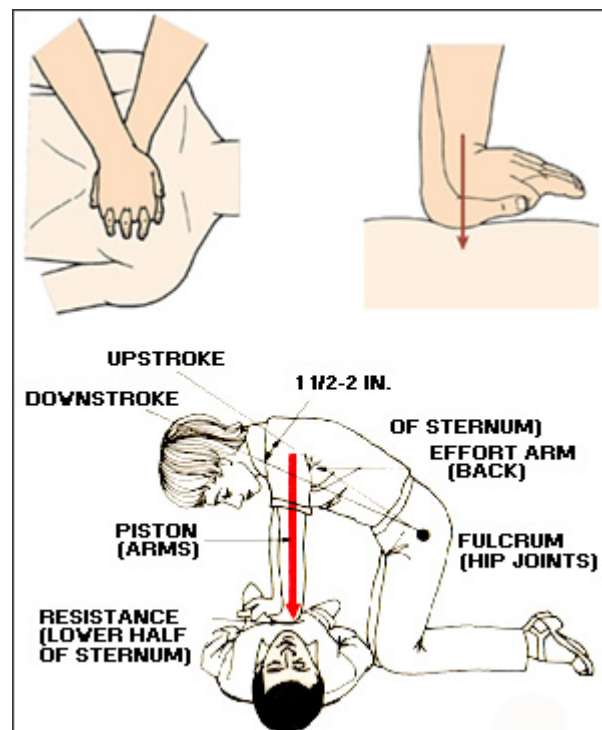
(C)IRCULATION

DO NOT check for a pulse (difficult to find and wastes time). If in any doubt whether there are signs of life, start compressions, they will not harm the victim.

Compressions should be delivered at a ratio of 30 compressions to 2 rescue breaths (30:2 = 1 cycle). Aim to deliver 5 cycles over 2 minutes, with minimal interruptions and on a firm surface.

The compressions need to be delivered:

- At a rate of 100/minute, almost 2 per second
- Using 2 hands – place the heel of one hand on the breast bone between the nipples, place the other hand on top with the fingers interlocked



- Keep your elbows straight and position your shoulders directly above your hands

- Pushing down to a depth of approximately 5cm in a normal adult. Use your body weight (not just our arms) as you push straight down (approximately 1/3 chest depth)

The ratio (30:2) is the same for one or two person rescuers. Every 2 minutes the rescuer performing chest compressions should be rested as they become only 40% effective with their compressions.

If someone else is available, ask that person to give 2 breaths after you do 30 compressions.

Compressions should be paused for rescue breaths. After 30 compressions, do the head tilt/chin lift to give 2 rescue breaths, again checking that the chest rises. At 2 minute intervals assess the victim for signs of life, if no signs of life continue for a further 2 minutes.

Basic life support should continue uninterrupted until the victim shows signs of life or until emergency medical personnel take over.

Once the victim shows signs of life ie. coughing, vomiting, breathing or movement, then roll them over into the recovery position. Stay with them and continue to check their breathing. Wait for help to arrive.

Basic life support for children and babies

The information thus far pertains to adults. Most of the information is pertinent to children and babies with the following exceptions:

- To perform BLS on a child (1 – 8 years) use only 1 hand for chest compressions (no more than 1/3 depth of the chest) and breathe more gently.
- For babies, to assess for response, stroke the baby (do not shake) and look for movement. Cover the mouth and nose of the baby for rescue breathing, use the strength of the cheeks to deliver puffs of air. Deliver chest compressions by placing 2 fingers of one hand just below an imaginary line between the baby's nipples and compress to about 1/3 the depth of the chest.

Rescue breathing is more essential in children and babies as most situations are the result of drowning or choking and less oxygen is available in the lungs, whereas in the adults, collapse is most likely due to a heart attack and air (oxygen) is still present in the lungs.

If you wish to participate in a certified course:

www.redcross.org.au

www.saambulance.com.au

www.sa.royallifesavign.com.au