BLS Provider — Quick Reference

Based on 2025 AHA Guidelines | R.E.D. Training Solutions

CHAIN OF SURVIVAL (2025 — UNIFIED, ALL AGES & SETTINGS)

Recognition

→

High-Quality CPR

→

Defibrillation

→

Advanced Resuscitation

→

Post-Cardiac Arrest Care

→

Recovery & Survivorship

CPR PARAMETERS BY AGE

Parameter	Adult	Child (1 yr–Puberty)	Infant (<1 yr)
Depth	**≥2 in** (5 cm), ≤2.4 in	**~2 in** (⅓ AP), ≤2.4 in	**~1.5 in** (⅓ AP)
Rate	**100–120**/min	**100–120**/min	**100–120**/min
Hand placement	2 hands, lower ½ sternum	1 or 2 hands	Heel of 1 hand *or* 2-thumb encircling
Ratio (1 rescuer)	**30:2**	**30:2**	**30:2**
Ratio (2+ rescuers)	**30:2**	**15:2**	**15:2**
Adv. airway ventilation	Continuous; **1 breath/6 sec**	Continuous; **1 breath/2–3 sec**	Continuous; **1 breath/2–3 sec**
Pulse check location	Carotid (**≤10 sec**)	Carotid or femoral	Brachial
Rescue breathing (pulse+)	**1 breath/5–6 sec**	**1 breath/2–3 sec**	**1 breath/2–3 sec**

High-Quality CPR Checklist

- Push hard (**≥2 in**), push fast (**100–120/min**)
- Full chest recoil — **do NOT lean**
- Minimize interruptions (**<10 sec** pauses)
- Switch compressors every **2 min** (<5 sec switch)
- Compression fraction **≥60%** (goal **≥80%**)
- Avoid hyperventilation
- Use real-time audiovisual feedback when available
- **Gasping/agonal breathing = cardiac arrest → begin CPR**

AED Use — Healthcare Providers

Power ON the AED **Attach pads:** R upper chest (below clavicle) + L lateral ribs (mid-axillary) **Analyze** — "CLEAR!" (no one touching patient) **Shock** if advised → immediately resume CPR × **2 min** Re-analyze every **2 minutes 2025:** May adjust bra instead of removing **AED Special Situations** **Hairy chest:** shave or rip pads to remove hair **Wet:** dry chest, move from standing water **Pacemaker/ICD:** pad **≥1 inch** away from device **Child:** pediatric pads if available; adult OK if not **Infant:** pediatric dose attenuator preferred; adult pads anterior-posterior if needed **Choking / FBAO (2025 Update)** **Adult/Child — Conscious, Severe** **5 back blows + 5 abdominal thrusts** (repeat) — **NEW 2025** Pregnant/obese: 5 back blows + 5 **chest** thrusts Unresponsive → CPR; look in mouth before each breath **Infant — Conscious, Severe** **5 back slaps + 5 chest thrusts** (repeat cycles) **NO abdominal thrusts** for infants Unresponsive → infant CPR; check mouth before breaths **NO blind finger sweeps** (any age)

Ventilation Techniques

Method	Technique	O_2
Pocket mask	Seal mouth/nose; 1-way valve	~16%; ~50% w/ O_2
BVM (1 rescuer)	C-E clamp; squeeze bag	~100% w/ reservoir
BVM (2 rescuers)	2-hand seal + squeeze (preferred)	~100%
Adv. airway	SGA or ET tube	100%

- Each breath over **1 second**; visible chest rise
- **Avoid hypo- AND hyperventilation** (2025)
- Adv. airway: continuous compressions, **1 breath/6 sec** (adult) or **1 breath/2–3 sec** (peds)

Quick reference supplement — does not replace hands-on training or the AHA BLS Provider Manual.

BLS Provider — Quick Reference (Page 2)

Adult BLS Algorithm **Scene safe** → Tap & shout → No response → ↓ **Activate emergency response + get AED** ↓ Check pulse (carotid, **≤10 sec**) → **Pulse present, no breathing:** Rescue breathing (1 breath/5–6 sec); recheck pulse q2min → **No pulse:** CPR 30:2 → AED arrives → Analyze → *Shockable (VF/pVT):* Shock → CPR × 2 min → Re-analyze → *Non-shockable:* CPR × 2 min → Re-analyze **Pediatric BLS Algorithm** **Single rescuer (lone):** 2 min CPR first, then activate + AED **2+ rescuers:** One begins CPR (**15:2**), other activates + gets AED Pulse **<60 bpm** with poor perfusion → **treat as cardiac arrest** Infant pulse check: **brachial artery** **High-Performance Teams** **Roles** **Team Leader:** directs, assigns, monitors quality **Compressor:** compressions, rotates q2min **Airway/Ventilation:** manages BVM/advanced airway **AED/Defibrillator:** operates device, charges, shocks **IV/IO & Meds:** vascular access, medication delivery **Recorder/Timer:** documents, tracks time, prompts switches **Communication** **Closed-loop:** order → confirm → verify Address team members by **name or role** **Constructive intervention:** speak up about errors **Debrief** after every event

Special Situations

Situation	Key Actions
Opioid OD	Naloxone ASAP (don't delay CPR); rescue breaths; 911; monitor — may need repeat dose
Drowning	Ventilations first priority; 2 breaths before compressions; spinal precautions if diving; all → EMS
Pregnancy	CPR supine; manual L uterine displacement; perimortem C-section if no ROSC in 4–5 min (in-hospital)
Electrocution	Scene safety (power OFF); may need defib for VF; treat burns + trauma
Hypothermia	Prolonged resuscitation; 1 defib attempt if <30°C, defer more until rewarmed; *"not dead until warm and dead"*
Anaphylaxis	Standard CPR + epi per ACLS; IV fluid bolus

2025 Key Updates at a Glance

What Changed	Old (2020)	New (2025)
Chain of Survival	Separate adult/peds chains	**Unified 6-link chain** (all ages/settings)
Adult/child choking	Abdominal thrusts only	**5 back blows + 5 abdominal thrusts** (cycles)
Infant compressions	2-finger technique	**Heel of 1 hand** (tested in skills)
AED — women	Remove bra/clothing	**May adjust bra** position

What Changed	Old (2020)	New (2025)
		instead
Ventilation	Visible chest rise	Explicit: avoid **hypo- AND hyperventilation**
Naloxone timing	After confirmed resp. arrest	When OD suspected, **without delaying CPR**

✎ Exam Reminders

- Passing score: **84%** on written exam
- Skills tests: **Adult CPR + AED** AND **Infant CPR**
- Infant skills: tested on **BOTH** heel-of-1-hand AND 2-thumb encircling
- Bystander Hands-Only CPR included in out-of-hospital skills scenario

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