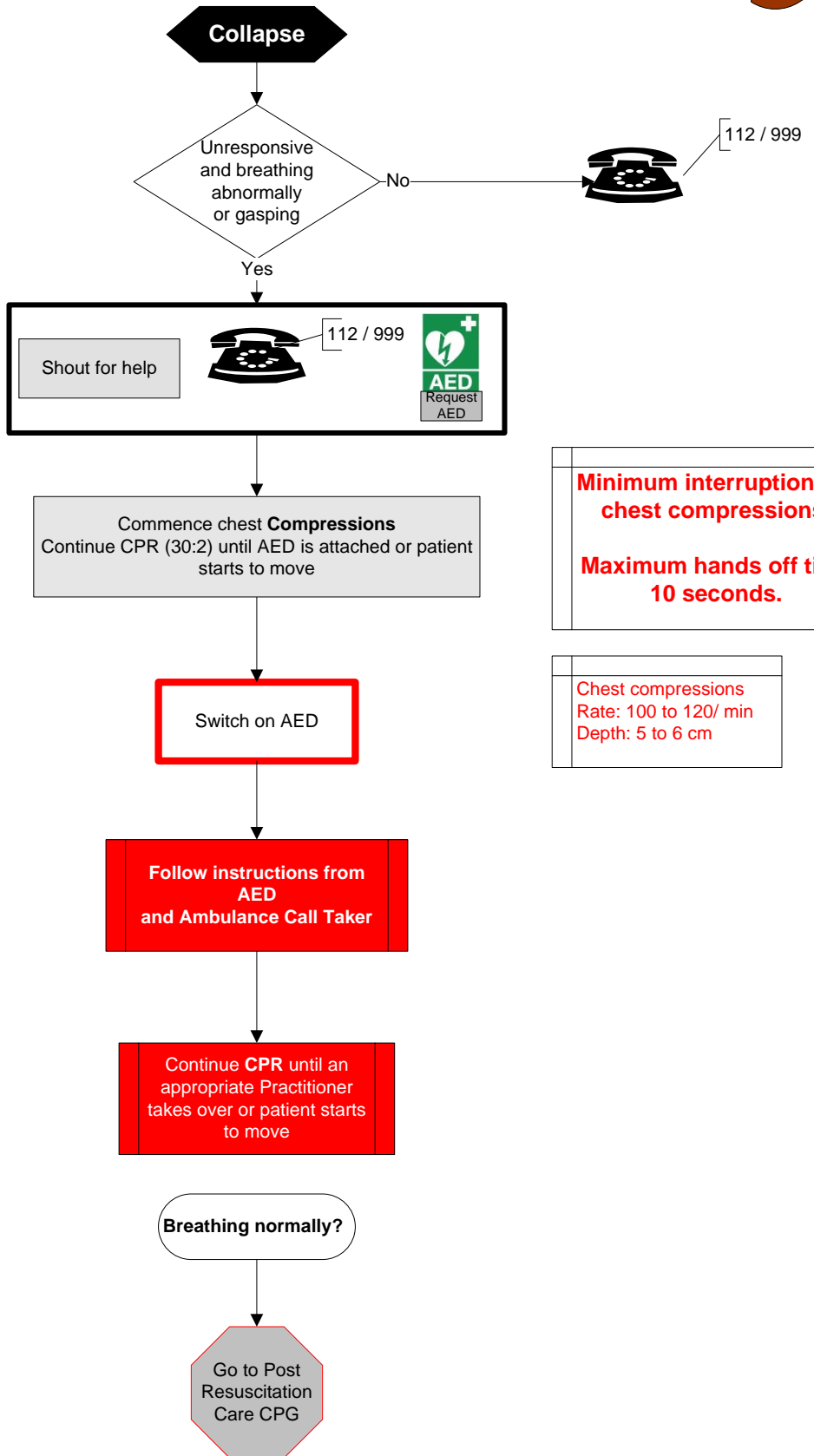


If physically unable to ventilate
perform compression only CPR

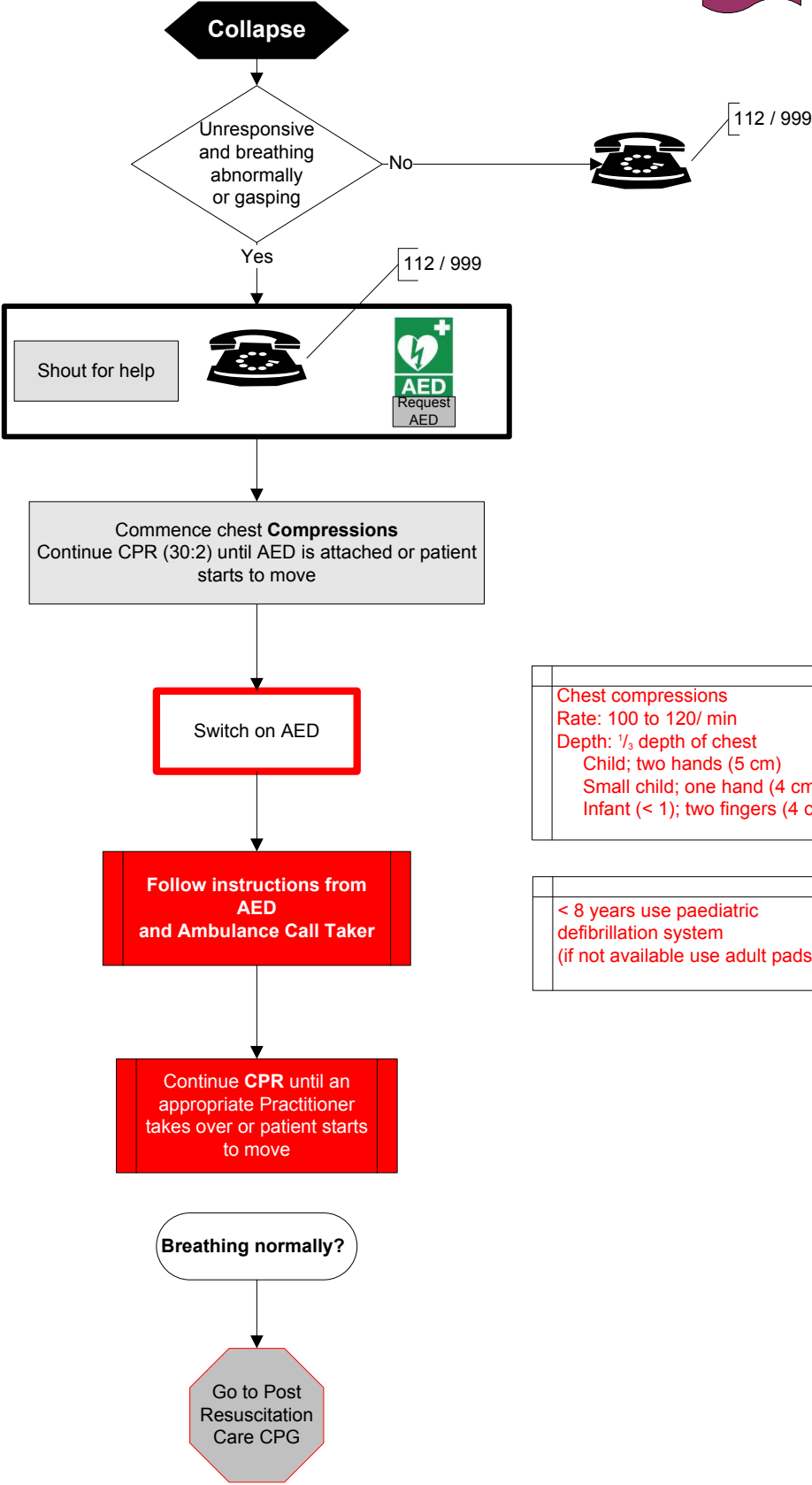


Minimum interruptions of chest compressions.
Maximum hands off time 10 seconds.

Chest compressions
Rate: 100 to 120/ min
Depth: 5 to 6 cm

If an Implantable Cardioverter Defibrillator (ICD) is fitted in the patient treat as per CPG. It is safe to touch a patient with an ICD fitted even if it is firing.

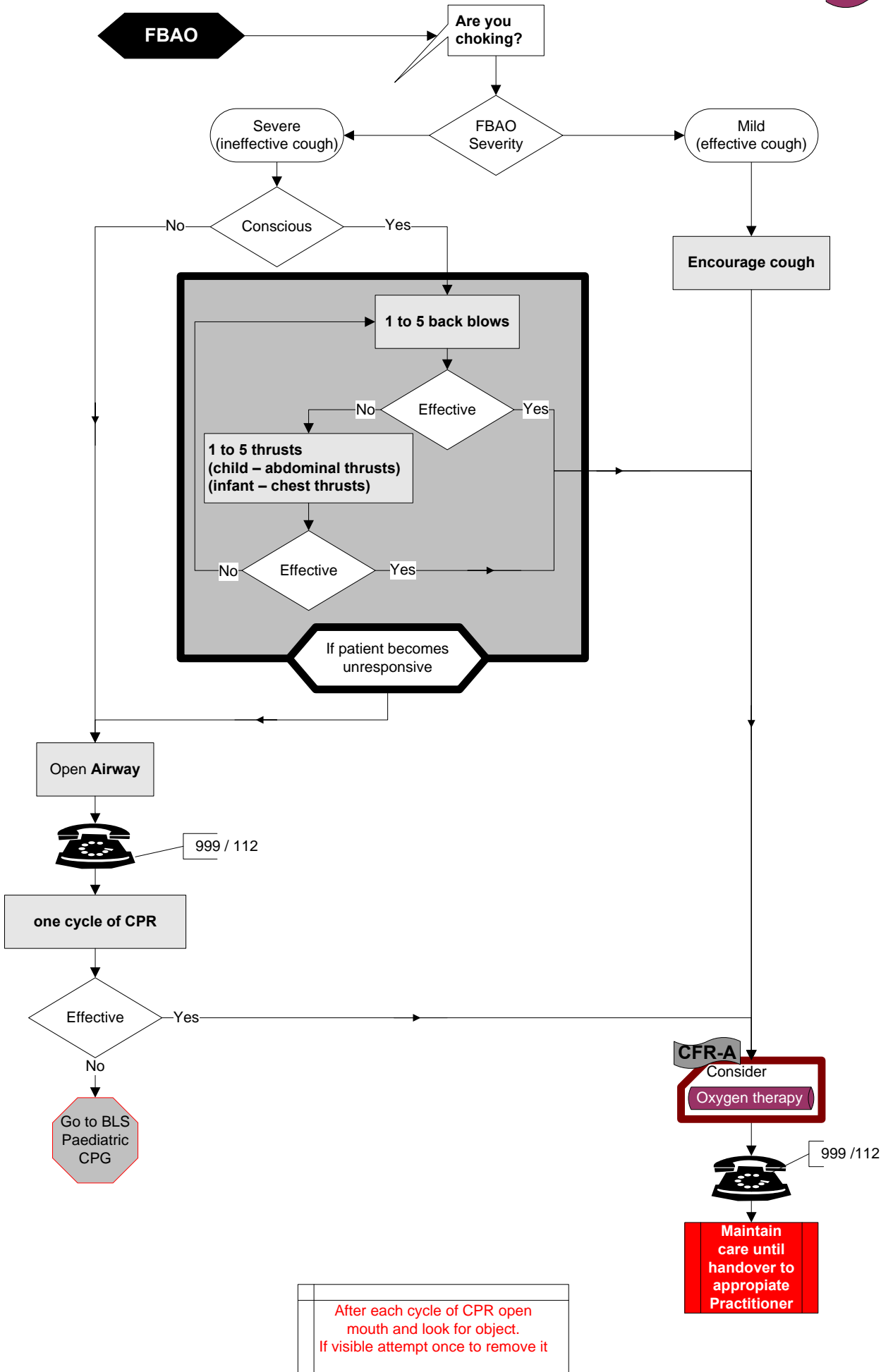
If physically unable to ventilate perform compression only CPR



Chest compressions
Rate: 100 to 120/ min
Depth: 1/3 depth of chest
Child; two hands (5 cm)
Small child; one hand (4 cm)
Infant (< 1); two fingers (4 cm)

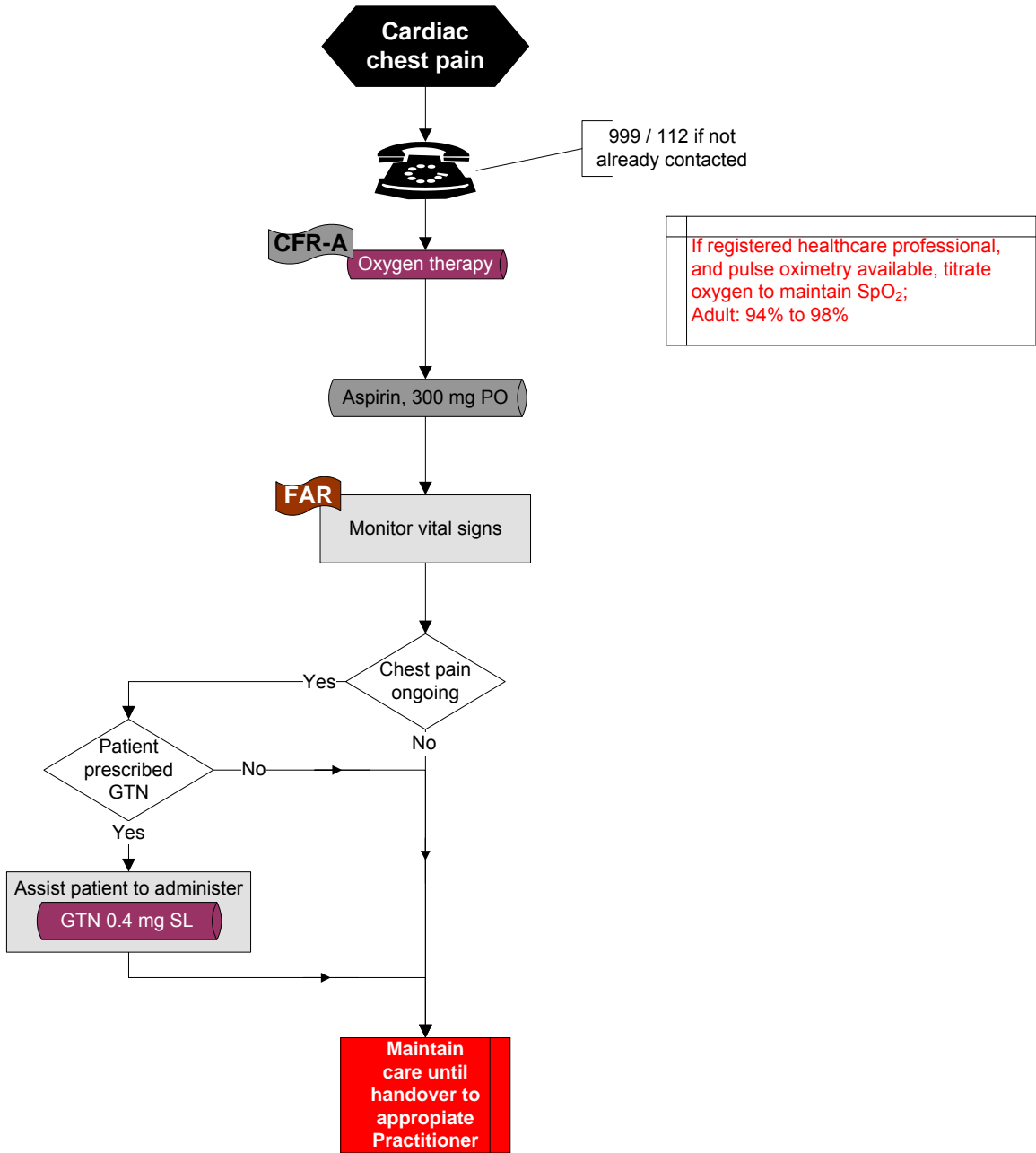
< 8 years use paediatric defibrillation system (if not available use adult pads)

Infant AED
It is extremely unlikely to ever have to defibrillate a child less than 1 year old. Nevertheless, if this were to occur the approach would be the same as for a child over the age of 1. The only likely difference being, the need to place the defibrillation pads anterior (front) and posterior (back), because of the infant's small size.

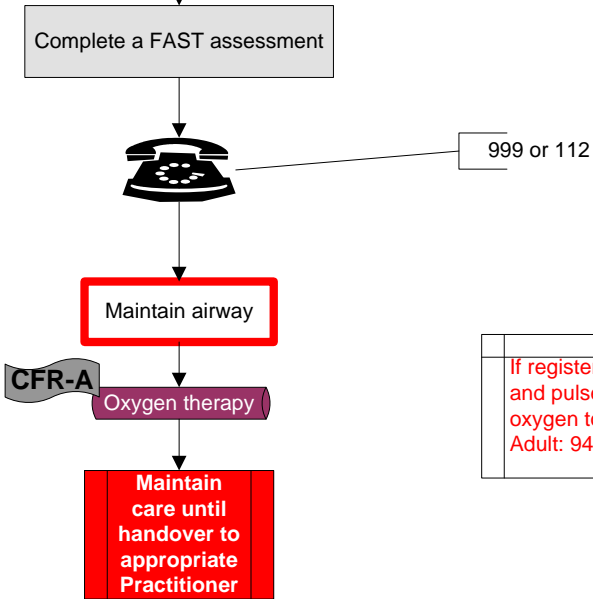


Cardiac Chest Pain – Acute Coronary Syndrome

CFR FAR
EFR OFA



Acute neurological symptoms



If registered healthcare professional, and pulse oximetry available, titrate oxygen to maintain SpO₂; Adult: 94% to 98%

F – facial weakness
Can the patient smile?, Has their mouth or eye drooped? Which side?

A – arm weakness
Can the patient raise both arms and maintain for 5 seconds?

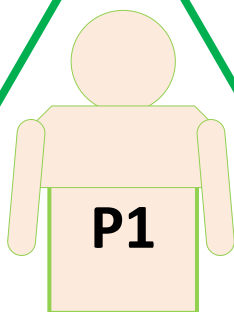
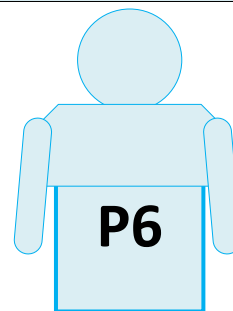
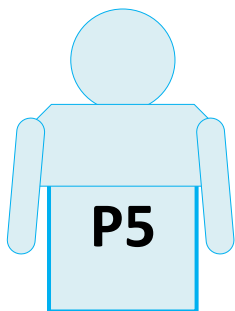
S – speech problems
Can the patient speak clearly and understand what you say?

T – time to call 112 now if FAST positive

Identification: P5
Role: Family & Team Support
Position: Outside the BLS triangle
 1. Family Liaison
 2. Patient Hx / meds
 3. Manage Equipment
 4. Plan removal (if transporting)

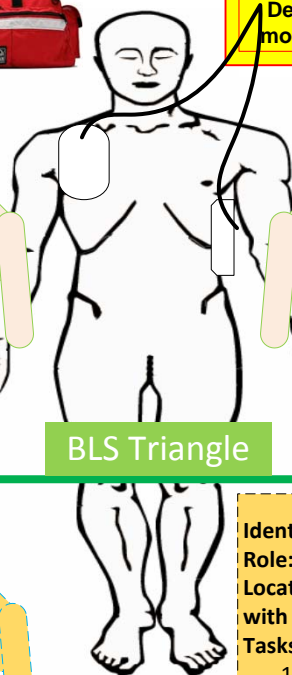
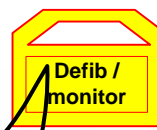
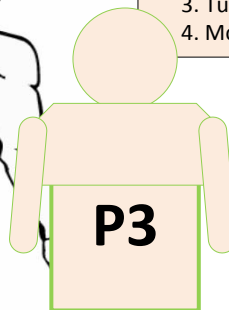
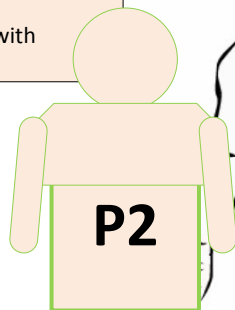
Identification: P1
Role: Airway and ventilatory support & initial team leader
Location: Inside BLS Triangle at patient's head
Tasks:
 1. Position defibrillator.
 2. Attach defib pads and operate defibrillator (If awaiting arrival of P3)
 3. Basic airway management (manoeuvre, suction & adjunct)
 4. Assemble ventilation equipment and ventilate
 5. Team leader (until P4 assigned)

Identification: P6
Role: Team Support
Location: Outside BLS Triangle
Tasks:
 1. Support P1 with airway and ventilation.
 2. Support P2/P3 with chest compressions and defibrillation
 3. Documentation
 4. Support tasks assigned by P4

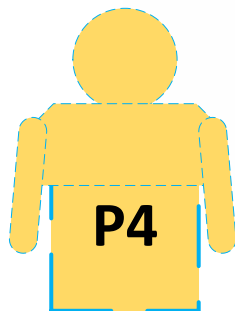


Identification: P2
Role: Chest compressor
Location: Inside BLS Triangle at patient's side
Tasks:
 1. Position BLS response bag.
 2. Initiate patient assessment.
 3. Commence CPR
 4. Alternate chest compressions with P3 (P1 until P3 arrival)

Identification: P3
Role: Chest compressor & AED operator
Location: Inside BLS Triangle at patient's side
Tasks:
 1. Alternate compressions with P2
 2. Operate AED/ monitor
 3. Turn on metronome (if available)
 4. Monitor time / cycles



BLS Triangle



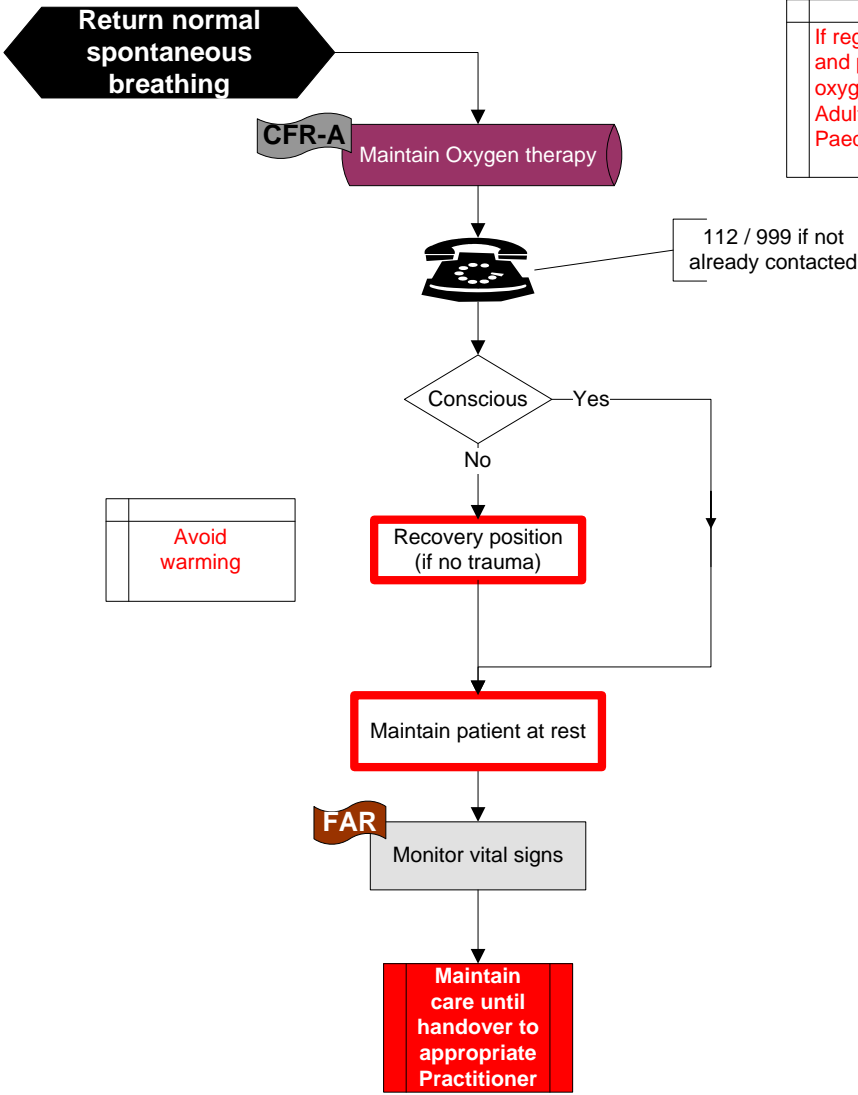
Identification: P4
Role: Cardiac Arrest Team Leader (practitioner)
Location: Outside the BLS Triangle (ideally at the patient's feet with a clear view of the patient, team and Monitor)
Tasks:
 1. Positive exchange of Team Leader
 2. Position ALS bag (AP)
 3. Take Handover from P1
 4. Monitor BLS quality.
 5. Initiate IV/IO access & administers medications (AP)
 6. Intubate if clinically warranted (AP)
 7. Communicate with family / Family Liaison.
 8. Identify and treat reversible causes (Hs + Ts)
 9. Provide clinical leadership.
 10. Conduct post event debrief.

Positions and roles are as laid out, however a Responder may change position thus taking on the role of that position.

Responders must operate within their scope of practice, regardless of position, during team resuscitation

Post-Resuscitation Care

CFR	FAR
EFR	OFA



If registered healthcare professional, and pulse oximetry available, titrate oxygen to maintain SpO₂;
Adult: 94% to 98%
Paediatric: 96% to 98%

Avoid warming

