Tab 700
CPR Protocols

Lucas County Emergency Medical Services
2144 Monroe Street
Toledo, Ohio 43604

TAB 700
CPR PROTOCOLS
TABLE OF CONTENTS

SECTION

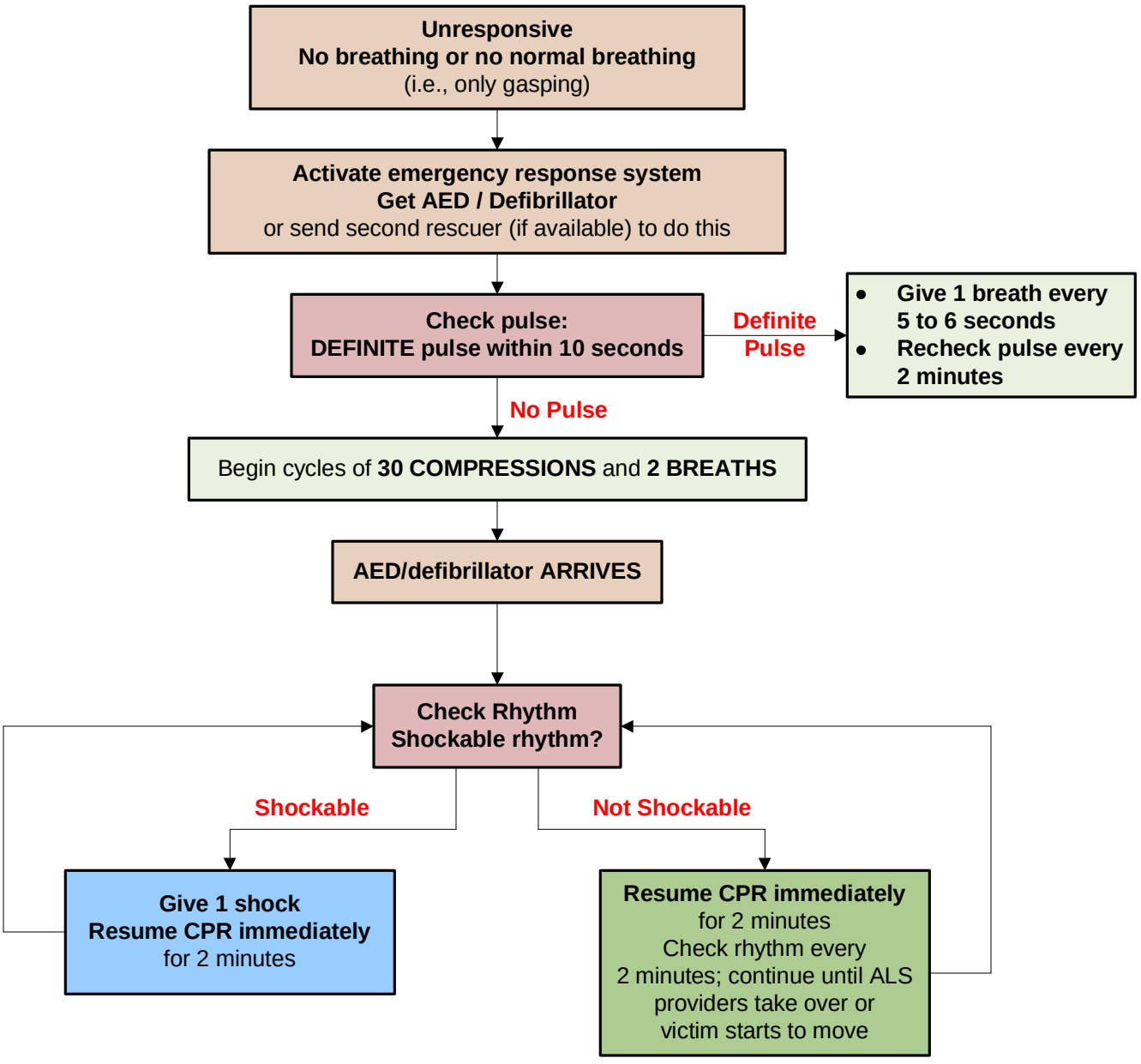
A
CPR Protocol

Healthcare Provider CPR Summary for Adults, Children, and Infants

Component	Recommendations		
	Adults	**Children**	**Infants**
Recognition	Unresponsive (for all ages)		
	No breathing or no normal breathing (i.e., only gasping)	No breathing or only gasping	
	No pulse felt within 10 seconds		
CPR Sequence	Chest compressions, Airway, Breathing (C – A – B)		
Compression Rate	At least 100/min		
Compression Depth	At least 2 inches (5 cm)	At least 1/3 AP diameter About 2 inches (5 cm)	At least 1/3 AP diameter About 1 ½ inches (4 cm)
Chest Wall Recoil	Allow complete recoil in chest compressions Rotate compressors every 2 minutes		
Compression Interruptions	Minimize interruptions in chest compressions Attempt to limit interruptions to <10 seconds		
Airway	Head tilt-chin lift (suspected trauma: jaw thrust)		
Compression-ventilation ratio (until advanced airway placed)	30:2 1 or 2 rescuers	30:2 Single rescuer 15:2 2 rescuers	
Ventilations with advanced airway	1 breath every 6-8 seconds (8-10 breaths/min) Asynchronous with chest compressions About 1 second per breath Visible chest rise		
Defibrillation	Attach and use AED/Manual Defibrillator as soon as available. Minimize interruptions in chest compressions before and after shock; Resume CPR beginning with compressions immediately after each shock		

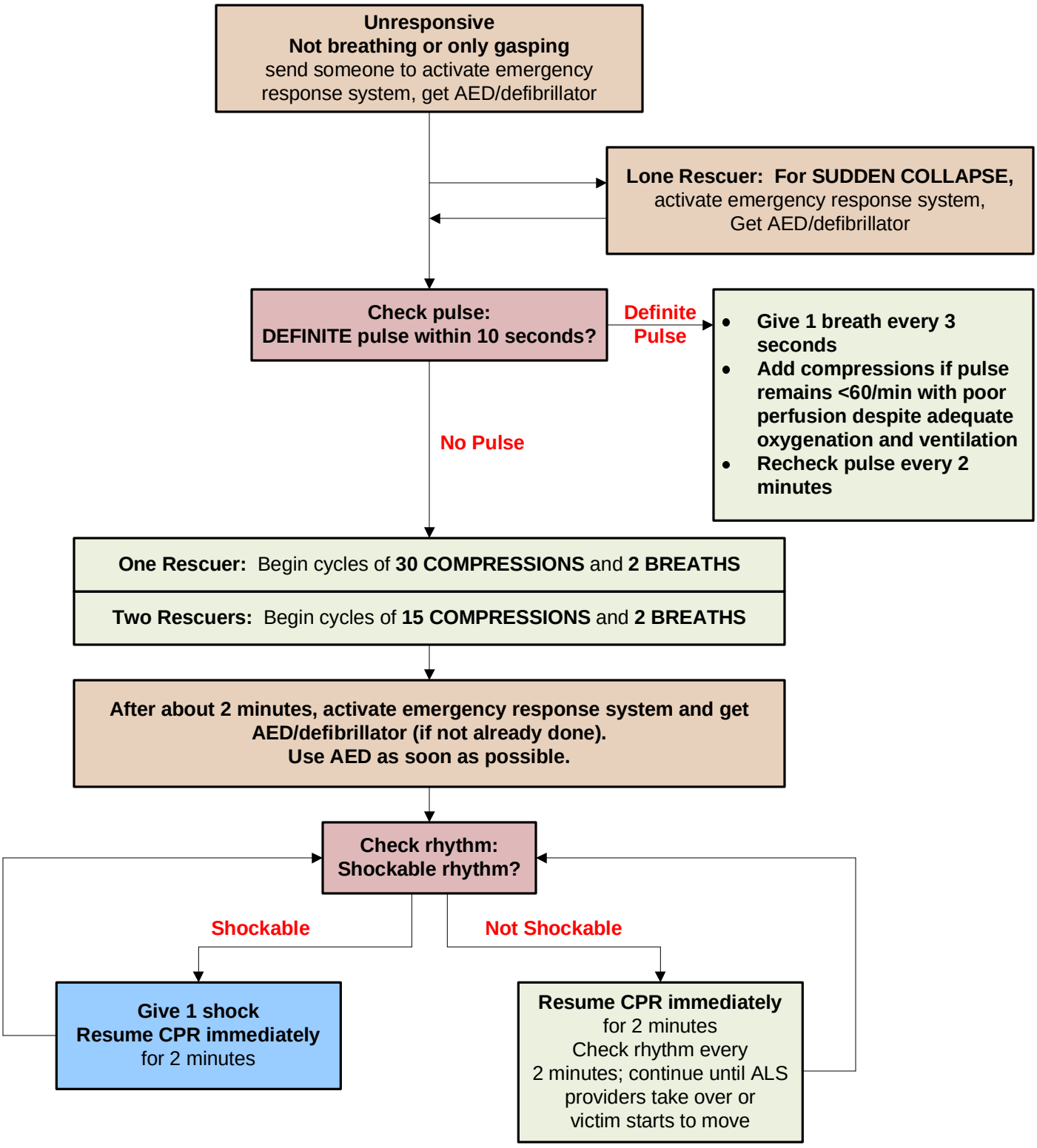
A
CPR Protocol

Adult BLS Healthcare Providers Alogrithm



A
CPR Protocol

Pediatric BLS Healthcare Providers Algorithm



B
Cessation of CPR

A. For patients who have had CPR initiated prior to life squad arrival, and it is determined by the paramedic that the patient meets criteria for death (Tab 900, Section J – Deceased Persons / DOA), CPR will be discontinued.

B. If the paramedic is unsure whether the patient meets criteria set forth in Tab 900, Section J – Deceased Persons / DOA, ***On-Line Medical Control*** should be contacted and the case discussed. BLS efforts should be carried out during this time.

C. For patients who have had CPR initiated prior to life squad arrival, and it is determined that the patient has a State of Ohio DNR in place, CPR and all resuscitative efforts will be discontinued.

D. For specific trauma considerations, refer to Tab 1000, Section B – Traumatic Death.

E. For specific pediatric considerations refer to Tab 1100, Section Q – Pediatric Pulseless Arrest.

C
Do Not Resuscitate (DNR)

Purpose:

It is widely recognized that there are circumstances where life-prolonging treatment may not be appropriate. The purpose of this policy is to explain and give guidance to EMS personnel responding to calls involving the withholding of full and/or partial treatment for terminally ill patients. This policy will meet the guidelines set forth for Ohio DNR Comfort Care, under HB 354, implemented May 20, 1999.

Responsibility:

It shall be the responsibility of each LCEMS paramedic that acts in the capacity of a caregiver, with the intention of providing medical care, to fully understand and follow this protocol. Good judgment, the needs of the patient and the patient's physician should be utilized when making the decision of whether to begin life support.

Definitions:

A. **DNR** – Do not resuscitate.

B. **DNR Comfort Care** – Specifies what emergency medical services and other care providers may or may not do when providing care.

C. **DNR Comfort Care-Arrest** – This protocol is initiated upon the cessation of a palpable pulse or respirations.

D. **Emergency Medical Service Personnel (EMS)** – Includes all levels of EMT's and First Responders.

E. **Identification** – In the law, refers to the ways of determining that a patient has a DNR order.

F. **Verification** – Is the means used to confirm that the patient is the same individual as specified on the DNR order.

C
Do Not Resuscitate (DNR)

Do Not Resuscitate (DNR), cont.

G. **CPR** – For the DNR Comfort Care patient the State defines CPR as any one or more of the following:
    - Chest Compressions
    - Artificial Airways (oral / nasal or endotracheal)
    - Resuscitative Drugs
    - Defibrillation / Cardioversion
    - Active Respiratory Assistance
    - Resuscitative IV
    - Cardiac Monitoring

Intent of DNR Comfort Care Protocol:

To allow terminally ill persons the right to die with dignity, in comfort, and with their wishes respected. Comfort Care means a dying person receives care that eases pain and suffering during the final days or hours of life, but no resuscitative measures to sustain life are to be implemented. ***DNR Comfort Care does not mean "Do Not Treat."***

If a person with a DNR Comfort Care order suffers an illness or injury unrelated to the DNR order, normal treatment and care will be given up until the point where resuscitative measures are required.

Be aware that DNR orders are mainly written for terminally ill patients that have made a decision regarding their care. ***The patient can revoke this DNR decision at any time regardless of their age.***

Procedure:

Ohio has a DNR Comfort Care Program, which confirms the patient's right to refuse CPR when he/she has a terminal condition. This is implemented by a medical order signed by a physician or a certified practitioner.

DNR Comfort care has two options: Comfort Care or Comfort Care-Arrest. The two are very similar differing only at the point of plan initiation. Comfort Care and Comfort Care-Arrest are essentially two benchmarks for the DNR protocol.

Do Not Resuscitate (DNR), cont.

Comfort Care

If a patient has the DNR Comfort Care option designated on the order sheet, care will be provided to ease pain and suffering but no resuscitation methods are to be initiated. The standard Comfort Care option allows the patient to receive comforting care only, without aggressive drug or procedural therapy. For purposes of DNR Comfort Care, following is a list of treatment protocols that can be used to ease pain and suffering and a list of treatment protocols that cannot be used to postpone death or prolong a patient's life:

EMS Personnel WILL:	EMS Personnel WILL NOT:
Suction the airway	Administer chest compressions
Administer oxygen	Insert an artificial airway
Place in a position of comfort	Administer resuscitative drugs
Splint or immobilize	Defibrillate or cardiovert
Control Bleeding	Provide respiratory assistance
Provide pain medication	Initiate resuscitative IV
Provide emotional support	Initiate cardiac monitoring
Contact appropriate health care providers	

A person that has been identified as a DNR Comfort Care patient is to receive care following the protocols listed above. This care is to be continued during transport until such time as the patient is delivered to a health care facility or the patient becomes pulseless and apneic. If this occurs, then all treatment should be discontinued and the receiving hospital should be notified.

Do Not Resuscitate (DNR), cont.

Comfort Care-Arrest

If the DNR Comfort Care-Arrest option is specified, the patient will receive standard medical care until the time he or she experiences a cardiac or respiratory arrest. Standard medical care may include cardiac monitoring or intubation prior to the occurrence of cardiac or respiratory arrest. This protocol is activated when the patient suffers cardiac or respiratory arrest. Upon cardiac or respiratory arrest, all efforts to treat are stopped; this includes all components of CPR as listed in the definition section.

Even if the family demands action, care is to be terminated. The patient's wishes are the final determining factor for DNR status. The patient, regardless of age, can at any time revoke a DNR order.

EMS personnel should provide comfort and supportive measures to the patient and aid the family in an attempt to understand the patient's wishes for not wanting to be resuscitated.

Identification:

Currently there are a number of forms that identify a patient with DNR status. As of May 20, 1999, a State Law was implemented that described practices to follow in managing certain patients. The State DNR Comfort Care order can serve as evidence a person is a DNR Comfort Care patient and desires the statewide standard DNR Comfort Care protocol to be used at the appropriate time.

These patients are identified with a Comfort Care Identification Form or a Wallet Identification Card. Both of these types of identification will indicate if the person is DNR Comfort Care or DNR Comfort Care Arrest. Each will also contain the patient name and the physician name and phone number. A copy of each is attached.

Other types of identification may include a wrist band or neck bracelet. No matter what type of identification is used, the State recognized DNR order would contain the State Logo.

Do Not Resuscitate (DNR), cont.

Other DNR Identification

Since not all written DNR orders will be in the State of Ohio's DNR Comfort Care format, crews may encounter a variety of different DNR orders. In this situation, ***On-Line Medical Control*** should be contacted immediately for direction.

If in a Health Care facility and the caregiver shows the EMS provider a physician's written signature and DNR order documented on the patient's chart, it must be honored.

If in a Health Care facility the EMS provider is presented with a Living Will stipulating no resuscitative efforts, and signed by two physicians, it must be honored.

Remember that the Law only provides immunity regarding the DNR Comfort Care order if protocols are followed. The State DNR order is the Law. It is the only Do Not Resuscitate order that provides immunity to healthcare professionals that comply with the law.

Verification

If the following "reasonable steps" are used to confirm that the patient is the same patient specified in the DNR order, there will be no liability for civil damages (lawsuit) for withholding or discontinuing CPR provided the Ohio protocols are followed.

Reasonable steps for verification include:

1. Verification by Family, Friend or Caregiver.
2. Patient known by EMS or Physician.
3. Patient is wearing a healthcare facility ID band.
4. Patient's drivers license, passport, or other ID with name and photo.

C
Do Not Resuscitate (DNR)

If you cannot verify the identity of a patient with DNR identification after reasonable efforts, you still should follow this protocol. In an emergency situation, the emergency service personnel are not required to search a person to determine if the person possesses identification.

If CPR is provided unknowingly to a person in an emergency situation that possesses DNR identification, and the emergency personnel do not have reasonable cause to believe that the person possesses DNR identification, the emergency service personnel are not subject to civil or criminal prosecution.

If the patient's DNR Comfort Care-Arrest status is verified after CPR has been initiated, CPR must be discontinued. In this situation it is not necessary for the EMS personnel to obtain a physician's order to stop CPR if DNR identification is found.

Revocation

The patient may revoke a DNR order at any time regardless of age. Methods in which a DNR order may be revoked are:

1. Patient may revoke the order by:
    a. Verbal communication
    b. Written communication
    c. Destroying all DNR Comfort Care identification

2. The attending physician may revoke a DNR Comfort Care status following reasonable medical standards and communicating the revocation to the EMS providers.

3. If a person demanding CPR holds Durable Power of Attorney for **Healthcare** (DPA-HC) they may be able to request CPR for the patient. The person must provide the DPA-HC upon request from EMS personnel. The identity of the patient must be verified, and if all is in order, conform to their wishes. If the DPA-HC is not able to be produced, the DNR order must be complied with.

No person can conceal, cancel, deface or obliterate the DNR identification of another person without their consent. A DNR order or a Revocation of a DNR order cannot be forged or falsified. Doing so is a crime.

Do Not Resuscitate (DNR), cont.

Removals

If in the course of care prior to removal of an identified DNR patient, the patient suddenly lapses into a pulseless and/or apneic state, treatment should be discontinued and the patient should not be removed from the scene. The proper police jurisdiction must be notified and the crew will secure the scene until such time as the police arrive.

If the patient was a DNR Comfort Care-Arrest patient and treatment prior to arrest included intubation or IV/drug therapy, the IV line and ET tube must be left in place as treatment is discontinued.

If during transport the DNR patient lapses into a pulseless apneic state, discontinue care and contact the receiving health care facility to advise of the situation. Continue transport to that facility.

C
Do Not Resuscitate (DNR)

DNR IDENTIFICATION FORM

❑ **DNRCC**

(If this box is checked the DNR Comfort Care Protocol is activated immediately.)

❑ **DNRCC—Arrest**

(If this box is checked, the DNR Comfort Care Protocol is implemented in the event of a cardiac arrest or a respiratory arrest.)

Patient Name:_____

Address:_____

City_____ State_____ Zip_____

Birthdate_____ Gender ❑ M ❑ F

Signature_____ (optional)

Certification of DNR Comfort Care Status (to be completed by the physician)*

(Check only one box)

❑ **Do-Not-Resuscitate Order**—My signature below constitutes and confirms a formal order to emergency medical services and other health care personnel that the person identified above is to be treated under the State of Ohio DNR Protocol. I affirm that this order is not contrary to reasonable medical standards or, to the best of my knowledge, contrary to the wishes of the person or of another person who is lawfully authorized to make informed medical decisions on the person's behalf. I also affirm that I have documented the grounds for this order in the person's medical record.

❑ **Living Will (Declaration) and Qualifying Condition**—The person identified above has a valid Ohio Living will (declaration) and has been certified by two physicians in accordance with Ohio law as being terminal or in a permanent unconscious state, or both.

Printed name of physician*:_____

Signature_____ Date_____

Address:_____ Phone_____

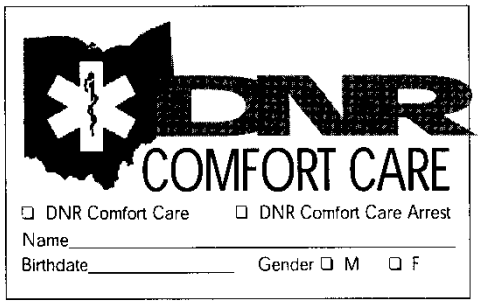
City/State_____ Zip_____

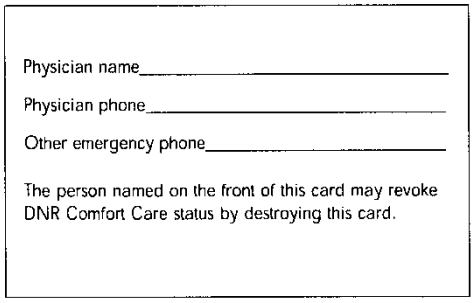
* A DNR order may be issued by a certified nurse practitioner or clinical nurse specialist when authorized by section 2133.211 of the Ohio Revised Code.

See reverse side for DNR Protocol

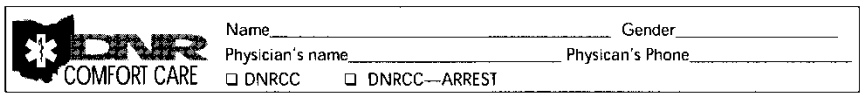
C
Do Not Resuscitate (DNR)

DNR Comfort Care Wallet Identification Card





Hospital Type Bracelet Insert



D
Adult Bag-Mask Ventilation

To provide effective ventilation, the rescuer must be able to perform a head tilt and then press the mask against the face while lifting the jaw. When possible, use the 2-person technique to open the airway, create an airtight seal between the face and mask, and deliver effective ventilations, watching for chest rise. If you are using supplementary oxygen with a bag mask, you will still deliver each breath over 1 second.

For suspected C-spine compromise: Open airway with jaw thrust technique

Step	Action
1	Position yourself directly above the victim's head.
2	Place the mask on the victim's face, using the bridge of the nose as a guide for correct position.
3	Use the E-C clamp technique to hold the mask in place while you lift the jaw to hold the airway open: • Perform a head-tilt • Use the thumb and index finger on one hand to make a "C," pressing the edges of the mask to the face. • Use the remaining fingers to lift the angles of the jaw (3 fingers form an "E") and open the airway.
4	Squeeze the bag to give breaths (1 second each) while watching for chest rise. The delivery of breaths is the same whether you use supplementary oxygen or not.

Rescue Breathing for Adult:

- Give 1 breath every 5 to 6 seconds (10-12 breaths per minute)
- Give each breath over 1 second
- Each breath should result in visible chest rise (approximately 600mL)
- Check the pulse about every 2 minutes

E
Child Bag-Mask Ventilation

To provide effective ventilation, the rescuer must be able to perform a head tilt and then press the mask against the face while lifting the jaw. When possible, use the 2-person technique to open the airway, create an airtight seal between the face and mask, and deliver effective ventilations, watching for chest rise. If you are using supplementary oxygen with a bag mask, you will still deliver each breath over 1 second.

For suspected C-spine compromise: Open airway with jaw thrust technique

Step	Action
1	Position yourself directly above the victim's head.
2	Place the mask on the victim's face, using the bridge of the nose as a guide for correct position.
3	Use the E-C clamp technique to hold the mask in place while you lift the jaw to hold the airway open: • Perform a head-tilt • Use the thumb and index finger on one hand to make a "C," pressing the edges of the mask to the face. • Use the remaining fingers to lift the angles of the jaw (3 fingers form an "E") and open the airway.
4	Squeeze the bag to give breaths (1 second each) while watching for chest rise. The delivery of breaths is the same whether you use supplementary oxygen or not.

Rescue Breathing for Child:

- Give 1 breath every 3 to 5 seconds (12-20 breaths per minute)
- Give each breath over 1 second
- Each breath should result in visible chest rise
- Check the pulse about every 2 minutes

F
Infant Bag-Mask Ventilation

To provide bag-mask ventilation, select a bag and mask of appropriate size. The mask must be able to cover the victim's mouth and nose completely without covering the eyes or overlapping the chin. Once you select the bag and mask, open the victim's airway with a head tilt-chin lift. Press the mask to the face while lifting the infant's jaw, creating a seal between the infants face and the mask. Connect to an oxygen supply when available.

For suspected C-spine compromise: Open airway with jaw thrust technique

Step	Action
1	Position yourself directly above the infant's head.
2	Place the mask on the infants face
3	Use the E-C clamp technique to hold the mask in place • Perform a head-tilt • Use the thumb and index finger on one hand to make a "C," pressing the edges of the mask to the face. • Use the remaining fingers to lift the angles of the jaw (3 fingers form an "E") and open the airway.
4	Press the mask against the face while lifting the jaw to hold the airway open. Try to make an airtight seal between the mask and the face.
5	Give breaths (1 second each) while watching for chest rise. The delivery of each breath is the same whether you use supplementary oxygen or not. If the chest does not rise: • Perform the head tilt-chin lift again • Reposition the mask on the face • Be sure that the airway is open and that you have a good seal between the mask and face • Try to give the breaths again You may need to tray a couple of times to give a total of 2 breaths that make the chest rise

F
Infant Bag-Mask Ventilation

Infant Bag-Mask Ventilation, cont.

Rescue Breathing for Infant:

- Give 1 breath every 3 to 5 seconds (12-20 breaths per minute)
- Give each breath over 1 second
- Each breath should result in visible chest rise
- Check the pulse about every 2 minutes

G
Adult FBAO

Early recognition of airway obstruction is the key to successful outcome. It is important to distinguish this emergency from fainting, stroke, heart attack seizure, drug overdose, or other conditions that cause sudden respiratory failure but require different treatment. The trained observer can often detect signs of choking.

Foreign bodies may cause either ***mild*** or ***severe*** airway obstruction

Mild Airway Obstruction Signs:

- Good air exchange
- Responsive and can cough forcefully
- May wheeze between coughs

Severe Airway Obstruction Signs:

- Poor or no air exchange
- Weak, ineffective cough or no cough at all
- High-pitched noise while inhaling or no noise at all
- Increased respiratory difficulty
- Possible cyanosis (turning blue)
- Unable to speak
- Clutching the neck with the thumb and fingers, making the universal choking sign
- Unable to move air

Mild Airway Obstruction	Severe Airway Obstruction
Rescuer Actions: • As long as good air exchange continues, encourage the victim to continue spontaneous coughing and breathing efforts. • Do not interfere with the victim's own attempts to expel the foreign body, but stay with the victim and monitor his or her condition.	**Rescuer Actions:** • Ask the victim if he or she is choking. If the victim nods yes and cannot talk, severe airway obstruction is present.

G
Adult FBAO

Adult FBAO, cont.

Use abdominal thrusts (the Heimlich maneuver) to relieve choking in adults. Give each individual thrust with the intent of relieving the obstruction. It may be necessary to repeat the thrust several times to clear the airway.

Abdominal thrusts may cause complications, such as damage to internal organs. A victim who has received abdominal thrusts should be examined at the hospital to rule out any life-threatening complications.

Follow these steps to perform abdominal thrusts on a responsive adult who is standing or sitting:

Step	Action
1	Stand or kneel behind the victim and wrap your arms around the victim's waist.
2	Make a fist with one hand.
3	Place the thumb side of your fist against the victim's abdomen, in the midline, slightly above the navel and well below the breastbone.
4	Grasp your fist with your other hand and press your fist into the victim's abdomen with a quick upward thrust.
5	Repeat thrusts until the object is expelled from the airway or the victim becomes unresponsive
6	Give each new thrust with a separate, distinct movement to relieve the obstruction

Choking victims initially may be responsive and then may become unresponsive. In this circumstance you know that choking caused the victim's symptoms, and you know to look for a foreign object in the pharynx.

- If the adult victim is unresponsive, open the airway, remove an object if you see it, and begin CPR

For an adult victim, every time you open the airway to give breaths, open the victim's mouth wide and look for the object. If you see an object, remove it with your fingers. If you do not see an object, keep doing CPR.

Adult FBAO, cont.

At other times the choking victim may be unresponsive when you first encounter him or her. In this circumstance you probably will not know that an airway obstruction exists. CPR should be initiated.

You can tell you have successfully removed an airway obstruction in the unresponsive victim if you:

- Feel air movement and see the chest rise when you give breaths
- See and remove a foreign body from the victim's pharynx

Follow these steps after you relieve choking in the unresponsive victim:

<table>
<tr><th>Step</th><th colspan="3">Action</th></tr>
<tr><td>1</td><td colspan="3">Provide 2 breaths.</td></tr>
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<tr><td>Yes</td><td>Yes</td><td>Place the victim in the recovery position and continue monitoring.</td></tr>
<tr><td>3</td><td colspan="3">If you successfully relieve choking with abdominal thrusts, encourage the victim to seek immediate medical attention to ensure that the victim does not have a complication from abdominal thrusts.</td></tr>
</table>

H
Child FBAO

Early recognition of airway obstruction is the key to successful outcome. It is important to distinguish this emergency from fainting, stroke, heart attack seizure, drug overdose, or other conditions that cause sudden respiratory failure but require different treatment. The trained observer can often detect signs of choking.

Foreign bodies may cause either ***mild*** or ***severe*** airway obstruction

Mild Airway Obstruction Signs:

- Good air exchange
- Responsive and can cough forcefully
- May wheeze between coughs

Severe Airway Obstruction Signs:

- Poor or no air exchange
- Weak, ineffective cough or no cough at all
- High-pitched noise while inhaling or no noise at all
- Increased respiratory difficulty
- Possible cyanosis (turning blue)
- Unable to speak
- Clutching the neck with the thumb and fingers, making the universal choking sign
- Unable to move air

Mild Airway Obstruction	Severe Airway Obstruction
Rescuer Actions: • As long as good air exchange continues, encourage the victim to continue spontaneous coughing and breathing efforts. • Do not interfere with the victim's own attempts to expel the foreign body, but stay with the victim and monitor his or her condition.	**Rescuer Actions:** • Ask the victim if he or she is choking. If the victim nods yes and cannot talk, severe airway obstruction is present.

H
Child FBAO

Child FBAO, cont.

Use abdominal thrusts (the Heimlich maneuver) to relieve choking in children >1 year of age. Give each individual thrust with the intent of relieving the obstruction. It may be necessary to repeat the thrust several times to clear the airway.

Abdominal thrusts may cause complications, such as damage to internal organs. A victim who has received abdominal thrusts should be examined at the hospital to rule out any life-threatening complications.

Follow these steps to perform abdominal thrusts on a responsive child who is standing or sitting:

Step	Action
1	Stand or kneel behind the victim and wrap your arms around the victim's waist.
2	Make a fist with one hand.
3	Place the thumb side of your fist against the victim's abdomen, in the midline, slightly above the navel and well below the breastbone.
4	Grasp your fist with your other hand and press your fist into the victim's abdomen with a quick upward thrust.
5	Repeat thrusts until the object is expelled from the airway or the victim becomes unresponsive
6	Give each new thrust with a separate, distinct movement to relieve the obstruction

Choking victims initially may be responsive and then may become unresponsive. In this circumstance you know that choking caused the victim's symptoms, and you know to look for a foreign object in the pharynx.

- With a child choking victim who becomes unresponsive, open the airway, remove an object if you see it and begin CPR.

For a child victim, every time you open the airway to give breaths, open the victim's mouth wide and look for the object. If you see an object, remove it with your fingers. If you do not see an object, keep doing CPR.

Child FBAO, cont.

At other times the choking victim may be unresponsive when you first encounter him or her. In this circumstance you probably will not know that an airway obstruction exists. CPR should be initiated.

You can tell you have successfully removed an airway obstruction in the unresponsive victim if you:

- Feel air movement and see the chest rise when you give breaths
- See and remove a foreign body from the victim's pharynx

Follow these steps after you relieve choking in the unresponsive victim:

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I
Infant FBAO

Early recognition of airway obstruction is the key to successful outcome. The trained observer can often detect signs of choking.

Foreign bodies may cause either ***mild*** or ***severe*** airway obstruction

Mild Airway Obstruction Signs:

- Good air exchange
- Responsive and can cough forcefully
- May wheeze between coughs

Severe Airway Obstruction Signs:

- Poor or no air exchange
- Weak, ineffective cough or no cough at all
- High-pitched noise while inhaling or no noise at all
- Increased respiratory difficulty
- Possible cyanosis (turning blue)
- Unable to cry
- Unable to move air

Mild Airway Obstruction	Severe Airway Obstruction
Rescuer Actions: • Do not interfere with the victim's own attempts to expel the foreign body, but stay with the victim and monitor his or her condition.	**Rescuer Actions:** • If the victim cannot make any sounds or breathe, severe airway obstruction is present.

Infant FBAO

Infant FBAO, cont.

Clearing an object from an infant's airway requires a combination of back slaps and chest thrusts.

Follow these steps to relieve choking in a responsive infant:

Step	Action
1	Kneel or sit with the infant in your lap.
2	If it is easy to do, bare the infant's chest.
3	Hold the infant prone (facedown) with the head slightly lower than the chest, resting on your forearm. Support the infant's head and jaw with your hand. Take care to avoid compressing the soft tissues of the infant's throat. Rest your forearm on your lap or thigh to support the infant.
4	Deliver up to 5 back slaps forcefully in the middle of the back between the infant's shoulder blades, using the heel of your hand. Deliver each slap with sufficient force to attempt to dislodge the foreign body.
5	After delivering up to 5 back slaps, place your free hand on the infant's back, supporting the back of the infant's head with the palm of your hand. The infant will be adequately cradled between your 2 forearms, with the palm of one hand supporting the face and jaw while the palm of the other hand supports the back of the infant's head.
6	Turn the infant as a unit while carefully supporting the head and neck. Hold the infant on his back with your forearm resting on your thigh. Keep the infant's head lower than the trunk.
7	Provide up to 5 quick downward chest thrusts in the same location as chest compressions – just below the nipple line. Deliver chest thrusts at a rate of about 1 per second, each with the intention of creating enough of an "artificial cough" to dislodge the foreign body.
8	Repeat the sequence of up to 5 back slaps and up to 5 chest thrusts until the object is removed or the infant becomes unresponsive.

Do not perform blind finger sweeps in infants and children because the foreign body may be pushed back into the airway, causing further obstruction or injury.

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Infant FBAO

Infant FBAO, cont.

If the victim becomes unresponsive, you will stop giving back slaps and will begin CPR. Chest compressions give effective pressure in the chest and may be able to relieve the obstruction.

To relieve choking in an unresponsive infant, perform the following steps:

Step	Action
1	Place the infant on a firm, flat surface.
2	Begin CPR (starting with compressions) with 1 extra step: each time you open the airway, look for the obstructing object in the back of the throat. If you see an object and can easily remove it, remove it
3	2 minute intervals of CPR (C-A-B) sequence. Repeat steps 2 and 3.