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# BLS for Healthcare Providers

## Participant Preparation Packet

2025-2031

This information is derived from the 2025 ECC Guidelines



### **PLEASE READ BEFORE CLASS – IMPORTANT INSTRUCTIONS**

- You should complete the attached ANSWER SHEET and turn it in at the start of class.
  - DO NOT turn in this packet. You may keep it and use it to study or practice.
- You MAY circle answers in the packet for your own reference—but ONLY the answer sheet will be accepted.
  - You MUST bring your provider textbook to class. This is required.

If the answer sheet is not completed before class, and you do not pass the written exam on the first attempt, you will NOT be eligible for in-class remediation or retesting. You will need to schedule a separate retest through our office.

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# Emergency Medical Consultants

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## Skills Review The CAB's of CPR

**Simultaneously Determine unresponsiveness and check for effective breathing**  
If unresponsive: call a facility Emergency Response team or 911

**C = Circulation-** Check for a pulse Max - 10 seconds. If pulse is not definite, begin 30 compressions.

**A = Airway-** Open airway (head tilt/chin lift).

**B = Breaths-** Give 2 breaths then back to compressions.

**D = Defibrillator-** Attach a manual defibrillator or AED- Utilize as soon as available then every 2 minutes.

### CPR Reference

	Adults (> puberty)	Children (1 - puberty)	Infants (< 1yr)
<b>Rescue breathing, Victim definitely has a pulse or shows signs of life.</b>	10 breaths/min recheck signs of life every 2 minutes	20-30 breaths/min recheck signs of life every 2 minutes	20-30 breaths/min Recheck signs of life every 2 minutes
<b>Compression landmark</b> <b>No pulse</b> (or pulse <60 in infant or child with poor perfusion) OR no signs of life	Middle of the chest, between the nipples	Middle of the chest, between the nipples	1 finger below nipple line
<b>Compressions performed using</b>	Heel of 2 hands	Heel of 1 or 2 hands	2 thumbs when using encircling hands technique OR the heel of 1 hand
<b>Rate of compressions per minute</b>	100-120/min	100-120/min	100-120/min
<b>Compression depth</b>	At least 2 inches (2-2.4) ↑ 2 inches (5cm)	At least 1/3 depth of chest 2 inches (5cm)	At least 1/3 depth of chest 1 1/2 inches (4cm)
<b>Ratio of compressions to breaths</b> <i>*Once an advanced airway is placed ventilations will be 1 every 6 sec. with continual compressions.</i>	30:2 Change compressors and reevaluate every 2 min	30:2 15:2 if 2 rescuer Change compressors and reevaluate every 2 min	30:2 15:2 if 2 rescuer Change compressors and reevaluate every 2 min

### Foreign Body Airway Obstruction

*\* If not rapidly removed call Emergency Medical Service \**

#### Conscious choking

Adult	Child	Infant
5 Back Blows/5 Abdominal Thrusts	5 Back Blows/5 Abdominal Thrusts	5 Back Blows/5 Chest Thrusts

#### Unconscious choking

Adult	Child	Infant
Call Emergency Response Team or call 911. Begin CAB's of CPR. Before giving breaths: look in mouth for foreign body, remove object if it is seen.  Repeat cycles of CPR if needed	Begin CPR. If not done, have someone call Emergency Response Team or 911, otherwise, call after 2 min of CPR. Before giving breaths: look in mouth for foreign body, remove object if it is seen.  Repeat cycles of CPR if needed	Begin CPR If not done, have someone call Emergency Response Team, otherwise, call after 2 min of CPR. Before giving breaths: look in mouth for foreign body, remove object if it is seen.  Repeat cycles of CPR if needed

# 2025 Outcome Driven Notes



CPR compressions followed by breaths allows for the rescuer to check for chest rise & adequate ventilation. (not continuous CPR)

## Key Changes:

- Increased focus on community awareness of cardiac arrest and the crucial role of lay rescuer and AED use.
- Policies to facilitate increased public access to naloxone are now recommended which include immunity from liability for lay rescuer for possession or good faith use.
- Telecommunicators are now provided with differing recommendations for adult and child CPR instructions; they are to guide lay rescuers to use Hands-Only CPR for adults and conventional CPR, including breaths, for children.
- If a trauma airway cannot be opened with jaw thrust—use a head tilt/chin lift method.
- No difference in technique for CPR regarding obese adults.
- The 2-finger technique for infant CPR is no longer recommended.
- Adults with FBAO- 5 back blows followed by 5 abdominal thrusts.
- Children with FBAO- 5 back blows then 5 abdominal thrusts.
- Infants with FBAO- 5 back blows then 5 chest thrusts.

Repeat these cycles until the patient becomes unresponsive- then start compressions.  
Look in mouth before ventilating.

The following efforts increase the **chest compression fraction (CCF)**, which ideally minimizes the hands-off time during CPR.

- ✓ Pre-charge the manual defibrillator 15 sec before rhythm check/shock is due.
- ✓ Compressor hovers over, but off, the chest during defibrillation.
- ✓ Intubate without delay in compressions.
- ✓ Try to keep other stops at 5 sec or less (10 is still acceptable).
- ✓ Administer meds during compressions.

Adjust a bra, instead of removal, to place defib pads on an adult.

\*\*Routine use of mechanical CPR devices is not recommended.

## Immediate Actions for a Suspected Heart Attack Victim: (Chest or arm pain/pressure, short of breath, anxious)

Considered a time critical emergency. Take the following actions immediately:

1. Have the victim sit down & remain calm.
2. Activate the EMS system- get the AED, if available.
3. Suggest that alert adults chew and swallow an aspirin. This is contraindicated if known allergy or advised to avoid aspirin by a healthcare provider.
4. If the patient loses consciousness and is not breathing or only gasping---START CPR.

## **INFORMATION TO KEEP IN MIND:**

1. Know the maximum time that should be spent checking for the presence of a pulse.
2. Know the preferred techniques/devices for providing ventilations if you are a single rescuer versus having multiple resources in the professional setting.
3. Know the concept of scene safety/awareness before providing care.
4. Know which patients require ventilations and which require ventilations plus compressions.
5. Know the best way to open the airway for an Adult, Child, Infant or spinally injured patient.
6. Know the location, depth and rate of compressions for an Adult, Child and Infant.
7. Know when to start compressions for an Adult, Child and Infant, be able to explain chest recoil (release) and high-quality CPR.
8. Know the compression to ventilation ratio for both 1 and 2-rescuer for Adult, Child and Infant.
9. Know how to reduce the incidence of air being introduced into the patient's stomach versus their lungs.
10. Understand how an AED affects the heart (shock to organize the rhythm) and know the steps for using an AED on an Adult, Child or Infant; pediatric use and placement.
11. Know how to incorporate CPR before, during and after AED use.
12. Know the changes in CPR, which are incorporated once a victim has an advanced airway "tube" placed by a medical professional.
13. Know the sequence, procedures and roles for 1 rescuer versus 2-rescuer CPR.
14. Know the procedures for conscious and unconscious choking for Adult, Child and Infant.
15. Know how to determine effectiveness of ventilations and compressions being provided during CPR.
16. Know the elements of effective team dynamics and communicating during an emergency.
17. Know that in Opioid OD's CPR is still most important for no breathing or pulse, but Naloxone can be administered along with CPR.
18. Know that in late pregnancy, during CPR the fetus should be shifted to the left if possible. If resuscitated, lay patient on the left side.
19. No need to remove jewelry, or bras to defib—just relocate the defib pad. (or the bra)

## **BLS Pre-Course Exam**

1. A delivery driver collapses in your driveway. Your first action should be:

- A. Open the airway and give 2 breaths. (mouth to mouth rapid is best)
- B. Grab the AED out of your trunk.
- C. Yell out/ call for help while simultaneously assessing for pulse and respirations. (carotid or femoral is best)
- D. Check pupils in case Naloxone is indicated.

2. You are performing 1 rescuer CPR on a 75-year-old female with a history of chest pain and diabetes. An AED has just been made available to you. What is the first action that you should take at this time?

- A. Finish the 5 cycles of chest compressions that you have started.
- B. Place the AED pads on the chest.
- C. Secure an electrical outlet to plug the AED into.
- D. Turn the AED on and follow the prompts.

3. You are attending a birthday party when an infant suddenly starts choking on a hotdog. What should you do if he is not breathing and cannot breathe?

- A. Administer 2 rescue breaths using a barrier device.
- B. Perform a blind sweep of the victim's mouth using a soft cloth to keep him from biting.
- C. Deliver 2 back-slaps followed by looking into the mouth.
- D. Alternate 5 back blows and 5 chest thrusts.

4. What is the recommended treatment for a conscious adult who is choking and cannot speak?

- A. Modified Heimlich maneuver.
- B. Abdominal thrusts only.
- C. 5 back blows followed by 5 abdominal thrusts.
- D. 5 back blows followed by 5 chest compressions.

5. Your middle-aged neighbor is mowing his grass when he clutches his chest and drops to the ground. He has no pulse or respirations. Your son calls 911 while you initiate chest CPR. How fast should the compression rate be?

- A. 100 compressions per minute.
- B. 100-120 compressions per minute.
- C. 80-100 compressions per minute
- D. 120-150 compressions per minute.

6. A lifeguard is administering rescue breaths with a bag-mask device at a rate of one every 6 seconds while waiting for EMS to arrive. Which of the following is true about rescue breaths?

- A. Each breath should result in visible chest rise.
- B. Give each breath over 3 seconds.
- C. You must use a bag mask device with oxygen.
- D. All of the above.

7. Which of the following situations will slightly delay AED usage while the situation is made safe for AED application?

- A. A person found lying on a metal floor inside a meat cooler.
- B. A person found submerged in a hot tub.
- C. A person who collapsed in snow.
- D. A person who has a transdermal nitro patch on their arm.

8. When utilizing a bag valve mask device, it is important to remember:

- A. That this device requires training and is best suited for a 2-rescuer situation.
- B. The E-C clamp technique should be used while lifting the jaw to provide a good seal.
- C. To squeeze the bag for 1 second while watching the chest rise.
- D. All of the above.

9. What is the correct ratio for compressions to ventilations in infant CPR with 1 rescuer present?

- A. 20 compressions to 4 breaths.
- B. 15 compressions to 2 breaths.
- C. 30 compressions to 2 breaths.
- D. 15 compressions to 1 breath.

10. The maximum amount of time that should be taken to check for a pulse or perform any procedure on an adult, infant or child in cardiac arrest is?

- A. 15 seconds
- B. 10 seconds
- C. 30 seconds
- D. 5 seconds

11. As a team leader in a medical facility, assisting with CPR, you observe the hand placement of the person who is providing compressions to be incorrect. What should your next step be??

- A. Wait 10 seconds to see if the team leader notices.
- B. Tell the person doing compressions that you will take over.
- C. Assist them to correct their hand placement.
- D. Tell another team member to take over.

12. A child collapses on the soccer field. There is no pulse, and CPR is initiated while 911 is called on your cell phone. Another parent rushes to help. The next action should be:

- A. Administer oxygen.
- B. Try back blows in case of FBAO.
- C. Do 2 rescuer CPR at 15:2.
- D. Instruct the 2<sup>nd</sup> rescuer to get the AED.

13. What is the purpose of defibrillation?

- A. To possibly restore the heart's normal rhythm.
- B. To increase the rate of complete heart block.
- C. To provide a blood pressure.
- D. To treat cardiac standstill.

14. Current guidelines suggest that adult compressions should be administered at a depth of at least 2 inches. Which of the following is **not** true regarding chest compression depth?

- A. Compressions are often delivered too hard rather than too shallow.
- B. It may be difficult to accurately judge compression depth without the use of a feedback device.
- C. Consistent compression depth of at least 2 inches is associated with better outcomes.
- D. Potential complications can occur at depths of greater than 2.4 inches.

15. When 2 or more personnel are available during a resuscitation, the team should:

- A. Have the strongest person continue compressions.
- B. Ventilate slightly faster.
- C. Perform 1 minute of rapid compressions, then slightly slower.
- D. Change compressors every 2 minutes.

16. While making rounds on the post op floor, you notice a pulseless patient with agonal respiration. What's next?

- A. Give the patient oxygen.
- B. Check a pulse and begin compressions if indicated.
- C. Call for an immediate CBC.
- D. Notify the on-call surgeon stat.

17. When is the two thumb encircling technique used?

- A. During infant CPR (if your hands are big enough).
- B. When the infant is choking.
- C. When performing CPR on a pediatric victim.
- D. When performing one rescuer CPR on an infant and you become tired.

18. At the beginning of your work shift, your team leader assigns you the role of compressor during a cardiac arrest. This is known as:

- A. Mutual respect.
- B. Closed loop communications.
- C. Clear roles and responsibilities.
- D. Constructive intervention.

19. While assisting with a cardiac arrest, you're aware that the action that could provide the most benefit is?

- A. Mouth to mouth resuscitation.
- B. Performing high quality CPR.
- C. Utilization of a mechanical CPR device.
- D. Obtaining a pulse check every 30 compressions.

20. CPR is in progress and AED patches are applied that indicate a shockable rhythm. What comes next?

- A. Press the Shock button.
- B. Resume CPR until EMS arrives.
- C. Give 2 breaths first.
- D. Shout "Clear" loudly and observe that no one is touching the patient.

21. Your EMS unit arrives on the scene of a 20 y.o. suspected overdose, per family providing history.

Patient is unresponsive with a thready pulse and respirations present. What might your next anticipated action be?

- A. Use a doppler to confirm pulses.
- B. Administer Epinephrine 1.0mg IV.
- C. Administer naloxone.
- D. Draw blood for a drug screen.

22. After performing the choking procedure for a conscious victim who becomes unconscious, the next procedure is to?

- A. Perform a finger sweep.
- B. Attempt ventilations.
- C. Straddle the victim.
- D. Begin CPR compressions.

23. High quality CPR is the critical component to resuscitation, especially compressions; which concept is correct?

- A. Compression depth should be 1".
- B. Allow for complete chest recoil.
- C. Ventilation is the priority for all victims.
- D. 35 ventilations per minute are optimum for the best outcome.

24. When performing compressions on a child for CPR or unconscious foreign body airway procedures the proper depth is?

- A.  $\frac{1}{2}$ " or  $\frac{1}{2}$  the depth of the chest.
- B.  $1\frac{1}{2}$ " to  $2\frac{1}{2}$ " inches.
- C. At least  $1/3$ rd of the depth of the chest- Approx 2 inches.
- D. 2" or  $1/3$  the depth of the chest.

25. While at a school event, a teacher chokes on a steak sandwich. He runs towards the crowd before falling unconscious. Immediately after performing 30 compressions, the next step is?

- A. Open the airway and look into the mouth before ventilating.
- B. Perform a finger sweep after attempting breaths.
- C. Readjust the airway with a jaw thrust maneuver.
- D. Check pulse for 10 seconds.

26. The resuscitation team is made up of various professionals with different levels of license and skill sets. In order to function efficiently, the team members must?

- A. Wait for a physician to order CPR and defibrillation.
- B. Always be prepared to perform any skills, even if not licensed to.
- C. Realize their strengths, abilities and limitations.
- D. Decide if they feel CPR is worth the physical effort.

27. A victim begins to choke, and you find them grabbing their throat and coughing uncontrollably, you should?

- A. Perform the Heimlich maneuver.
- B. Perform the modified Heimlich maneuver.
- C. Perform chest thrust if they are pregnant or obese.
- D. Allow them to continue coughing.

28. You observe a man down in a parking lot. You check his pulse (none), respirations (gasping), you yell to a bystander to call 911, as you prepare to give CPR. This addresses which link in the “Chain of Survival”?

- A. Advanced Resuscitation.
- B. Identifying the signs of arrest and calling for help.
- C. Defibrillation.
- D. GPS.

29. The accepted ratio of compressions to ventilations for a 6-year-old drowning victim when 2 rescuers are available is?

- A. 15:1
- B. 30:1
- C. 30:2
- D. 15:2

30. AED Pads require firm contact to the skin to be most effective, which of the following will negatively affect that contact?

- A. Tattoos.
- B. Skin moisturizer.
- C. Hair on the chest.
- D. A Dexcom meter for diabetes.

NAME: \_\_\_\_\_

COURSE: \_\_\_\_\_

# MISSED: \_\_\_\_\_ GRADE: \_\_\_\_\_

1. A B C D E 26. A B C D E

2. A B C D E 27. A B C D E

3. A B C D E 28. A B C D E

4. A B C D E 29. A B C D E

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