



AHA CPR

GUIDELINES UPDATE 2015



HIGH QUALITY CPR (ADULTS) GUIDELINES FOR BLS PROVIDERS

RECOGNITION OF CARDIAC ARREST

- CHECK FOR RESPONSIVENESS
- NO BREATHING OR ONLY BREATHING
- NO DEFINITE PULSE FELT WITHIN 10 SECONDS



01

ACTIVATION OF EMERGENCY RESPONSE SYSTEM

- IF YOU ARE ALONE WITH NO MOBILE PHONE, LEAVE THE VICTIM TO ACTIVATE THE EMERGENCY RESPONSE SYSTEM AND GET THE AED BEFORE BEGINNING CPR
- OTHERWISE, SEND SOMEONE AND BEGIN CPR IMMEDIATELY; USE THE AED AS SOON AS IT IS AVAILABLE

02



COMPRESSION-VENTILATION RATIO WITHOUT ADVANCED AIRWAY

1 OR 2 RESCUERS=30:2



03

COMPRESSION-VENTILATION RATIO WITH ADVANCED AIRWAY

- CONTINUOUS COMPRESSIONS AT A RATE OF 100-120 PER MINUTE
- GIVE 1 BREATH EVERY 6 SECONDS (10 BREATHS PER MINUTE)

04



COMPRESSION RATE

100-120 COMPRESSIONS PER MINUTE



05

06



COMPRESSION DEPTH

AT LEAST 2 INCHES (5 CM)

HAND PLACEMENT

2 HANDS ON THE LOWER HALF OF THE BRESTBONE (STERNUM)



07

08



CHEST RECOIL

ALLOW FULL RECOIL OF CHEST AFTER EACH COMPRESSION

MINIMIZING INTERRUPTIONS

- LIMIT INTERRUPTIONS IN THE CHEST COMPRESSIONS TO LESS THAN 10 SECONDS



09

DO'S AND DONT'S OF HIGH QUALITY CPR (ADULTS)



RESCUERS SHOULD

- PERFORM CHEST COMPRESSIONS AT A RATE OF 100-120 COMPRESSIONS PER MINUTE
- COMPRESS TO A DEPTH OF AT LEAST 2 INCHES
- ALLOW FULL RECOIL AFTER EACH COMPRESSION
- MINIMIZE PAUSES IN COMPRESSIONS
- VENTILATE ADEQUATELY

RESCUERS SHOULD NOT

- COMPRESS AT A RATE SLOWER THAN 100 COMPRESSIONS PER MINUTE OR FASTER THAN 120 COMPRESSIONS PER MINUTE
- COMPRESS TO A DEPTH OF LESS THAN 2 INCHES OR GREATER THAN 2.4 INCHES
- LEAN ON THE CHEST BETWEEN COMPRESSIONS
- INTERRUPT COMPRESSIONS FOR GREATER THAN 10 SECONDS
- PROVIDE EXCESSIVE VENTILATION



SOURCES:

<http://eccguidelines.heart.org/wp-content/uploads/2015/10/2015-AHA-Guidelines-Highlights-English.pdf>

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Gregory R. Lisciandro



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2018 Joint Trauma System (JTS) Clinical Practice Guidelines (CPGs) & DOD TRAUMA REGISTRY DATA DICTIONARY For Military and Civilian Health Care Practitioners, 2018-10-09 Almost 1 000 total pages see index at beginning of publications for a complete list of included CPGs Each CPG includes a section on the following 1 GOAL 2 BACKGROUND 3 EVALUATION 4 TREATMENT 5 PERFORMANCE IMPROVEMENT PI MONITORING 6 SYSTEM REPORTING reduced burn morbidity and mortality near elimination of extremity compartment syndrome better patient care documentation and improved communication across the spectrum of care between geographically dispersed facilities CPGs are evidence based and developed with experts in the military and civilian communities deployed clinicians Service trauma surgical consultants JTS leadership and formerly deployed Trauma Directors and Coordinators JTS has a formalized process for developing reviewing updating and approving CPGs The guidelines are developed and implemented by clinical subject matter experts in response to needs identified in the military area of responsibility CPGs were developed originally for U S Central Command However collaborative efforts are ongoing with the other Combatant Commands to customize CPGs to their COCOMs INTRODUCTION TO THE JOINT TRAUMA SYSTEM JTS The Joint Trauma System JTS is the Department of Defense DoD authority for the military s trauma care system The vision of the Joint Trauma System is that every Soldier Sailor Marine and Airman injured on the battlefield will have the optimum chance for survival and maximum potential for functional recovery To achieve this vision in 2006 the JTS implemented programs for data driven trauma system development and improvement in addition to the collection of trauma data As part of its data collection efforts the JTS maintains a registry of trauma patients who received care at medical treatment facilities MTFs Since 2007 this registry known as the DoD Trauma Registry DoDTR has documented demographic injury treatment and outcomes data for all trauma patients admitted to any DoD MTF regardless of whether the injury occurred during on going military operations and is the largest military trauma data source in the world Development of the DoDTR began during the early years of the Global War on Terror GWoT when the need to systematically improve trauma care for combat wounded resulted in the impromptu creation of a demonstration registry known then as the Combat Trauma Registry CTR The CTR was constructed by the Center for AMEDD Strategic Studies CASS trauma related information was initially abstracted into it from paper medical records received from trauma nurse coordinators TNCs at Landstuhl Regional Medical Center LRMC in Germany Shortly after the demonstration program started the Army Surgeon General approved its transition to an operational mode leading to the formation of the Joint Theater Trauma System JTTS and eventually the Joint Trauma System JTS

Conn's Current Therapy 2012 Edward T. Bope, Rick D. Kellerman, 2011-12-09 Conn s Current Therapy 2012 by Drs Edward T Bope and Rick D Kellerman offers you expert guidance on the latest therapeutic options for common and not so common health concerns Hundreds of international contributors provide evidence based management options to help you make more effective diagnoses and achieve the best outcomes Find what you need

quickly and easily with a totally reworked organization of topics and keep current with updated material throughout including brand new chapters on fatigue and migraines This practical guide is your ideal way to learn and apply the latest most effective therapeutic approaches Gain the most effective results for your patients with quick easy access to the latest evidence based treatments and therapies Apply the proven treatment strategies of hundreds of top experts in your field Optimize reimbursement using the latest ICD 9 codes Easily reference in depth topics such as metabolic conditions digestive diseases skin disorders and more with a reworked organization that lets you look up specific illnesses and find all the information you need in one place Get quick access to critical information with the new Current Diagnosis and Current Therapy boxes at the beginning of each chapter Broaden your range of treatment options for fatigue and migraines with the aid of two brand new chapters Keep up to date with recently approved and soon to be discovered drugs

**Point-of-Care
Ultrasound Techniques for the Small Animal Practitioner** Gregory R. Lisciandro, 2021-03-30 Dieses wegweisende Fachbuch wurde gründlich bearbeitet und aktualisiert Präsentiert werden fokussierten Ultraschalluntersuchungen des Abdomens Thorax Bewegungssystems und des Auges in der veterinärmedizinischen Praxis Auch die 2. Auflage ist das Referenzwerk für gezielte Ultraschalluntersuchungen in der klinischen Praxis Neue Anwendungen werden vorgestellt und weitere Tierarten berücksichtigt Videoclips der verschiedenen Verfahren können auf der begleitenden Website abgerufen werden Gezeigt werden Ultraschallaufnahmen aus der Praxis die als Vergleich dienen können und die Fachrichtung verdeutlichen Die 2. Auflage von Point of Care Ultrasound Techniques for the Small Animal Practitioner enthält neue Kapitel zu ultraschallgestützten Nervenblockaden Ultraschalluntersuchungen des Bewegungsapparats des Gehirns sowie Anwendungsbereiche des Verfahrens bei Katzen Exoten und Meeressäugern Das Buch ist ein Muss für Veterinärmediziner die Ultraschalluntersuchungen in ihrer Praxis anbieten möchten Präsentiert einen Standardansatz für den Einsatz von Ultraschall als Erweiterung der körperlichen Untersuchung bei Traumata sonstigen Ursachen und Monitoring Anwendungen Zeigt neue Verfahren für fokussierte Ultraschalluntersuchungen und der Lunge in der Anästhesie ultraschallgestützten Nervenblockaden bei transkraniellen Bildgebungsverfahren Untersuchungen des Bewegungsapparats zur Evaluation des Volumenstatus und der schnellen Diagnostik bei behandelbaren Schockzuständen Zeigt die Verfahren jetzt auch bei Katzen Exoten Wildtieren und Meeressäugern neben den bisherigen Leitlinien für Hunde Erläutert insbesondere die Vorteile von Ultraschall zur Optimierung der Patientenversorgung und für eine präzise Diagnostik Begleitende Website mit Videoclips zu klinisch relevanten Lernbeispielen Die 2. Auflage von Point of Care Ultrasound Techniques for the Small Animal Practitioner ist ein ausgezeichnetes Referenzwerk für Veterinärmediziner von Veterinärmedizinern für Haustiere bis hin zu Spezialisten in Tierkliniken darunter Tierärzte der Fachrichtungen Innere Medizin Onkologie Kardiologie Notfall und Intensivmedizin Anästhesie Augenheilkunde Fachtierärzte für Exoten und Zootiere sowie für Studenten der Veterinärmedizin

**Nurse
Practitioner Certification Examination and Practice Preparation** Margaret A. Fitzgerald, 2017-03-14 Start preparing for your

future today The new edition of this award winning text written by renowned NP educator and certification preparation expert Dr Margaret Fitzgerald A must read for anyone taking the NP certification exam Develop critical thinking and test taking skills for the exam and the firm knowledge base needed for both the exam and practice The 5th edition delivers the latest guidelines recommendations diagnostic and treatment protocols and procedures everything critical to passing the NP boards

The Essential Med Notes Jesse M. Klostranec, Klostranec, 2012 This text presents the most comprehensive resource available that focuses on exam preparation for the MCCQE Part 1 and the USMLE Step 2 Written in a concise easy to read style this annually revised text includes relevant clinical information on 29 medical subspecialties

PG Textbook of Pediatrics Piyush Gupta, PSN Menon, Siddarth Ramji, Rakesh Lodha, 2015-08-31 Postgraduate Textbook of Pediatrics is a comprehensive guide to paediatrics The textbook is comprised of three volumes split into ten parts with over 600 chapters and contributions from over 50 section editors and 725 authors covering all paediatric disorders descriptions of diseases and their management Includes nearly 1500 images and illustrations in full colour incorporating information on modern imaging techniques for neurological disorders in children This is an ideal resource for postgraduate students to gain a firm grounding in and retain and improve their knowledge of all areas of paediatric medicine

Cardiac Arrest, An Issue of Emergency Medicine Clinics William J. Brady, Nathan P. Charlton, Benjamin J. Lawner, Sara F. Sutherland, 2012-02-28 Topics include Cardiac Arrest as a Public Health Concern Prehospital Cardiac Arrest Cardiopulmonary Resuscitation Cardioactive Medications in Cardiac Arrest Airway Management in Cardiac Arrest Rapid Response Teams and Pediatric Cardiac Arrest

Moderate and Deep Sedation in Clinical Practice Richard D. Urman, Alan D. Kaye, 2012-02-09 A concise practical handbook giving up to date evidence based how to guidance on safe effective procedural sedation

Extreme Sports Medicine Francesco Feletti, 2016-09-19 This technically oriented book on medicine as applied to extreme sports offers broad coverage of the field extending well beyond the usual focus on major trauma and acute injuries In addition to the injuries and diseases associated with individual extreme sports this book also addresses the topics of psychology dermatology ophthalmology infectious diseases physiology nutrition training injury prevention strategies rehabilitation doping treatment in hostile environments and legal aspects Innovative and less frequently considered topics are also discussed such as recent advances in protective equipment and materials the effects of exposure on whole body vibration and cold exposure risk management More than 60 of the most authoritative experts from across the world have contributed to this book drawing on their personal experiences and including practical examples whenever relevant Both subject matter and illustrations have been selected with the utmost care the latter including photographs of world class athletes The book s multidisciplinary approach to the subject ensures that it will be relevant to a wide readership

Critical Care Narendra Rungta, Rajesh Pande, Manish Munjal, Sudhir Khunteta, 2015-02-20 1 Assessment of Critically Ill Patients 2 Airway Management in ICU 3 Hemodynamic Monitoring in ICU 4 Fluid Balance in Critically Ill Patients 5 Vasopressors and Inotropes 6 Multiple Organ

Dysfunction Syndrome 7 Cardiopulmonary Resuscitation A Paradigm Shift 8 Therapeutic Hypothermia 9 Management of Organ Donor 10 Scoring Systems in ICU 11 Guidelines for ICU Planning and Designing in India 12 Guidelines and Protocols in ICU 13 Clinical Audit and Handoff in ICU 14 Critical Care Nursing in India Section 2 Cardiac Care 15 Acute Coronary Syndrome 16 Heart Failure 17 Cardiac Arrhythmias in ICU 18 Hypertensive Emergency 19 Pacing in the ICU Setting 20 Pulmonary Embolism 21 Intensive Care Unit Management of Patients with Right Heart Failure Section 3 Respiratory Care 22 Community Acquired Pneumonia 23 Ventilator Associated Pneumonia 24 Acute Respiratory Distress Syndrome Section 4 Liver and Digestive System 25 Acute Liver Failure 26 Acute Pancreatitis 27 Hepatorenal and Hepatopulmonary Syndromes 28 Anesthesia for Liver Transplantation 29 Critical Care Aspects in Adult Liver Transplantation Section 5 Renal Care 30 Diagnosis of Acute Kidney Injury 31 Renal Replacement Therapy 32 Critical Care Management of Renal Transplant Recipients 33 Acid Base Disorders in Critical Care 34 Disorders of Potassium 35 Sodium Disorders 36 Disorders of Calcium and Magnesium Section 6 Neurological Care 37 Management of Critically Ill Trauma Patients 38 Management of Spinal Injury 39 Neurocritical Care Management of Subarachnoid Hemorrhage 40 Intensive Care Management of Postoperative Neurosurgical Patients Section 7 Obstetric Critical Care 41 Physiology of Pregnancy 42 Respiratory Disorders During Pregnancy 43 Liver Disease Complicating Pregnancy 44 Peripartum and Postpartum Intensive Care in Pregnancy Section 8 Pediatric Critical Care 45 Recognition and Assessment of Critically Ill Child 46 Pediatric Septic Shock 47 Status Epilepticus 48 Raised Intracranial Pressure in Children with an Acute Brain Injury Monitoring and Management Section 9 Infections 49 Extended Spectrum Beta Lactam Producing Infections in Intensive Care Unit 50 Infections in Immunocompromised Patients in ICU 51 Invasive Fungal Infections in Critically Ill Patients 52 Febrile Neutropenia 53 Fever in the ICU 54 Cytomegalovirus Infection in Critically Ill Patients 55 Tropical Infections in ICU 56 Tropical Fever Management Guidelines ISCCM Tropical Fever Group Section 10 Ethics and End of Life Care Issues 57 Bioethical Considerations 58 End of Life Care Practices in the World Section 11 Miscellaneous 59 Burns Inhalation and Electrical Injury 60 Diabetic Ketoacidosis 61 Oncological Emergencies 62 Post cardiac Arrest Syndrome 63 Intra abdominal Hypertension and Abdominal Compartment Syndrome 64 Nutrition in a Critically Ill Patients 65 Approach to an Unknown Poisoning 66 Specific Intoxications 67 Fatal Envenomations 68 Care of Obese Patient in ICU 69 Imaging in Intensive Care Unit Section 12 Mechanical Ventilation 70 Respiratory Mechanics Basics 71 Principles of Mechanical Ventilation 72 Basic Modes of Ventilation 73 Ventilator Graphics 74 Newer Modes of Ventilation 75 Weaning Liberation from Mechanical Ventilation 76 Non Invasive Ventilation 77 Ventilation Strategy in Obstructive Airway Disease

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Table of Contents Aha Cpr Guidelines 2012 Chart

1. Understanding the eBook Aha Cpr Guidelines 2012 Chart
 - The Rise of Digital Reading Aha Cpr Guidelines 2012 Chart
 - Advantages of eBooks Over Traditional Books
2. Identifying Aha Cpr Guidelines 2012 Chart
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Aha Cpr Guidelines 2012 Chart
 - User-Friendly Interface
4. Exploring eBook Recommendations from Aha Cpr Guidelines 2012 Chart
 - Personalized Recommendations
 - Aha Cpr Guidelines 2012 Chart User Reviews and Ratings
 - Aha Cpr Guidelines 2012 Chart and Bestseller Lists
5. Accessing Aha Cpr Guidelines 2012 Chart Free and Paid eBooks
 - Aha Cpr Guidelines 2012 Chart Public Domain eBooks
 - Aha Cpr Guidelines 2012 Chart eBook Subscription Services
 - Aha Cpr Guidelines 2012 Chart Budget-Friendly Options

6. Navigating Aha Cpr Guidelines 2012 Chart eBook Formats
 - ePub, PDF, MOBI, and More
 - Aha Cpr Guidelines 2012 Chart Compatibility with Devices
 - Aha Cpr Guidelines 2012 Chart Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Aha Cpr Guidelines 2012 Chart
 - Highlighting and Note-Taking Aha Cpr Guidelines 2012 Chart
 - Interactive Elements Aha Cpr Guidelines 2012 Chart
8. Staying Engaged with Aha Cpr Guidelines 2012 Chart
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Aha Cpr Guidelines 2012 Chart
9. Balancing eBooks and Physical Books Aha Cpr Guidelines 2012 Chart
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Aha Cpr Guidelines 2012 Chart
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Aha Cpr Guidelines 2012 Chart
 - Setting Reading Goals Aha Cpr Guidelines 2012 Chart
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Aha Cpr Guidelines 2012 Chart
 - Fact-Checking eBook Content of Aha Cpr Guidelines 2012 Chart
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
 - Integration of Multimedia Elements

- Interactive and Gamified eBooks

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