

## BLS

The very basic art of life support:

The basic thing you are going to see anywhere not only in hospitals but everywhere. Leadership should be taken one step forward; Campaign to disseminate this info to community to eventually save more lives. If anyone is interested you could approach doctor Qais or hanna.

- 1- How to assess collapsed victim
- 2- How to perform high quality CPR
- 3- How to provide effective ventilation
- 4- How to properly use an Automatic External Eefibrillator  
Small device that helps deliver the shock in community

Respiratory arrest vs cardiac

RA = Doesn't breathe, there's pulse, but if it continues long enough then hypoxia and acidosis will lead to cardiac arrest

CA = Pulse stops => Circulation stops

How many causes of CA you know?

- Ventricular Tachycardia -EDefibrillation
  - Defibrillating early = Very good prognosis
  - One of the most common cause of CA
- PRA
- Asystole
- All of them cause = **No pulse**

Chain of survival

Adults [MCC circulatory arrest = Heart [3 types; MCC VTEF]

- 1- Early recognition and call for help
  - Be proactive
  - If someone passed out beside me you as a physician should hold responsibility and help ASAP
  - **Call for help**
    - ◆ Especially if you aren't that competent person and even if you were call for help before you wear out!
- 3- Start your CPR
  - The earlier the CPR the better
- 4- Defibrillation
  - When you defibrillate the VTEF = Good prognosis
- Out-of-hospital
- In-hospital

Children [MCC circulation arrest = Respiratory in origin; infection hypoxia viral infection asthmatic attack]

1- Prevention Prevention Prevention ! and recognise the problems early

- Coughing using his accessory muscles or wheezing you should recognise and do something about it because if you hadn't then RA will begin!

Ultimate goal is to do good CPR but to do something is better than nothing!

To do mere chest compression is better than nothing > CC+Rescue breaths>High performance team

Another concept:

ABC is old concept !

CAP is better !

Compression > Airway > Breaths

- Compression should be done within the first 10 seconds after recognition
- I want to minimize and continue to do compression until help comes with minimal interruption

- Certain depth + Certain grade

## Algorithm of adult life support

### 1- Assess safety

- If the patient falls in the middle of the road you need to verify his safety and move him to safer place
- **SRVB**
  - **Scene**
    - ◆ You need to ensure your safety too
  - **R**
  - **V**
  - **Bystanders**
    - ◆ People who don't intervene in the reeducation of the patient => You as a leader should eliminate any ineffective or he the interrupter would be compromised and you would hold on responsibility!

### 2- Assess consciousness; if he isn't then

- **Call for help**; You need to call for someone so you won't stay on your own!
- Dial 911 on your cell phone!
- Then assess; Check the pulse
  - ◆ Lost consciousness; Good pulse Good breathing = Seizure; Vasovagal; hypotension; neurological => **Wait for help** you can lift his legs
  - ◆ Lost consciousness; Good pulse Bad to non-present breathing; Enough time without prevention and CA => Assisted breaths; 10 breaths/ minute => Continually assess the circulation => He can after all lose life
  - ◆ Lost consciousness; No pulse Bad => CA => Initiate CPS!
  - ◆ Angle of Lewis = You rub this area and try to wake him up ! Affect him with any painful stimulus
- 3- Check for breathing and pulse simultaneously
  - Check if his chest is rising or nah
    - ◆ Not femoral because difficult to reach
      - ◆ Radial is weak sometimes
      - ◆ **Carotid**
      - ◆ Get close to the patient
        - ◆ LLF = 5-10 seconds = We need to minimise compression and delay! = The more likely he is gonna survive and live!

## Chest compression

- Location: Lower 3rd sternal border of sternum
- Put the heel of your hands
- The elbows should be locked
- The height should be the lowest
- The motion should be from the muscles of the shoulders
- 5cm deeper to chest wall
  - 1/3 the depth in children
- Give enough time for the chest to recoil
- Ratio of compression: 30 compression: 2 breaths but 100-120 minutes
- Chest compression fraction; Total compression time = Minimal: 60 percent; the lesser is not good CPR
  - Compression is what drive the flow; It would make a difference!
- Invasive into the arterial line = You can see that sometimes good CPR could provide you with 60-70 if you had done correct

## Minimise

5cm

recoil

120

30:2

What if the woman is pregnant?

Uterus on IVC => VR decreased => The compromised BF will get even more compromised

- Left lateral displacement of the uterus to move it away from IVC

Infants; Hold their head

Airway

- MCC of obstruction of away: Tongue swallowing; You shouldn't use it always; If you have any suspicion of trauma for the neck you shouldn't use it because of car accident => Jaw thrust not jaw tilt! => Fingers on jaw another on temporal bone

Breathing

- Obscured airway > Collapsible masks > 30:2 [2 Breaths not taking more than 10 seconds and you should see the chest moving to minimise interruption] > E-C > Thumb and index C shape on mask and E on temporal > How much equipment you have decides the variation
- AED
  - Bags; One bag under the left axilla and one one -

Leadership!

- Sharing knowledge
  - Humbleness and openness
- Summarise and reevaluating
- Clear -specific- messages
- Closed loop communication
- Mutual respect

Recovery position

- Put him on his left side to minimize aspiration

When to stop CPR

- Victim returns back

Special scenarios; Heart attack; Aspirin should be given unless there's clear indication for why not

Stroke

FAST

Drowning

- Dry area => Defibrillating him => Electricity only in dry areas!
- Breathing first; AC

Anaphylaxis

- Usually could happen from allergy stains food any medication could be a simple rash - angioedema
- Epi injection = stick on thigh

Chocking

- ASK HIM!!!!!!!!!!!!!!
  - Yes => Manuvers to get the foreign body out
    - ◆ Bellow the chest wall = up and towards [Child or adult]

- ◆ Chest thrust, hold and then to backwards => Pregnant
- ◆ Hold his head down then using 3 finger middle of his chest = second maneuver
- Coughing => Nothing
- Actually passed out => Manuvers
- Pulse no => BLS
- ***NO BLIND FINER SWEEPS***