Conduct a rapid assessment

- Perform a quick visual survey, check for responsiveness, open the airway, and simultaneously check for breathing and a carotid pulse for at least 5 seconds but no more than 10.
- If the patient is unresponsive, isn't breathing normally and doesn't have a pulse, begin CPR.

Place the patient on a firm, flat surface

- In a healthcare setting, use a bed with a CPR feature, or place a CPR board under the patient.
- Adjust the bed to an appropriate working height or use a step stool. Lower the bed side rail closest to you.
- In other settings, move the patient to the floor or ground and kneel beside them.

Position your hands correctly

- Expose the patient's chest to ensure proper hand placement and visualize chest recoil.
- Place the heel of one hand in the center of the patient's chest on the lower half of the sternum.
- Place your other hand on top of the first and interlace your fingers or hold them up so that they are not resting on the patient's chest.
Position your body effectively

- Position yourself so your shoulders are directly over your hands. This position lets you compress the chest using a straight up-and-down motion.
- To help keep your arms straight, lock your elbows.

**Practice Note**
If drowning or another hypoxic event is the suspected cause of cardiac arrest, deliver 2 initial ventilations before starting CPR.

Perform 30 chest compressions

- For an adult, compress the chest to a depth of at least 2 inches (5 cm). If you are using a feedback device, make sure the compressions are no more than 2.4 inches (6 cm) deep.
- Provide smooth compressions at a rate of 100 to 120 per minute.
- Allow the chest to fully recoil after each compression. Avoid leaning on the patient's chest at the top of the compression.

Seal the mask and open the airway

- Use an adult pocket mask for single-provider CPR or a BVM for multiple-provider CPR.
- Seal the mask and simultaneously open the airway to a past-neutral position using the head-tilt/chin-lift technique.
- Or, use the modified jaw-thrust maneuver, if you suspect a head, neck or spinal injury.

Provide 2 ventilations

- While maintaining the mask seal and open airway, provide smooth, effortless ventilations. Each ventilation should last about 1 second and make the chest begin to rise. Avoid excessive ventilation.
- If you do not have a pocket mask or BVM, provide mouth-to-mouth or mouth-to-nose ventilations.
SKILL SHEET
CPR for Adults (continued)

Practice Note
If an advanced airway is in place, one provider delivers 1 ventilation every 6 seconds. At the same time, a second provider performs compressions at a rate of 100 to 120 per minute. In this case, the compression-to-ventilation ratio of 30:2 does not apply because compressions and ventilations are delivered continuously with no interruptions.

Step 8  Switch positions every 2 minutes

- When providing CPR with multiple providers, smoothly switch positions about every 2 minutes. This should take less than 10 seconds.
- The compressor calls for a position change by saying “switch” in place of the number 1 in the compression cycle.

Practice Note
Upon achieving ROSC, supplemental oxygen should be used based on your facility’s protocols to maintain a normal oxygen saturation level while avoiding hyperoxygenation. Providers should use a pulse oximeter to monitor oxygen saturation.

Step 9  Continue CPR

Continue providing CPR until:

- You see signs of ROSC, such as patient movement or normal breathing.
- Other trained providers take over and relieve you from compression or ventilation responsibilities.
- You are presented with a valid do not resuscitate (DNR) order.
- You are alone and too exhausted to continue.
- The situation becomes unsafe.