
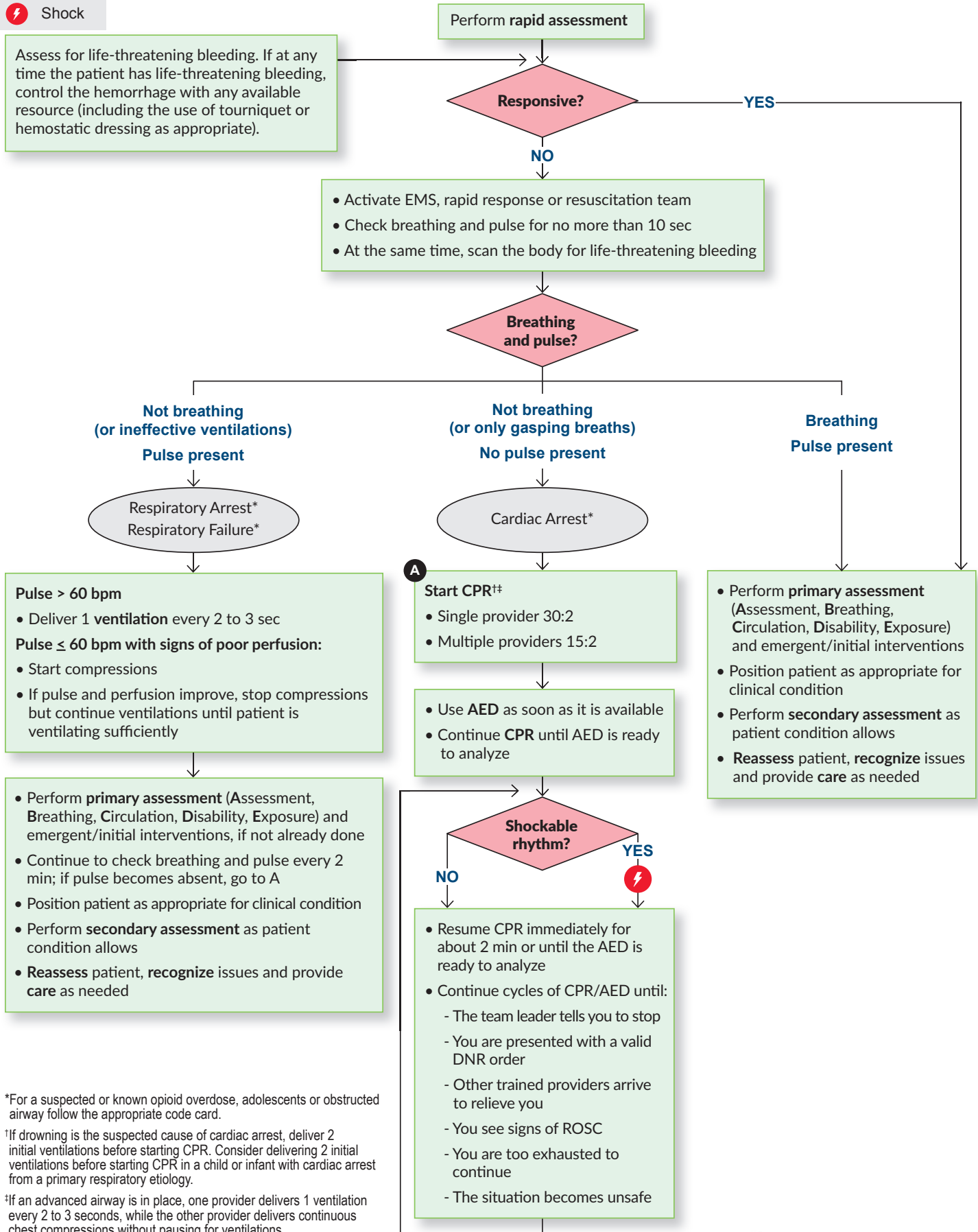


BASIC LIFE SUPPORT: CHILDREN AND INFANTS

BLS - 2020 VERSION

 Shock





*For a suspected or known opioid overdose, adolescents or obstructed airway follow the appropriate code card.

†If drowning is the suspected cause of cardiac arrest, deliver 2 initial ventilations before starting CPR. Consider delivering 2 initial ventilations before starting CPR in a child or infant with cardiac arrest from a primary respiratory etiology.

‡If an advanced airway is in place, one provider delivers 1 ventilation every 2 to 3 seconds, while the other provider delivers continuous chest compressions without pausing for ventilations.

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CPR Technique		Infant (< 1 Year Old)	Child (Age 1 Year to Onset of Puberty)
Compression-to-ventilation ratio: • Single provider 30:2 • Multiple providers 15:2	 Compressions	<ul style="list-style-type: none"> • Hand position: Two thumbs placed in the center of the chest just below the nipple line (encircling thumbs technique). Alternatively two fingers may be used (i.e., two-finger technique). The one-hand technique may be considered if depth cannot be achieved with either the encircling thumbs technique or the two-finger technique. • Depth: About 1½ inches (3.8 cm) • Rate: 100 to 120 per min • Full chest recoil: Compression and recoil times should be approximately equal 	<ul style="list-style-type: none"> • Hand position: One or two hands centered on the lower half of the sternum • Depth: About 2 inches (5 cm) • Rate: 100 to 120 per min • Full chest recoil: Compression and recoil times should be approximately equal
	 Ventilations	<ul style="list-style-type: none"> • Open airway to neutral position (avoid hyperextension). Use modified jaw-thrust maneuver instead if you suspect head, neck or spinal injury. • Each ventilation should last about 1 sec and make the chest begin to rise; allow the air to exit before delivering next ventilation. • If an advanced airway is in place, one provider delivers 1 ventilation every 2 to 3 secs, while the other provider delivers continuous chest compressions without pausing for ventilations. 	<ul style="list-style-type: none"> • Open airway to slightly past-neutral position (avoid hyperextension). Use modified jaw-thrust maneuver instead if you suspect head, neck or spinal injury. • Each ventilation should last about 1 sec and make the chest begin to rise; allow air to exit before delivering the next ventilation.

Indications of Poor Perfusion in a Child or Infant

- Cool moist skin
- Pallor

- Mottling or cyanosis
- Weak or thready pulse
- Decrease in behavior or reactivity

- Decreased capillary refill
- Hypotension

