

INODAYA Hospitals - Kakinada

Documentation code:

INH/COP .Doc.No:09

Policy on Cardiopulmonary Resuscitation

Prepared Date: 05/09/2023

Reference: COP.05.NABH Standards – 5th Edition

Issue date: 05/09/2023

Issue no:2

Review NO:01

Review Date: 04/09/2024

1. Purpose

To establish guidelines for uniform use of Cardio Pulmonary Resuscitation in the hospital

2. Definition:

Cardiopulmonary Resuscitation:

3. Responsibility

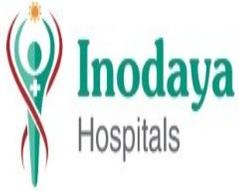
Medical and Nursing team

4. Technique of Cardiopulmonary Resuscitation

One Man CPR

- 4.1. Assess responsiveness, by shouting near the victim ' ARE YOU OK' tap, or gently shake the shoulders
- 4.2. If the victim responds, ask his about his/her main complaints, and check victim thoroughly. If the victim does not respond to attempts of arousal, CALL FOR HELP, even if no one is in sight. Call out in the hope that someone will hear. Who can assist or call for CPR Team.
- 4.3. If the victim is lying on his face, roll him onto the back as one unit, by supporting the neck with one hand, and the other hand placed on the victim's hip. Place him on a firm flat surface.
- 4.4. Open airway (use head tilt/ chin lift man oeuvre)

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- 4.4.1. Place hand over the forehead, of victim and pull backwards to tilt the head.
- 4.4.2. Support the lower jaw by placing the index finger and middle finger under the bony part of the jaw. Avoid pressing on the soft tissues
- 4.4.3. If you suspect neck injury do not move head or neck, try to do jaw thrust without tilting the head.

4.5. Clear airway

- 4.5.1. If you see liquid or semi liquid wipe it out with fingers covered with a cloth
- 4.5.2. If you see foreign body or if the tongue has fallen back in the airway, hook it out with your index finger.
- 4.5.3. Leave dentures in place unless they are loose, and cannot be kept in place.

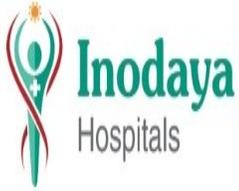
4.6. If the victim is not breathing

- 4.6.1. Maintain open airway (head tilt/chin lift)
- 4.6.2. Take a deep breath; seal your lips victims' mouth attempt to give two rescue breaths.
- 4.6.3. If the first breath enters the victim's tracheas give another breath.
- 4.6.4. Breathe slowly 1 sec per breath - adequate time should be allowed to provide good chest expansion as this decrease the possibility of gastric distention.

4.7. ASSESS CIRCULATION (CHECK FOR CAROTID PULSE)

- 4.7.1. While maintaining head tilt/ chin lift with one hand over the forehead
- 4.7.2. Locate the victims Adams apple with 2 or 3 fingers of the opposite hand
- 4.7.3. Slide your fingers down into the groove lateral to the tracheas. (Between the trachea and the Stern mastoid muscle).

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- 4.7.4. Feel for carotid pulse, at the side nearest to the rescuer (this should take 5-10 sec) the pulse must be probed gently avoiding compression of the artery
- 4.8. If pulse is not present, announce cardiac arrest, and commence external chest compressions
- 4.9. Locate the proper hand position on the victim’s chest. Proper hand placement is established using the following guidelines.
- 4.9.1. Use your index and middle fingers of the hand near the victim’s chest.
 - 4.9.2. Slide your fingers up the edge of the rib cage till you reach the sternal notch
 - 4.9.3. Place your middle finger on the sternal notch, and your index finger next to it.
 - 4.9.4. While placing index and middle fingers in place, the rescuer positions the base of the palm of the free hand next to it over the lower half of the sternum.
 - 4.9.5. Rescuer removes his/her index and middle fingers from the sternal notch, and place over the other hand.
 - 4.9.6. Interlace fingers together by holding in extension position, pointing across the victim’s chest a way from rescuer. Do not place fingers on the victim’s chest, as pressure here may cause fracture of the ribs remember to keep your hands in position on the sternum to avoid losing the proper land mark
- 4.10. Commence external chest compressions the most pressure with the least effort could be achieved by the following guidelines
- 4.10.1. Lean forward until the rescuer shoulders are positioned directly over the hands, elbows are locked and the arms straightened.
 - 4.10.2. Start applying downward pressure over the sternum. The sternum must be depressed 1 ½ to 2 inches the weight of the rescue’s back creates the necessary

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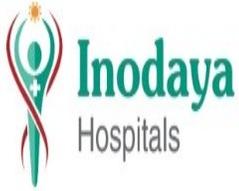
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pressure to make compression easier on the arms and shoulders. The natural body weight of the rescuer falling forward provides the force to depress the sternum.

4.10.3. Release chest compression to allow blood flow into the heart.

4.10.4. Equal compression and relaxation should be provided and no pause between compressions.

4.11. Provide 30 compressions at a rate of 100-120 times/minute. Count while applying pressure and say and when pressure is released e.g. ONE, AND, TWO, AND, THREE, etc.

4.12. Open airway and deliver two rescue breaths

4.13. Repeat compression /breathing cycles to continue CPR for 2 min (5 cycles)

4.14. Reassessment: after five cycles of compressions and ventilations (30:2 ratio) re-evaluate the victim

4.14.1. Check for return of the carotid pulse

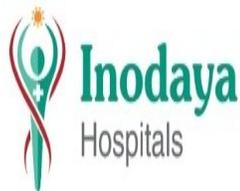
4.14.1.1. If pulse is absent resume CPR with 30 compressions followed by 2 rescue breaths.

4.14.1.2. If pulse is present check for spontaneous breathing

4.14.1.3. If breathing is present place the victim in the recovery position, monitor pulse and breathing closely.

4.14.1.4. If breathing is absent, perform rescue breathing at a rate of 12 breaths min (once every 5 sec.) and monitor pulse closely.

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5. Two-man CPR:

In two man CPR, one rescuer is positioned at the victim's side, performs external chest compressions, (named compressor) and the other rescuer is positioned at the victim's head maintains an open airway and performs ventilations,(named ventilator).

5.1. Sequence of two man CPR

5.1.1. When one two man CPR

5.1.1.1. Allow the initial rescuer to complete the full cycle of 30 compressions and 2 ventilations

5.1.1.2. One rescuer moves to the victim's head, maintains airway open, and checks for the ventilator.

5.1.1.3. Whilst the second rescuer, locates the proper hand position over the victim's chest and prepares to act as the chest compressor

5.1.1.4. If no pulse is felt, the compressor gives chest compressions at the rate of 100-120/ min, counting "one" and, "two" and, "three " and, "four" and, "five".....

5.1.1.5. At the end of the 30th compression, a pause should be allowed for ventilation. The ventilator gives 2 ventilations.

5.1.1.6. Compression / ventilation cycle to be continued (30:2 ratio)

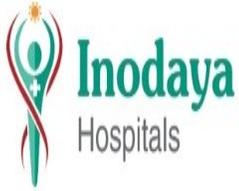
5.1.1.7. To allow assessment of return of circulation, and spontaneous breathing, chest compression and ventilation must be stopped for 5 sec; at the end of the 2 min and very few minutes thereafter.

5.2. When no CPR in progress

5.2.1. If no CPR in progress, and both rescuers arrive on the scene at the same time

5.2.1.1. One rescuer should ensure CPR is activated

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5.2.1.2. If this person leaves the area, the other should start one-man CPR

5.2.2. If both rescuers are available, one should

5.2.2.1. Determine unresponsiveness

5.2.2.2. Assess circulation. If there is no pulse, say “no pulse”.

5.2.3. The rescuer should go to the victim’s chest, to act as the compressor.

5.2.3.1. Locate the proper hand position

5.2.3.2. Start external chest compressions, after the first rescuer says ‘ no pulse’

5.2.3.3. While primary rescuer is doing chest compressions the second rescuer
Position the victim

5.2.3.4. Open airway

5.2.3.5. Assess breathing (look, listen, feel). If breathing is absent, give two rescue
breathes.

5.2.3.6. The ventilation / compression cycle should be continued (30:2ratio)

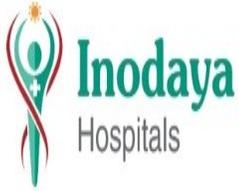
5.2.4. To determine if the victim regains spontaneous breathing and
circulation, chest compressions must be stopped for 5 sec; at the end of the
second min.

5.2.5. The rescuers should exchange positions every 2 mins

6. Switch Procedure: The rescuers should exchange their positions, at the end of the
2nd min i.e., after 5 cycles of 30:2 (compressions : ventilations)

6.1.1.1. Start external chest compressions, after the first rescuer says ‘ no pulse’

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6.1.1.2. While primary rescuer is doing chest compressions the second rescuer Position the victim

6.1.1.3. Open airway

6.1.1.4. Assess breathing (look, listen, feel). If breathing is absent, give two rescue breathes.

6.1.1.5. The ventilation / compression cycle should be continued (30:2ratio)

6.1.2. To determine if the victim regains spontaneous breathing and circulation, chest compressions must be stopped for 5 sec; at the end of the second min.

The rescuers should exchange positions every 2 min.

7. Monitoring The Victim: The victim's condition must be monitored to assess the effectiveness of the rescue effort. The ventilator responsible to check the pulse and breathing during the procedure, so as

7.1. To check the effectiveness of chest compression.

7.2. Determine if the victim regains his pulse.

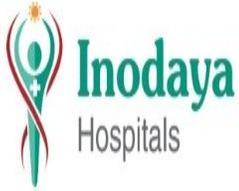
7.3. Stop compression for 5 sec. At the end of the second minute and every two minutes, to allow checking of the pulse.

7.4. WHEN TO CHECK FOR PULSE IN TWO MAN CPR: After the second minute(after 5 cycles of 30 compressions : 2 ventilations) i.e., when changing positions

7.5. FOR HOW LONG CPR CAN BE INTERRUPTED: Not more than 7-10 seconds.

7.6. WHAT DO I DO IF THE VICTIM BEGINS TO VOMIT: Turn the victim on his/ her left side, perform a finger sweep then continue CPR.

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7.7. WHAT SHOULD I DO IF THE VICTIM DEVELOPS GASTRIC DISTENSION: if slight distension, reposition the head, and continue CPR; if severe distension, turn the victim entirely on his/her side and apply a gentle pressure to the abdomen.

8. Complications Of CPR

- 8.1. Fractured ribs.
- 8.2. Puncturing the lungs.
- 8.3. Separation of the ribs from the sternum.
- 8.4. Laceration of the liver.
- 8.5. Bruising of the heart.

9. **Infant CPR:** Rescue methods differ according to age and size. Infant techniques are used on those from birth to 1 year of age child techniques are used on those from 1 year to 8 years of age.

9.1. **INFANT CPR:** If you find a motionless infant quickly check the scene for:

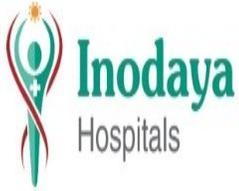
- 9.1.1. Dangerous hazards
- 9.1.2. Clues to what happened

9.2. **ASSESS RESPONSIVENESS**

- 9.2.1. Tap or gently shake the infant's shoulder or tap the sole of the foot.
- 9.2.2. If the infant responds then check from head to toe for other injuries, monitor vital signs and level of consciousness. Have the infant examined by a doctor
- 9.2.3. If no response then start CPR for 2 mins and then shout for help

9.3. SHOUT FOR HELP

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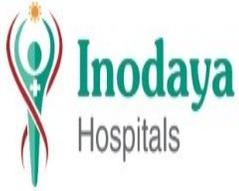
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- 9.3.1. Shout for help even if no one is in sight, someone may hear you and come to your assistance.
- 9.4. **TURN INFANT ONTO HIS HER BACK:** Infant CPR is best done with the infant lying on his / her back on a firm flat surface desk, floor and his her head on the same level as the heart or slightly lower than the heart.
- 9.5. Just below nipple line on breast bone**
- 9.5.1. Give 30 chest compressions with two fingers(1 rescuer CPR) or with both thumbs, encircling hands over chest(2 rescuer CPR)
- 9.5.1.1. Depth $1/3^{\text{rd}}$ to $1/2$ of anteroposterior of chest
- 9.5.1.2. Rate 100-120 / minute
- 9.5.1.3. Count one and two and
- 9.5.2. When compressing the chest bend from the hips not the knees
- 9.5.3. Do not remove the hand form the sternum between compressions.
- 9.6. **OPEN THE AIRWAY:** Use head tilt / chin lift procedure
- 9.6.1. Place the hand nearest the infants head on the infant's forehead and apply backward pressure to tilt the head back
- 9.6.2. Place the index finger of the other hand under the bony prominence of the chin and lift to slightly extend the neck. Do not press on the soft tissues under the jaw. Care should be taken not to over extend or under extend the neck, as this will cause decreased air entry or complete blockage.
- 9.6.3. If you suspect a neck injury then use the jaw thrust method, ie with both hands, one on each side of the face place your fingers behind the angel of the jaw and lift upward slightly opening the mouth as you do.

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9.7.CLEAR THE AIRWAY

9.7.1. If you see liquid or semi-liquid secretions wipe it out with either your secretions wipe it out with either your fingers or a soft cloth

9.7.2. If you see solid foreign bodies then remove it by scooping it out with your little finger.

9.8. **ASSESS THE BREATHING:** Maintain the head tilt / chin lift position and place your cheek and ear over the infant's nose and mouth for 3-5 seconds

9.9. If the infant is breathing, maintain open airway and monitor vital signs. If the infant is not breathing or breathing is inadequate then initiate rescue breathing.

9.10. INITIATE RESCUE BREATHING

9.10.1. Make a seal over the infant's mouth and nose with your mouth

9.10.2. Give 2 slow breaths lasting 1-1 ½ seconds each.

9.10.3. Turn your head to the side to watch the chest fall between breaths. You must take a fresh breath after each breath given

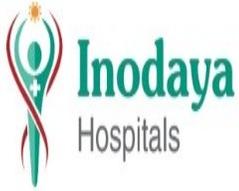
9.10.4. If the infant is so large that an airtight seal cannot be made over the nose and mouth, then pinch the nostrils together (as in an adult)

9.10.5. If there is no chest movement then the rescuer should check for airway patency by repositioning the head and increasing the volume of air delivered (blow a little harder)

9.11. CHECK PULSE: Maintain head tilt with the hand nearest the infant's forehead.

9.11.1. With the index and middle fingers of the other hand palpate the infant's brachial pulse- located midway between the elbow and the underarm on the inner aspect of the arm.

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9.11.2. Count the number of beats in 6 seconds and multiply by 10 (this gives the number of beats in 1 minute) e.g. 4 beats in 6 seconds = 40 / minute

9.11.3. If pulse and breathing present:

9.11.3.1. Maintain open airway

9.11.3.2. Monitor vital signs

9.11.4. If pulse and no breathing

9.11.4.1. Give rescue breaths at 40/ minute

9.11.4.2. Check pulse every 15-30 seconds

9.11.5. If no pulse or pulse is below 60/ minutes then commence cardiac compressions.

9.12. CALL FOR HELP

9.12.1. If no pulse, or pulse below 60 minute and no breathing start CPR and then call for help:

9.13. CHEST COMPRESSIONS

9.13.1. Keep the hand nearest the head on the infant's forehead to maintain head tilt.

9.13.2. Imagine a line connecting the nipples

9.13.3. Give 30 chest compressions with two fingers(1 rescuer CPR) or with both thumbs, encircling hands over chest(2 rescuer CPR)

9.13.3.1. Compression depth:1.5 to 2 inches inch

9.13.3.2. Compression rate 100-120 / minute

9.13.4. Do 30 compressions counting as you depress the sternum one two three four, five

9.13.5. Do not lift your hand off the chest between compressions. If you do then you must re-locate the landmark before continuing

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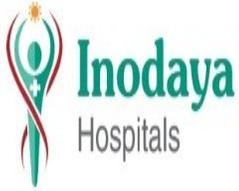
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9.13.6. Maintain head tilt all the time with the hand nearest the infant head on the infant forehead

9.13.7. Compression / ventilation ratio = 30:2

9.14. **RESCUE BREATHING:** After 30 compressions give 2 rescue breaths (1 rescuer CPR) , After 15 compressions give 2 rescue breaths(2 rescuer CPR)

9.15. **REPEAT COMPRESSION / VENTILATION CYCLE:** Continue CPR cycle for 2 mins then recheck the pulse

9.15.1. Continue process until:

9.15.1.1. Victim regains pulse and respirations cardiac arrest team arrives and you are told to stop

9.15.1.2. Another person trained in CPR arrives and can relieve you

9.16. RECHECK PULSE

9.16.1. Infant – brachial pulse

9.17. If another CPR trained person arrives:

9.17.1. Finish 5 compression : ventilation cycles then ask him her to take over

9.17.2. When he / she begins CPR he / she first checks the pulse for 6 seconds if the pulse is below 60 / minute he gives 30 compressions and continues 5 compression: ventilation cycles and re checks the pulse every 2 mins.

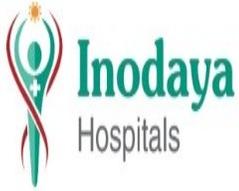
10. Child CPR: Child techniques are used on those from approximately 1-8 years of age (NB: size and weight must be taken into account.) If you find a motionless child check the scene for Dangerous hazards and Clues as to what happened

10.1. ASSESS RESPONSIVENESS

10.1.1. Tap or gently shake the child’s shoulder

10.1.2. Shout near the child’s ear are you OK

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10.2. **SHOUT FOR HELP:** Shout for help even if no one is in sight, someone may hear you and come to your assistance.

10.3. **ROLL CHILD ONTO HIS / HER BACK:** A firm flat surface is needed

10.3.1. Child is kept in supine position with the head on the same level as the heart

10.3.2. To place the rescuer's heel of one hand/two fingers on the breast bone below the nipple line

10.3.3. Give 30 chest compressions

10.3.3.1. Depth 1- 1 ½ inches

10.3.3.2. Rate 100-120 / minute

10.3.3.3. Count one and two and

10.3.4. When compressing the chest bend from the hips not the knees

10.3.5. Do not remove the hand form the sternum between compressions.

10.4. **OPEN THE AIRWAY:** Use head tilt / chin lift procedure

10.4.1. Place hand nearest child's head on the child's forehead and apply backward pressure to tilt the head back

10.4.2. Place the fingers of the other hand under the bony prominence of the chin and lift.

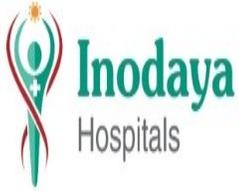
10.4.3. Place the fingers of the other hand under the bony prominence of the chin and lift.

10.4.4. Avoid pressure on soft tissues under the jaw

10.4.5. Tilt the head backward without closing the mouth

10.4.6. Do not use your thumb to lift the chin

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INODAYA Hospitals - Kakinada

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10.5. CLEAR THE AIRWAY

10.5.1. If you see liquid or semi-liquid secretions wipe it out with either your fingers or a soft cloth

10.5.2. If you see a solid foreign body then removes it by scooping it out with your little finger.

10.6. **ASSESS THE BREATHING:** Maintain the head tilt / chin lift position and place your cheek and ear over the child's nose and mouth for 3-5 seconds

10.7. **INITIATE RESCUE BREATHING: Maintain** head tilt / chin lift position with one hand on the child's forehead

10.7.1. Take a deep breath and seal your lips tightly around the child's mouth

10.7.2. Give 2 slow breaths, each lasting 1- 1 ½ seconds (you should take a breath after each breath given to the victim)

10.7.3. Turn your head towards the chest to watch the chest rise and fall between breaths

10.7.4. Allow for chest deflation between breaths

10.8. **CHECK PULSE:** Maintain head tilt / chin lift position with your hand on the child's forehead. Palpate the carotid pulse

10.8.1. Locate the Adam's apple with 2 fingers of the hand nearest the child's feet

10.8.2. Slide your fingers down into the groove of the neck on the side closest to you

10.8.3. feel the carotid pulse for 6 seconds and multiply the number of beats counted by 10 (this will give you the pulse for 1 minute)

10.8.4. If there is a pulse and no breathing is inadequate then give rescue breaths – 20 / minute

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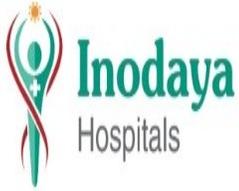
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10.8.5. if there is no pulse and no breathing then begin CPR

10.9. SHOUT FOR HELP

10.10. CHEST COMPRESSIONS

10.10.1. Use your fingers of the hand nearest the child's chest to slide up the rib cage edge to the notch at the end of the sternum

10.10.2. Place your middle finger on the notch and the index finger next to it

10.10.3. The heel of the same hand is placed next to the point where the index finger was located, with the long axis of the heel parallel to the sternum. The fingers should be held up off the ribs while the heel of the hand remains in contact with the sternum.

10.10.4. Keep the arm straight and the elbow locked

10.10.5. Give 30 chest compressions

10.10.5.1. Depth 1- 1 ½ inches

10.10.5.2. Rate 100-120 / minute

10.10.5.3. Count one and two and

10.10.6. When compressing the chest bend from the hips not the knees

10.10.7. Do not remove the hand from the sternum between compressions.

10.11. GIVE 1 SLOW RESCUE BREATH: See step number: 10.7 for procedure

10.12. REPEAT COMPRESSION / VENTILATION CYCLE

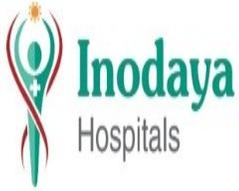
10.12.1. Ratio = 30 compressions : 2 ventilations

10.12.2. Repeat cycle 5 times then recheck pulse

10.12.3. IF pulse below 80 / minute then continue CPR repeating steps 10 and 11 Until :

10.12.3.1. Victim regains pulse and respirations

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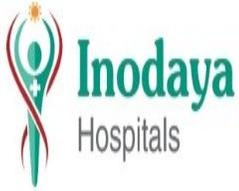
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Review Date: 04/09/2024

- 10.12.3.2. Cardiac arrest team arrives and you are told to stop
- 10.12.3.3. Another person trained in CPR arrives and can relieve you
- 10.12.3.4. If pulse is above 80 / minute then discontinue CPR and assess breathing.

Maneuver	Infant: 0-1 year	Child: 1-8 years
Airway	Head tilt / chin liftjaw thrust (if spine injury suspected)	Head tilt / chin liftjaw thrust (if spine injury suspected)
Breathing Initial Subsequent	2 breaths at 1-1½ sec breath 40 breaths / minute	2 breaths at 1- 1½ sec breath 20 breaths / minute
Circulation Pulse check Compression area Compression with Compression depts. Compression rate Ratio	Brachial 1 finger below inter-mammary line 2 fingers ½ -1 inch(upper 1/3 rd of chest) 100-120/ minute 15:2 (2 rescuers) 30:2(1 rescuer)	Carotid 2 fingers above sternal notch heel of 1 hand 1- 1 ½ inches(upper 1/3 rd of chest) 100-120 / minute 30:2
Foreign body airway obstruction	5 Back blows 5 Chest thrusts	Heimlich maneuver

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5. o Code blue team:

1. The code blue team is comprised of hospital wide teams – designated as code blue team members
2. The code blue comprises of consultants, junior residents, nursing staff members, housekeeping team members, security team members, supportive staff
3. The code blue is activated through a code blue activation protocol – by dialing “9”over the intercom
4. The code blue team members are trained in the basic life support protocols

6.o Post event analysis of code blue event:

1. Code blue events are analyzed by the analysis team comprising of consultants and anesthesiologists
2. All code blue events are discussed during the code blue meeting
3. Corrective actions are initiated based on the observation of the code blue protocol deficiencies

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