

# Resuscitation

## A Guide for Parents, Guardians and Carers

This booklet was designed to accompany your infant/child basic life support (BLS) life support training session. This teaching guideline is a general guide for use in conjunction with the information you have been given by a qualified healthcare professional.

Basic life support is the combination of manoeuvres and skills that provide recognition and management of an infant/child in cardiac arrest.

### S

Check that the area is **safe** for both you and the infant/child.  
The infant/child should be placed on their back, on a flat hard surface.

### S

Find out if the infant/child is responsive by gently **stimulating** them, by tugging their hair and speaking loudly to them.

### S

If there is no response **shout for help**.  
If a second person is available to help they should call 999 (state location and type of emergency), however if only one person is available the infant/child must not be left and further assessment/treatment commenced.

### A

**Open the airway** by pressing gently on the infant/child's forehead to tilt it up whilst using one or



Figure 1.

*Never* sweep your finger into the infant/child's mouth to relieve airway obstruction. Only remove a foreign body when it can be easily lifted from the infant/child's mouth. Sweeping your fingers may push something further back and make the situation worse.

### B

Next, check for **breathing** by:

- **Looking** at the chest for movement
- **Listening** over the mouth for breath sounds
- **Feeling** with your cheek for air

Do this for **up to** 10 seconds

The **infant's** head should be in a neutral position (fig. 2)

The **child's** head should be extended further into a sniffing position (fig. 3).



Figure 2.



Figure 3.

If the infant/child is not breathing, then while keeping the airway open give five rescue breaths.

### Rescue Breaths

For infants under one year old, place your mouth over the infant's mouth and nose. Blow gently until you see the chest rise (fig. 4).

For a child over one year old up to puberty, using the same hand that is placed on the head, pinch the nostrils with your thumb and index finger. Create a seal over the mouth with your mouth. Blow gently until you see his chest rise (fig. 5).



Figure 4.



Figure 5.

### C

Next look for **signs of life**. This should take **no more than** 10 seconds. This can include swallowing, coughing or regular breathing. Ignore occasional gasps as this is not normal breathing.

If there are no signs of life **or you are not sure** then always start chest compressions.

### Chest compressions

For an infant, place the tips of your first two fingers on the lower third of the breastbone and press down firmly. It is important to compress the chest by 4cm of its depth and release the pressure (fig. 6).

For a child over one years old up to puberty, place the heel of one hand over the lower third of the breastbone and press down firmly. It is important to compress the chest by 5cm of its depth and release the pressure (fig. 7).

Make sure you can feel the bony breastbone under your hands, it is important not to be too low on the chest. You may need to use both hands together to achieve the 5cm depth required.



Figure 6.



Figure 7.

Repeat compressions at a rate of 100-120 times per minute (2 per second).

After 30 compressions, open the airway as before and give a further two breaths.

Continue resuscitation alternating 30 compressions with 2 breaths.

If you are on your own, carry on resuscitation using a ratio of 30 compressions to 2 breaths (30:2) for a full minute before pausing to get help by dialling 999 for an ambulance.

Continue with BLS 30:2 until emergency help arrives

## Summary

- Ensure you are
  - Check for responsiveness by
  - If no response,
  - Open and check
  - Look, listen & feel for
  - If not breathing normally give
  - Check for signs of life(10 sec max) start
- If you are on your own, carry on resuscitation using a ratio of 30 compressions to 2 breaths for a full minute before pausing to get help by dialling 999 for an ambulance
  - Continue with BLS 30:2 until emergency help arrives.

**Safe**

**Stimulating**

**Shout for help**

**Airway**

**Breathing (10 sec max)**

**5 Rescue breaths**

**Chest compressions**

# Choking

An infant/child who is choking on a foreign body should be encouraged to continue to cough. Coughing is likely to be the most effective way to clear the obstruction.

If the coughing stops or becomes less effective e.g. unable to talk, quiet cough, the infant/child needs immediate assistance .

## Back blows for infants and children

Shout for help.

Sit on a chair or kneel on the floor. If the infant/child's size allows support the infant/child over your knee in the head downwards position.

Support the head with one hand while delivering **up to** five back blows with the heel of your other hand between their shoulder blades (fig. 8).



Figure 8.



Figure 9.

Older children who are too large to be placed over the knee should be encouraged to bend forwards while you support them with one arm in the centre of the chest, while delivering back blows from behind with the other hand (fig. 9).

If back blows do not relieve the obstruction the following should be attempted.

## Chest thrusts for infants

Turn the infant from their front onto their backs, keeping them head down. Support the infant with one arm down their back. Identify the lower third of the breastbone push downwards **up to** five times. These chest thrusts are sharper and slower than compressions (fig. 10).

Maintain this cycle of five back blows followed with 5 chest thrusts for as long as the infant is conscious. The aim is to try and dislodge the foreign body with each chest thrust rather than give all five. If the infant becomes unresponsive, place the infant on a firm flat surface and proceed with BLS.





Figure 10.



Figure 11.

### Abdominal thrusts for child

The child should be encouraged to lean forward with the adult behind. Both your arms should encircle their abdomen. Locate the umbilicus (tummy button) clench a fist and place just above the umbilicus, place your other hand on top and pull inwards and upwards sharply **up to** five times (fig. 11).

Maintain this cycle of five back blows followed with 5 abdominal thrusts for as long as the child is conscious. The aim is to try and dislodge the foreign body with each abdominal thrust rather than give all five. If the child becomes unresponsive, place the child on a firm flat surface and proceed with BLS.

If the infant/child expels the foreign body during these procedures it is recommended that the infant/child is assessed in the emergency department to exclude any internal injuries.

### Contact:

Adapted from Resuscitation Council (UK) guidelines (2015)  
 Leaflet reviewed and updated 2018  
 Further information can be found at:  
[www.nhs.uk/Conditions/Accidents-and-first-aid/Pages/CPR.aspx](http://www.nhs.uk/Conditions/Accidents-and-first-aid/Pages/CPR.aspx)

### Interpretation and Translation

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing in patient, staff will arrange interpreting support for you in advance of this procedure. This leaflet may be made available in a larger print, Braille or your community language.

