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Cpr meaning medical

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As with BLS adult recommendations, AHA 2010 guidelines revised the initial RCP sequence of ABC steps (respiratory, respiration, compressions) to CAB (compressions, ath-sections , breath). [50] This was repeated in mudanÅsa atualizaÅsÅ the f 2020, which refers to "could be razoÅvel to start the CPR compressÅques aÅ various areas © © s-breathing atravÅ of aÅ © various areas respiratÅrias-compressÅques . " [43] AHA guidelines of 2020 also recommend that (1) lay rescuers must begin CPR for any vineyard that does not respond, without breathing normally, and there are no signs of life; did not check the pulse and (2) in infants and children without signs of life, is reasonable for health professionals to verify if there is a pulse by up to 10 seconds and starting the compressions unless A definitive pulse is felt. [43] For lay rescuers Step 1. Make sure the scene is safe. Check to see if the person is awake and breathing normally. Step 2. If you do not, scream for help. If you are alone and have a cell phone, call the 911, then perform the RCP (30 compressions: 2 breaths) for 5 cycles (approximately 2 minutes), then get a DEA. If you are alone and have no cell phone, perform the RCP (30 compressions: 2 breaths) for 5 cycles (approximately 2 minutes), then get a DEA. If two or more people are available to help, a person calls 911 and then receives a dae, while the other person performs CPR (30 compressions: 2 breaths). Step 3. Repeat Cycles of RCP (30 compressions: 2 breaths); I use AED as soon as it arrives. For individual health professionals on stage step 1. Make sure the scene is safe. Check to see if the person is awake and breathing normally. Step 2. If you do not, scream for help. Active 911. Step 3. Look for no breathtaking or single breath and (simultaneously) to check a pulse defined within 10 seconds. 3B. Whether pulse and normal breath, monitor until ems arrives. 3C. If pulse but Breathing- normal f NO: Provide Breathing- f artificial, into a ventilaÅsÅ the f every 2-3 seconds, or about 20-30 respiraÅsÅques / min. Evaluate the pulse rate for no more than 10 seconds. If the cardboard frequency is less than 60 beats / min, with poor perfusion signals, start the RCP. Otherwise, continue the artificial breath to a respiration every 2-3 seconds, or about 20-30 respirations / min. Check the impulse again every 2 minutes. 3d. If no pulse or Breathing- f normal and sÅbito witnessed collapse, call 911, then go get an AED, then use the AED and perform CPR (30 compressÅques: 2 respiraÅsÅques). 3e. If no pulse and did not witness sudden collapse: if you are alone: perform the RCP (30 compressions: 2 breaths) for 5 cycles (approximately 2 minutes), then call the 911 and go get a DEA. If two or more people are available to help, a person calls 911 and then receives a dae, while the other person performs CPR (30 compressions: 2 breaths). Step 4. Use DEA as soon as it is available. If the shock is advisable, give a shock. Resume CPR immediately for 2 minutes (until requested by the AED to allow cardiac rhythm verification). Continue to SAV assume or the person starts to move. For two or more health professionals in the scene step 1. Make sure the scene is safe. Check to see if the person is awake and breathing normally. Step 2. If you do not, scream for help. Step 3. A person calls 911 and then receives a dae, while the other person looks at no breathtaking or single and (simultaneously) verifies the existence of a defined push within 10 seconds. 3B. Whether pulse and normal breath, monitor until ems arrives. 3C. Pulse but normal respiration in: provide artificial respiration, in a ventilation every 2-3 seconds, or of 20-30 respirations / min. Evaluate the pulse rate for no more than 10 seconds. If the cardboard frequency is less than 60 beats / min, with poor perfusion signals, start the RCP. Otherwise, continue the artificial breath to a respiration every 2-3 seconds, or about 20-30 respirations / min. Check the impulse again every 2 minutes. 3d. If no pulse or normal respiration, start the RCP. The first rescuer performs cycles of 30 compressions and 2 breaths. When the second returners returns, the two cycles of 15 perform compressions and 2 breaths. Use the DEA as soon as it is available. Step 4. Use DEA as soon as it is available. Use AED as as how it is available. If the shock is advisable, give a shock. Resume CPR immediately for 2 minutes (until requested by the AED to allow cardiac rhythm verification). Continue to SAV assume or the person starts to move. Step 1: Start CPR. Start the ventilation with bag-mascara and give oxygen. Attach monitor / defibrillator. Step 2a: If vf / pvt, apply the shock. Step 2B: If PEA / Assestole, epinephrine give as quickly as possible and go to step 8 (below). Step 3. Continue RCP for 2 min (5 cycles). Establish IV (preferred) or access. Step 4a. If VF / PVT deliver shock. Step 4b: If PEA / Assistolia, give adrenaline as fast as possible and go to step 8 (below). Step 5. Continue RCP for 2 min (5 cycles). Epinephrine dwell every 3-5 minutes. Consider advanced placement of the airways. Step 6a. If vf / pvt, apply the shock. Step 6b: If PEA / Assestole, epinephrine give as quickly as possible and go to step 8 (below). Step 7. Continue RCP for 2 min (5 cycles). Continue epinephrine every 3-5 minutes. Amiodarona give (or lidocaína). Reversible causes treat. Go to step 4 (above). Step 8. Continue RCP for 2 min (5 cycles). Establish IV (preferred) or access. Continue epinephrine every 3-5 minutes. Consider via ath advanced reaction and capnography. Step 9a. If vf / pvt, go to step 6a (on top) (deliver shock). Step 9B: If PEA / Assestole, continue the RCP for 2 min (5 cycles). Reversible causes treat. Step 10a. If vf / pvt, go to step 6a (on top) (deliver shock). Step 10B: If PEA / Assestole, go to step 8 (above). If the RCE signals are noted, go to posta cardiac arrest care the following are considered essential elements of high quality RCP: compression rate of 100-120 / min compression depth of at least a third-rear-rear-meter-meter tone (approximately 4 cm of child to 5 inches in children); For adolescents, the adult compression depth of at least 5 cm, but no more than 6 cm. Retreat full chest After each compression minimized interruptions in excessive ventilation avoidance compressions as with BLS, algorithms are an essential component of advanced pediatric support of life (PALS) and are Designed for simplifying and recognition and treatment of conditions that threaten the acceleration life. On the contrary of BLS. Pals usually involves a coordinated team of trained rescuers who are capable of starting various processes simultaneously. The table below summarizes the AHA PALS algorithm for VF or PVT [49]: Call for aid and activate the emergency response of high quality CPR and give oxygen Connect an ECG monitor and defibrillator establish vascular access; Initially, the attempted peripheral access IV is acceptable, but only for a short period of time, limiting; If a peripheral venous access can not be quickly established, then an IO line must be placed by a trained professional since the child is connected to the monitor or AED, the pace should be analyzed and determined Be passenger to shock or nonshockable. Shock rhythms include ventricular tachycardia without pulse or ventricular fibrile. Nonshockable rhythms include element without pulse or assistole. If the rhythm indicates ventricular tachycardia or ventricular fibrilation, then it is a rhythm and rated intervention a f œ

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