

Saving Lives In Chatham County, Inc.

2015 Class Video Summary

SUMMARY

You've learned a lot in a few minutes. When you get home, please view the entire class video. (www.slicc.org - then click on "For Past Trainees" in left column.) Then write down a list of who is most likely to be there, should you have a sudden cardiac arrest. The people on that list are the people you need to train. Nothing cements your skills as much as teaching others does, plus it will make you safer, because you cannot pump your own chest.

CPR

So let's now review one more time what we've learned today:

1. If it isn't safe, don't do it.
2. If a person becomes non-responsive, call 911 (or other emergency number) [Exception: small child – 5 cycles of 30 compressions & 2 breaths first, then call 911]
3. If that non-responsive person isn't breathing normally,
 - a. Place on back, on hard, flat surface, with head tilted back to open airway.
 - b. Compress chest at least 2 inches deep, 100 times per minute
4. Never hit or push on the Xiphoid Process – the 'thingy' at the bottom of the breastbone.
5. "Compressions-only" for witnessed adult arrest. 30 compressions & 2 breaths for all others, unless you don't feel safe doing the mouth-to-mouth part on the victim or you cannot get the chest to rise.

AED

Pads go on dry, not-hairy skin in positions shown on pad envelopes.

Pads do not go over medi-port or implanted pacemaker / defibrillator.

The AED is your boss. Don't interrupt the chest compressions unless the AED tells you to.

Never hesitate to use the AED. It won't deliver a shock unless it's needed.

CHOKING

If a person says, "I am choking," they are not choking. A person who can move enough air to speak can breathe.

- If still conscious, say, "Stand up – I can help you. Hold your arms out in front of you."
 - Standing up in response to your order is consent.
 - Fist (thumb outside) flat part on naval, upward thrusts, don't hit Xiphoid Process
 - Use chest cavity if you can't reach around the belly or if victim pregnant; over/under approach for large-breasted victims.
- If refuses, wait until they pass out – try to ease them to the ground, but don't get hurt.
- If not conscious, CPR is the answer.
 - Look in mouth when tilting head to sniffing position.
 - If you see obstruction and can remove it, do so.
 - Never reach into mouth of conscious person.
 - No blind sweeps.

STROKES

Strokes require rapid action. Get victim to hospital in ambulance asap, even if symptoms go away. Get a deficit baseline using the Cincinnati Pre-Hospital Stroke Screen. Have the patient: • Smile broadly enough to show teeth. Look to see if one side of mouth droops; • Have victim close eyes, and raise both hands, palm up. Look for left-right differences. • Ask victim to say, "You can't teach an old dog new tricks.") Listen for wrong words, confusion, slurring. No aspirin for suspected stroke patients. Document name and cell phone number of the person who last saw the patient in an OK state – and when that was. This information will be crucial at the hospital.

QUESTIONS

Don't hesitate to send your questions to info@SLICC.org