Airway + Breathing disorders, CPR notes

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Basic Vital signs:

- RESPOND = consciousness
- A+B breathing
- C circulation

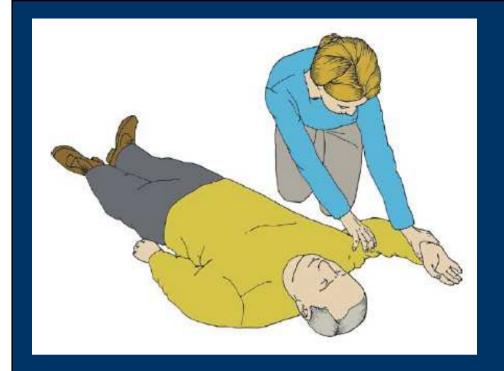
Primary Survey = 20s

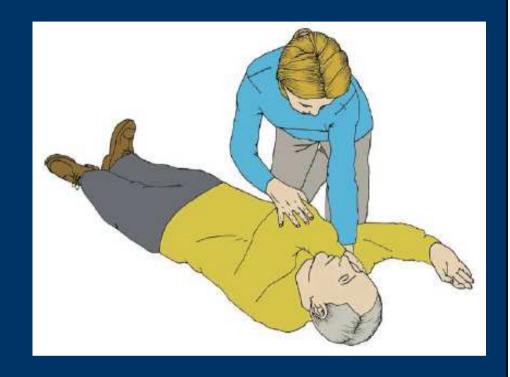
Recovery position

- several variations
- stable, near a true lateral position with the head dependent,
- with no pressure on the chest to impair breathing

I: coma + spontaneous breathing KI: back injury

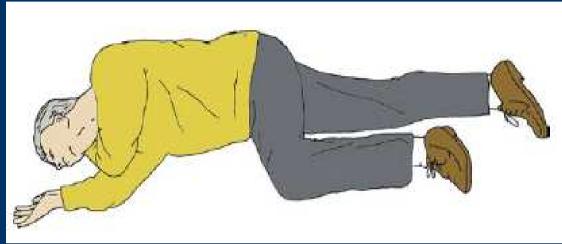
KEY: check for breathing





- Remove the victim's spectacles.
- Kneel beside the victim and make sure that both legs are straight.
- Place the arm nearest to you out at right angles to the body, elbow bent with the hand palm uppermost
- Bring the far arm across the chest, and hold the back of the hand against the victim's cheek nearest to you





- With your other hand, grasp the far leg just above the knee and pull it up, keeping the foot on the ground.
- Keeping his hand pressed against his cheek, pull on the far leg to roll the victim towards you onto his side.
- Adjust the upper leg so that both hip and knee are bent at right angles.
- Tilt the head back to make sure the airway remains open.

Choking Conscious Adult

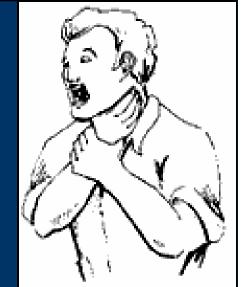
- uncommon but potentially treatable
- less than 1% of these incidents are fatal

When?

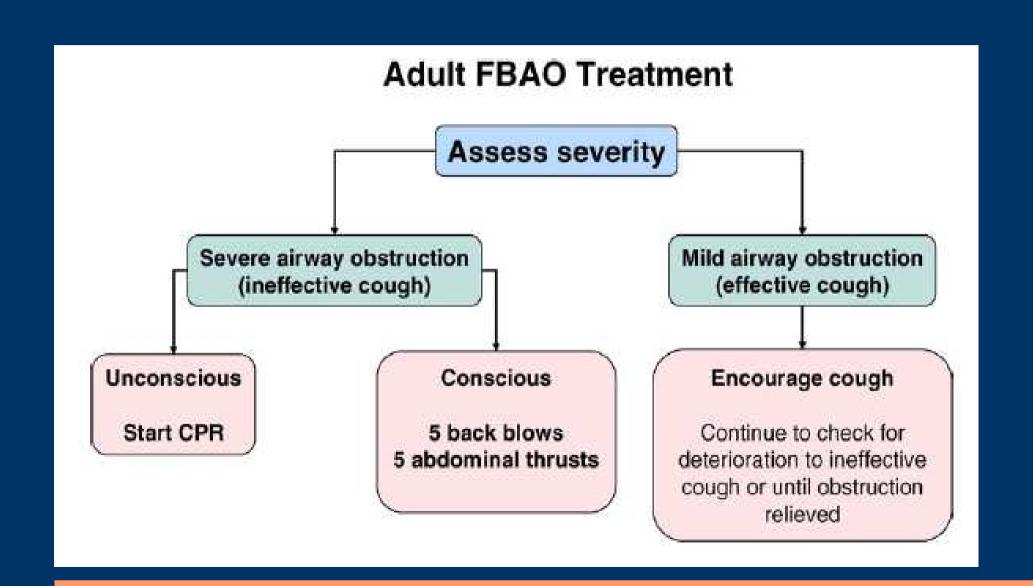
- while eating
- while playing (coins, toys)

NOTE: narrowest place of airway:

glotis / subglotic space



First aid:

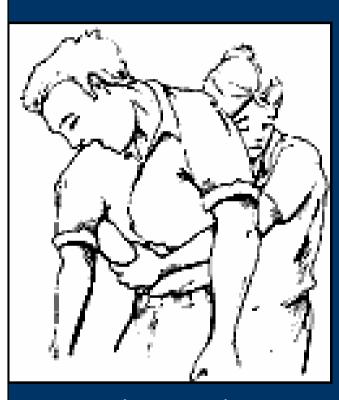


Forein-Body Airway Obstruction

- relief FBAO = life saving procedure
- safe, effective, simple

- Cough and bend forwards
- Back blows/slaps
- Abdominal thrusts = (Heimlich Maneuver)
- Chest thrusts
- often you will need more than 1 procedure to clean airway

Heimlich man. = abdomen thrust





chest thrust may be used for markedly obese persons or in late stages of pregnancy

Back blows

bend forwards

- Stand to the side and slightly behind the victim.
- Support the chest with one hand and lean the victim well **forwards** so that when the obstructing object is dislodged it comes out of the mouth rather than goes further down the airway.
- Give up to five sharp blows between the shoulder blades with the heel of your other

hand

Following successful treatment:

Victims with a persistent cough, difficulty swallowing or the sensation of an object being still stuck in the throat should be examined

- Abdominal thrusts can cause serious internal injuries
- all victims treated with abdominal thrusts should be examined for injury by a doctor

Clear airway if necessary during coma

- with the casualty supported on the side, tilt the head backwards and slightly down.
- Open the mouth and clear any foreign object.
 Only remove dentures if loose or broken.
- Use your 2 fingers only if you see solid material in the mouth
- Do not push fingers where you can not see

Guedel airway Oro-Pharyngeal Ai



+ airway obstruction with tongue

Correct size OPA:

• distance angle of mouth --- ear

Risk in mild unconsciousness:

vomitus + aspiration



Naso-Pharyngeal Airway (trumpet)



Correct size of NPA:

distance nostril --- ear

Risk:

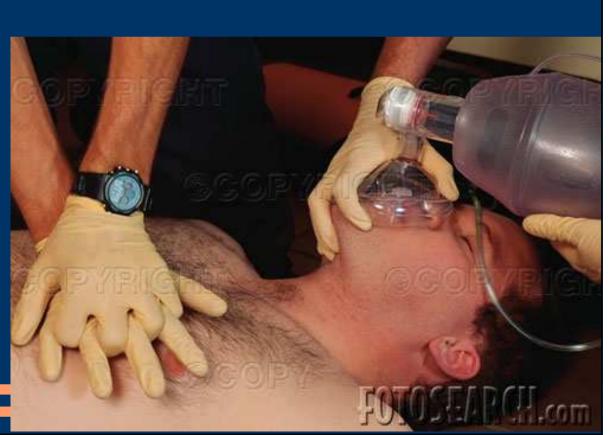
bleeding from nasal cavity

• Use of lubricant is essential

Face mask ventilation

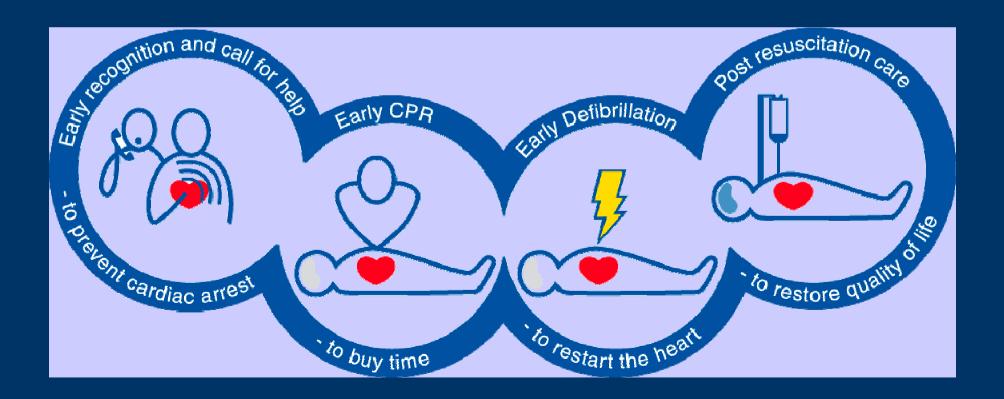
Positive pressure ventilation by bag-valve mask

- correct volume = movement of chest
- f 10/min
- 100% O2
- 1 hand hold:
 - inch + index f.
 - 3 ff. chin
- 2 hands



Chain of survival

• to impove outcome after cardiac arrest



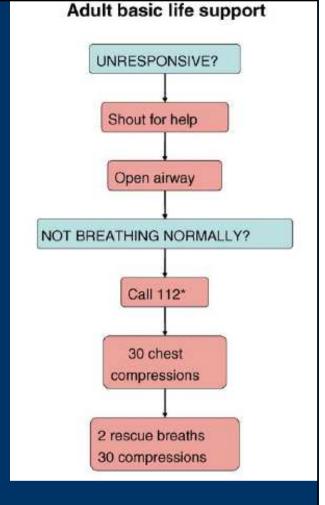
BLS

When to start BLS:

 allways when victim is unconsciousness, no breath, no circulation

When not to start:

- end stage disease, no prognosis
- trauma with no hope for life (decapitation)
- signs (indication) of death (patch)
- time factor (15 30 minutes from stop of circulation)



When ...

When stop CPR:

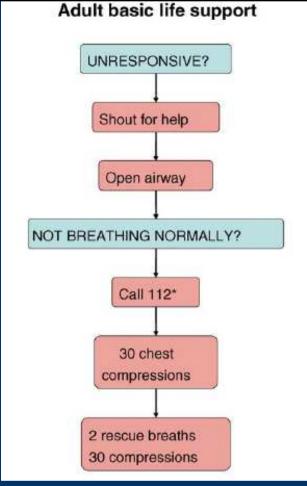
- restoring vital functions
- ER takes care of victim
- no power to continue with CPR
- new danger

Precordial thump

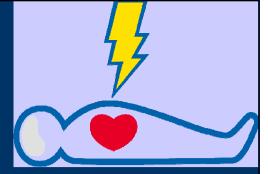
Not part of BLS reserved:

witnessed cardiac arrest when no defibrillator is immediately available

if done in first 20s
25% regain cardiac function



Defibrilation

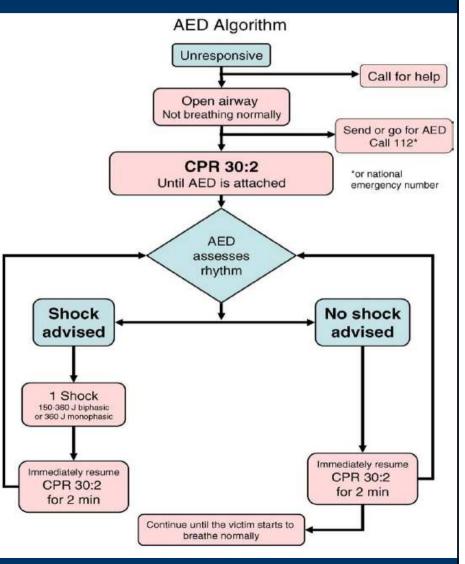


in Czech provided by ER

• continue with CPR

Attach AED

Follow voice prompts

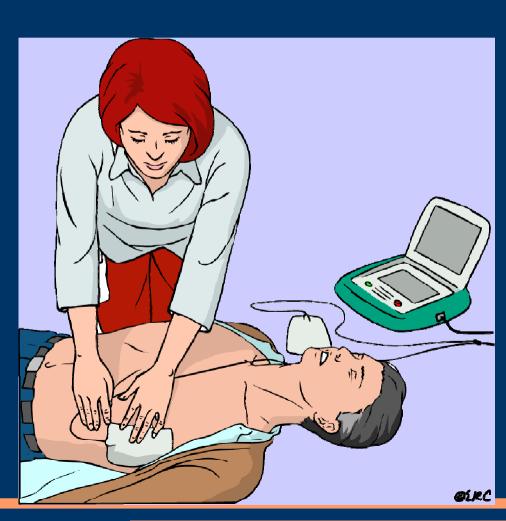


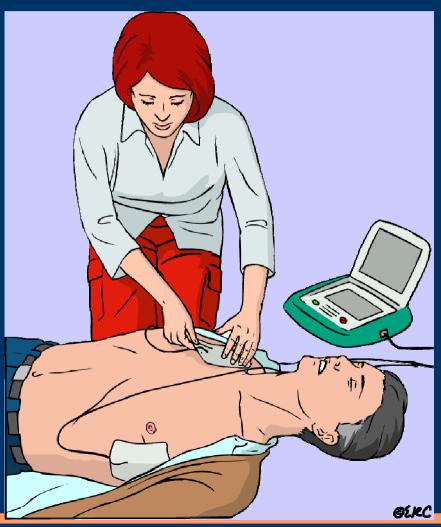
Start of AED

• Some AEDs will automatically switch themselves on when the lid is opened

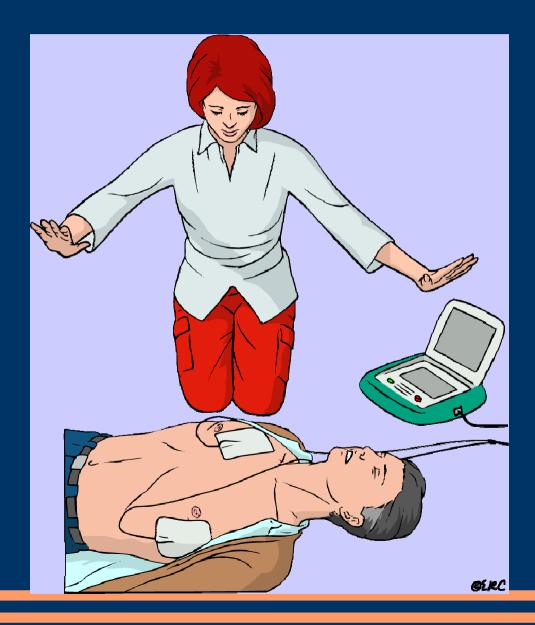


ATTACH PADS TO CASUALTY'S BARE CHEST

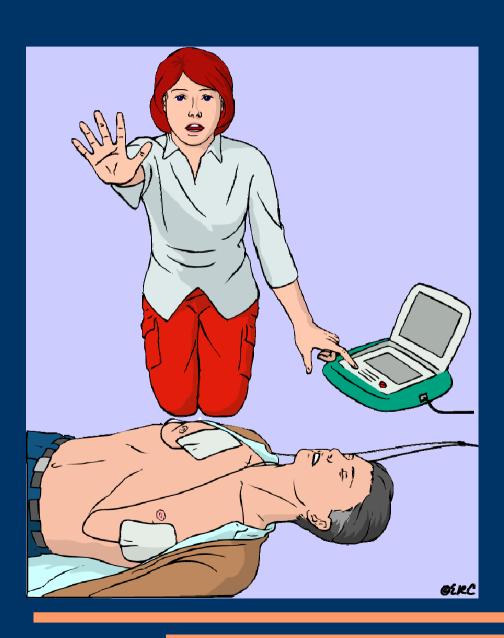




ANALYSING RHYTHM DO NOT TOUCH VICTIM

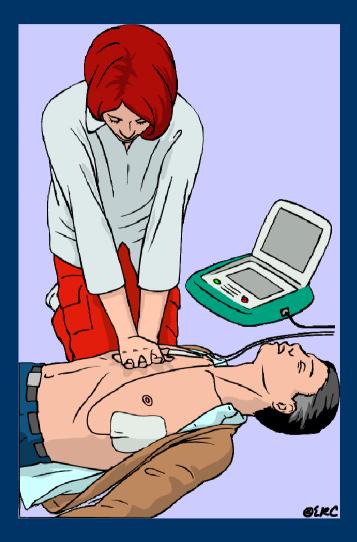


SHOCK INDICATED



- Stand clear
- Deliver shock

SHOCK DELIVERED FOLLOW AED INSTRUCTIONS





30 : 2

NO SHOCK ADVISED FOLLOW AED INSTRUCTIONS





30 :