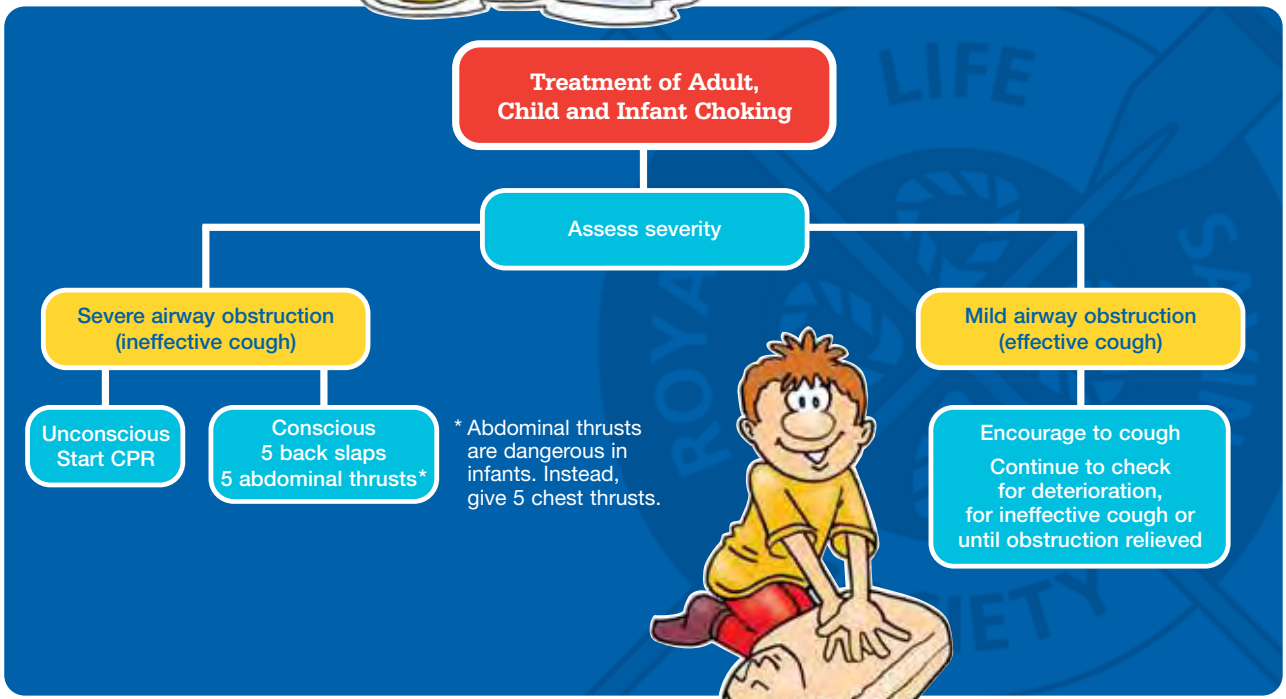
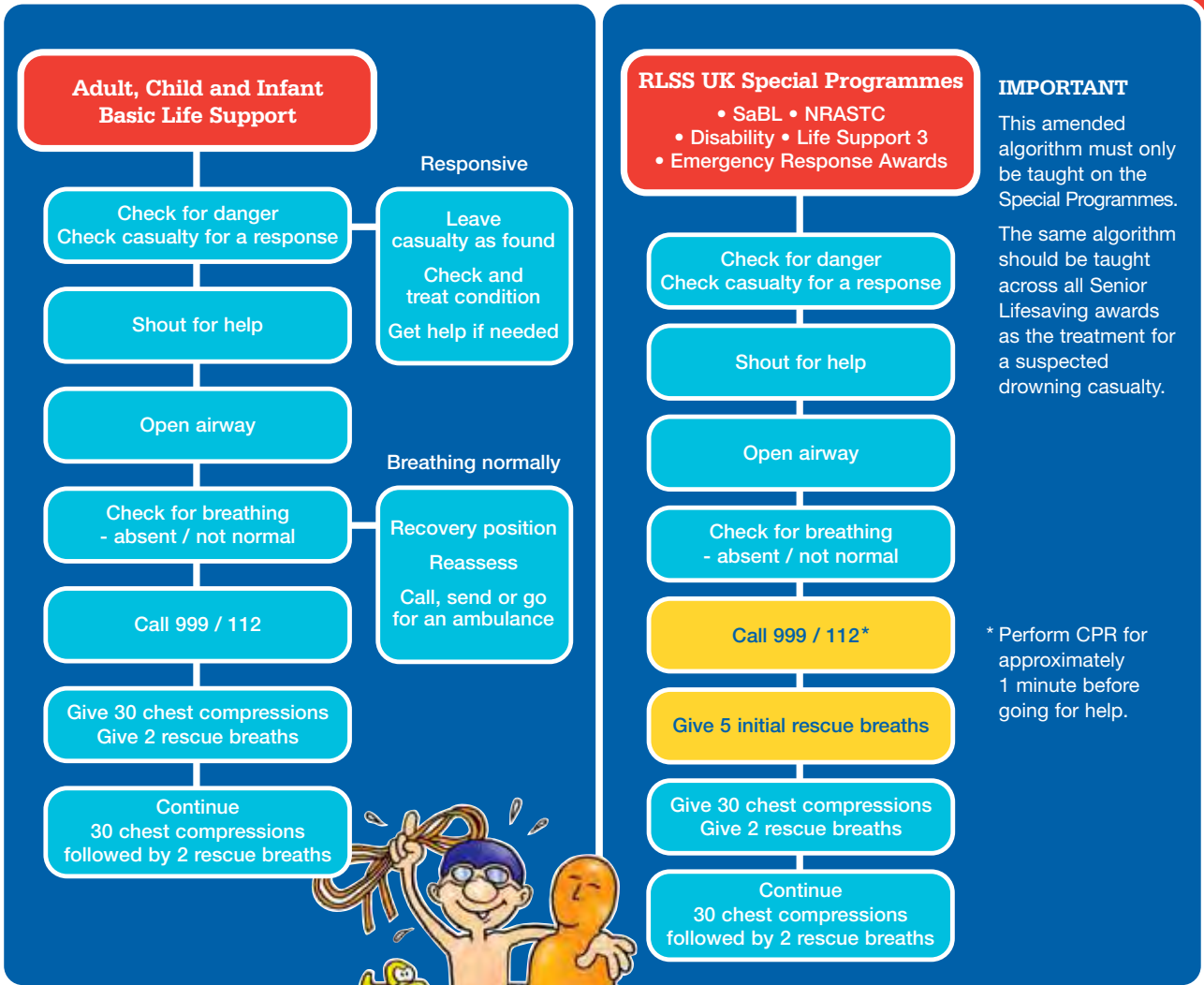


# Frequently Asked Questions



although a wheeze may be present in asthma and related conditions.

In the first few minutes after cardiac arrest, a casualty may be barely breathing, or taking infrequent, noisy, gasps. This is NOT normal breathing. If in any doubt, assume that the breathing is NOT normal and start CPR.

**Within the RLSS UK Special Programmes (Life Support 3, NRASTC, Save a Baby's Life and Emergency Response Awards) why are we giving 5 rescue breaths for children and infants before starting CPR?**

It is rare for an infant's or a child's heart to stop unexpectedly (cardiac arrest). Problems with the airway and breathing, however, are far more common and, if not treated rapidly and correctly, may lead to cardiac arrest due to lack of oxygen in the blood. Therefore, particular attention must be given to obtaining a clear airway and getting oxygen into the lungs before starting chest compression.

**Why do we now go for help on all adult casualties as soon as there is no regular breathing?**

It can be difficult for a layperson to determine whether cardiorespiratory arrest has been caused by trauma or intoxication. These victims should, therefore, be managed according to the standard protocol by summoning help after determining there is no normal breathing.

**Does the operator have to count 1 to 30 or can they improvise?**

Some people find it helpful to count, aloud or to themselves, whilst are giving chest compressions. By counting '1 and - 2 and - 3 and...-13 - 14 -15 ...30' they can ensure that they give the right number of compressions in a sequence, and at the right speed. This is seen as good practice.

**The choking algorithm looks much simpler than before but are there any differences for infants?**

Because of the dangers of performing abdominal thrusts on infant, these are replaced with chest thrusts (as in previous versions of Life Support). Otherwise the algorithms are the same.

**If a choking casualty falls unconscious when should you send for an ambulance?**

**LIFESAVERS:** An ambulance should be called as soon as the casualty falls unconscious, then start CPR 30:2.

**DUTY TO RESPOND:** For an adult an ambulance should be called straight away then start CPR at 30:2.

For children & infants call for help, if you are alone perform CPR for one minute

before going for an ambulance. Start CPR with 5 initial breaths then 30:2.

**Why are we doing 5 initial rescue breaths for a drowning casualty when as Lifesavers we are considered to be "lay-responders"?**

This is because of our aquatic history. Starting CPR with 5 initial breaths has been documented to improve the outcome for the suspected drowning casualty. NB This is only tested practically in the Distinction, but may be a theory question in other awards. (P27 Life Support)

**How do I ensure basic hygiene during the 2 person CPR test in Life Support 3?**

The candidate will perform mouth to mouth CPR, when the assistant arrives they should deliver mouth to mask CPR.



**What are the basic differences that the Lifesaver should be taught for infant and child CPR?**

**LIFESAVERS:** Candidates for Lifesaving should be taught that during chest compressions they should compress to one third the depth of the chest for both child and infant casualty. Rescue breaths for a baby should be able to use the mouth to mouth and nose technique.

**DUTY TO RESPOND:** In addition to the guidance for Lifesavers. Staff with a duty to respond should be taught to start CPR with 5 initial rescue breaths. They should be taught one handed and two finger adaptations and also that when alone to perform CPR for 1 minute before going for an ambulance.

**Why are we teaching adapted CPR for the Save a Baby course?**

Parents and guardians are judged as people with a duty to respond. They are only taught the adapted algorithm to ensure we are not overloading them with information.

**Do we give rescue breaths in water before landing a casualty?**

If you are waiting for help from a bystander or lifeguard to land the casualty, give rescue breaths. As soon as help is available, land the casualty and start CPR if necessary.