

Kittitas County Prehospital Protocols: High Performance CPR Guidelines
Reference Tool by Age Group for Resuscitation Interventions (Revised 2024)

CPR/Rescue Breathing Maneuver	Adult and Older Child (Adolescent and older)	Child (1 year to adolescent)	Infant (<1 y old)	Newly Born (28 days neonate)
Based on 911 activation		Kittitas County Prehospital High Performance CPR Guidelines		
CIRCULATION: Initial pulse check only & if movement (< 10 seconds)	Simultaneously check pulse/obvious signs of life/breathing Carotid (Can use femoral in child)		Same Brachial or femoral	Umbilical/Stethoscope
Compression landmarks Minimize interruptions	Between nipples, just below nipple line (lower ½ sternum)		Just below nipple line	Lower half of sternum (1 finger width below intermammary line)
Compression method Push hard and fast Allow complete recoil every time	2 Hands: Heel of one hand, other hand on top, lock fingers	2 Hands: Heel of one hand, other hand on top, lock fingers 1 Hand: Heel of 1 hand	1 or 2 rescuers: 2 fingers or 2 thumb-encircling hands	2 fingers or 2 thumb-encircling hands for 1-2-rescuer trained providers
Compression depth Minimize interruptions	2-2.4in (5-6 cm) depth	At least 1/3 diam. of chest 2 in (5-6 cm) depth	At least 1/3 diam. of chest 1½ in. depth (4 cm)	≈1/3 the depth of the chest for newly born
Compression rate Minimize interruptions	100-120/min (Each set of 30 compressions should take approximately 15-18 seconds)			≈ 120 events/min (90 compressions/30 breaths)
Compression: ventilation ratio Don't stop compressions for ventilations unless cause	10:1 (2 rescuers) 30:2 (1 rescuer)	15:2 (2 rescuers) 30:2 (1 rescuer)		3:1 (1 or 2 rescuers) stop to ventilate
AED - Continue compressions while pads are applied and while AED is charging (~15 secs = 30 CC) AED ASAP	Use AED ASAP , adult pads. Do not use child pads/child system. (same witnessed or unwitnessed)	Use AED ASAP . Use pediatric pads/ system for 1-8 years. If not available, use adult pads.	Manual defib is preferred. If PM not available, AED w/ped pads/system ASAP. If neither, use adult pads	N/A
AIRWAY Minimize CC interruptions. Stop CC 1st ventilation only.	Jaw Thrust to open airway whenever possible with 2 rescuers, especially trauma patients. (If jaw thrust not successful, head tilt-chin lift)		Appropriate inline position. Padding under shoulders may be helpful if available.	
Breaths/Ventilations: Adult is same for secured or unsecured airway (10:1) Ventilate on recoil/decompress unless advanced airway. Do not hyperventilate! Stop CC 1st ventilation only.	1 breath ~ 1 second (Start with compressions followed by 1 breath every 6 secs. /10 compressions) DO NOT OVER VENTILATE Stop ventilation once you see chest rise or per manometer .	2 breaths at 1 second/breath (Start with compressions followed by 2 breaths) DO NOT OVER VENTILATE Stop ventilation once you see chest rise or per manometer . Pediatric with advanced airway: 8-10 breaths/min. (approx. 1 breath every 6 seconds)		1 second/breath 30 to 60 breaths/min (approx.) Stop w/chest rise (stop to ventilate w/o advanced airway)
Rescue breathing w/o chest compressions when pulse present: Avoid excessive ventilations.	8-10 breaths/min. (Approximately 1 breath every 6 seconds)	20-30 breaths/min. (Approximately 1 breath every 2-3 seconds)		
Foreign-body airway obstruction (No <u>blind</u> finger sweeps on any patient.)	Conscious Pts. -- Abdominal thrusts (standing or sitting) UnConscious Pts. -- CPR w/FBAO check before ventilate		C – 5 Back slaps and 5 chest thrusts UC -- CPR w/FBAO ✓	C – 5 Back slaps and 5 chest thrusts UC -- CPR w/FBAO ✓