



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### CARDIO-PULMONARY RESUSCITATION (CPR)

**Effective Date:** August 30, 2019

**Policy:** PH-15

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- I. PURPOSE:** To ensure persons receive an appropriate and timely response to clinical emergency situations based on best practice recommendations.
- II. POLICY:** Cardio-Pulmonary Resuscitation (CPR) will be performed following guidelines and requirements of the American Heart Association (AHA).
- III. DEFINITIONS:**
  - A. CPR:** An emergency first aid procedure which consists of immediate recognition of cardiac arrest, activation of the emergency response system, providing artificial circulation by means of external cardiac compressions, opening and maintaining a patent airway, providing artificial ventilation by means of rescue breathing, and rapid defibrillation if indicated.
  - B. CAB:** An acronym used in **CPR** training which stands for **C**ompressions, **A**irway, **B**reathing and is taught on AHA **CPR** courses. The **CAB** acronym is designed to emphasize the importance of quality chest compressions over the delivery of rescue breaths.
  - C. Rescue Breathing:** A technique used to **resuscitate a person who has stopped breathing**, in which the rescuer forces air into the victim's lungs at intervals of several seconds, usually by exhaling into the victim's mouth or nose or into a mask fitted over the victim's mouth.
- IV. RESPONSIBILITIES:**
  - A.** Staff Development will train all newly hired employees during their orientation period and provide renewal training every two years in accordance with AHA requirements. Licensed Nursing staff and medical staff will be certified in Basic Life Support (BLS) for Healthcare Providers and all other hospital staff will be certified in Heartsaver ® CPR AED.
- V. PROCEDURE:**
  - A. CAB: C=hest compressions, A=irway, B=reathing.**
    1. Check person for responsiveness. Tap and shout, "Are you O.K." If person is not responsive, immediately call loudly for help and direct the first responder to

activate the emergency response system by dialing 7440. Remain with the individual. If you are alone, activate emergency response system, and return to the patient.

2. Check the carotid pulse for 5-10 seconds for BLS. Heartsaver® providers look for no breathing or only gasping. If there is a pulse, see rescue breathing. If there is no pulse or the person is not breathing or only gasping, begin CPR as outlined below (a firm surface is required to perform CPR. Move victim to floor if necessary).
    - a. Locate hand position on the chest (locate the notch at the lower end of the victim's breastbone where the lower ribs meet the breastbone). Place the heel of your hand above this notch; place other hand directly on top of it. Perform 30 compressions, pushing hard and fast at a rate between 100-120 compressions per minute with a depth of at least two inches. Allow complete chest recoil after each compression and minimize interruptions to chest compressions (limit to <10 seconds if possible). Count compressions aloud.
    - b. Open the airway using the head tilt-chin lift maneuver. Place one hand on the victim's forehead and push with your palm to tilt the head back. Place the fingers of the other hand under the bony part of the lower jaw near the chin. Give two short, quick breaths (1 second each). If there are at least two rescuers the second person will give these breaths.
    - c. Repeat 30 compressions and 2 breaths until help and AED arrives. If there are at least two rescuers, switch duties every 5 cycles, or about every two minutes, taking < 5 seconds to switch.
    - d. Continue CPR until one of the following conditions occurs:
      - i. The victim begins breathing on their own.
      - ii. Another trained rescuer takes over for you.
      - iii. EMS personnel arrive and take over for you.
      - iv. The scene becomes unsafe for you.
      - v. A physician assumes responsibility.
      - vi. You are too exhausted to continue.
- B. **RESCUE BREATHING:** Rescue breathing is provided in a situation where a victim is not breathing, but does have a pulse. If rescue breathing is not started immediately, the heart will soon quit beating and cause hypoxic injury to the brain.
1. Open the airway by using the head tilt-chin lift maneuver. Give one breath every five to six seconds (about 10-12 breaths per minute giving each breath over 1 second resulting in visible chest rise).

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2. Check the carotid pulse for 5-10 seconds about every two minutes. If there is no pulse, begin CPR (outlined above). If there is a pulse, continue RESCUE BREATHING.
3. Continue RESCUE BREATHING until one of the following conditions occurs:
  - a. The victim begins breathing on their own.
  - b. Another trained rescuer takes over for you.
  - c. EMS personnel arrive and take over for you.
  - d. The scene becomes unsafe for you.
  - e. A physician assumes responsibility.
  - f. You are too exhausted to continue.

**VI. REFERENCES:** American Heart Association.

**VII. COLLABORATED WITH:** Hospital Administrator; Medical Director; Director of Nursing; Staff Development Coordinator.

**VIII. RESCISSIONS:** None, new policy.

**IX. DISTRIBUTION:** All hospital policy manuals.

**X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

**XI. FOLLOW-UP RESPONSIBILITY:** Director of Nursing.

**XII. ATTACHMENTS:** None.

Signatures:

Kyle Fouts  
Hospital Administrator (I)

Thomas Gray, M.D.  
Medical Director