M3: Perform First Aid to Restore Breathing and/or Pulse

Based on:

081-COM-1023-Open a Casualty's Airway
081-000-0018-Perform Cardiopulmonary Resuscitation (CPR)
081-000-0067-Insert a Nasopharyngeal Airway

Task: Perform first aid to restore breathing and/or pulse of an unconscious adult.

Condition: You see an adult who appears to be choking collapse to the ground. You are on a Forward Operating Base, not in a CBRNE environment, and no spinal injury is suspected. You have a Basic Life Support (BLS) bag.

Standard: Correctly perform all tasks to standard, in sequence, within seven minutes, without causing further injury.

Station Requirements: Cardiopulmonary Resuscitation (CPR) mannequin is preferred to adequately judge the depth and rate of compressions, and quality of breaths given. If a CPR mannequin is used units must manufacture extremities. If a non-CPR mannequin is used, it will be fully functional with all extremities. The mannequin and Candidate will start in the standard field uniform. A BLS bag with at least two different sizes of Nasopharyngeal Airways (NPAs), and CPR accessories, such as face shields. The mannequin will be on a hard, flat surface.

1. Approach the casualty and check for responsiveness. ***Grader will state, "Casualty is unresponsive."***
    a. Direct a specific bystander to call for medical personnel.
    b. Direct another specific bystander to retrieve an Automated External Defibrillator (AED).
2. Position the casualty onto their back, arms down, face up.
    a. Kneel beside the casualty.
    b. Raise the arm nearest you and straiten it above the casualty's head.
    c. Position the legs so that they are together and strait.
    d. Support the back of the head and neck with the hand nearest them.
    e. Grasp the casualty under the far arm with the free hand.
    f. Pull steadily and evenly toward yourself, keeping the head and neck in line with the torso.
    g. Roll the casualty as a single unit.
3. Place the casualty's arms at his/her sides. ***Grader will state, "Casualty does not appear to be breathing."***
   Open the airway using the head-tilt/chin-lift method.
    a. Kneel beside the casualty's head and shoulders.
    b. Place the palm of one hand on the casualty's forehead and the index and middle fingers of the other hand on the bony part of the jaw below the chin.
    c. Tilt the casualty's head backward gently. *Note: Do not use thumb to lift, do not completely close casualty's mouth and do not press deeply into soft tissue under chin.*
    d. Release pressure on the chin to allow the mouth to open slightly once the head is tilted backward.
4. Check for breathing.
    a. While maintaining the open airway position, place an ear over the casualty's mouth and nose, looking toward the chest and stomach.
    b. Look for the chest to rise and fall, listen for air escaping during exhalation and feel for the flow of air on the side of your face.
    c. Count the number of respirations for 15 seconds. ***Grader will state, "Casualty is not breathing."***
5. Insert an NPA.
    a. Keep the casualty supine with the head in a neutral position.
    b. Select the appropriate size of airway by either measure the airway from the patient's nostril to the earlobe or by measuring the airway from the patient's nostril to the angle of the jaw.
    c. Lubricate the tube of the NPA with a water-based lubricant.
    d. Push the tip of the nose upward gently.
    e. Position the tube so that the bevel of the airway faces toward the septum.
    f. Insert NPA into the nostril and advance it until the flange rests against the nostril. *Note: never force the airway into the patient's nostril. If resistance is met, pull the tube out and attempt to insert it in the other nostril.*
    g. Recheck breathing (per step 4). ***Grader will state, "Casualty is still not breathing."***

6. Give breaths to ensure an open airway.
   a. Maintain airway and gently pinch nose closed (covering the NPA), using the hand on the casualty's forehead.
   b. Take a normal breath and place your mouth, in an airtight seal, around the casualty's mouth.
   c. Give two breaths (1 second each), taking a breath between them, while watching for the chest to rise and fall and listening and/or feeling for air to escape during exhalation. Breaths should not be over exaggerated or forceful. ***Grader will state, "The chest did not rise."***
   d. Reposition the casualty's head slightly farther backward and repeat the breaths. ***Grader will state, "The chest did not rise."***
7. Perform chest compressions to clear the airway.
   a. Kneel close to the side of the casualty's body.
   b. Locate the nipple line placing the heel of one hand on the lower half of the sternum (breastbone).
   c. Place the heel of the other hand on top of the first hand on the lower half of the breastbone, extending or interlacing the fingers.
   d. Straighten and lock the elbows with the shoulders directly above the hands.
   e. Without bending the elbows, rocking, or allowing the shoulders to sag, apply enough pressure to depress the breastbone 1½ to 2 inches. Give compressions at a rate of 100 per minute (hard and fast at a ratio of 30 compressions to 2 breaths) with the intent of relieving the obstruction.
   f. Look in the mouth for objects between compressions and breaths. ***After one round of compressions and breaths, the Grader will state, "You see an object in the casualty's mouth."***
   g. Remove the object. Candidate simulates using proper technique.
8. Reopen airway and repeat the breaths (Steps 3, 4 & 6). ***Grader will state, "You see the chest rise and fall with your breaths, but the casualty is still not breathing."***
9. Check for a pulse for five to 10 seconds. Place tips of index and middle fingers in groove in casualty's throat beside the Adam's apple on the side closest to you. Do NOT use the thumb. ***Grader states, "You do not feel a pulse."***
10. Perform CPR.
   a. Position your hands and body for chest compressions as in step 7.
   b. Give 30 compressions.
      1. Press straight down to depress the breastbone 1 ½ to 2 inches.
      2. Come straight up and completely release pressure on breastbone to allow chest to return to its normal position. The time allowed for release should equal the time required for compression.
      3. Give 30 compressions in about 23 seconds (at a rate of 100 per minute). Do NOT remove the heel of your hand from the casualty's chest or reposition your hand between compressions. However, all pressure must be released from the chest cavity to allow for full chest wall expansion.
   c. Give two breaths.
      1. Open the casualty's airway.
      2. Give two breaths (1 second each).
   d. Repeat steps 10a-c for five cycles or two minutes. ***After one PROPERLY performed cycle, the Grader will state, "Two minutes has elapsed." If the Candidate does not perform the steps properly within two minutes, they will be a NO-GO.***
   e. Reassess the casualty.
      1. Check for the return of the pulse for 3 to 5 seconds. ***Grader will state, "You feel a pulse."***
      2. Check breathing for 3 to 5 seconds. ***Grader will state, "Casualty is not breathing."***
   f. Give breaths at the rate of one every 5 to 6 seconds (10 to 12 breaths per minute).

Note: Breaths should not be over exaggerated or forceful. ***After the Candidate has demonstrated PROPER performance, Grader will state, "Two minutes has elapsed." If the Candidate does not perform the steps properly within two minutes, they will be a NO-GO.***

   g. Recheck for pulse and breathing. ***Grader will state, "The casualty is breathing and conscious."***
11. Place the casualty in the recovery position (by rolling them as a single unit onto their left side, placing the hand of their upper arm under their chin, and flexing their upper leg) until help arrives. Watch the casualty closely for life-threatening conditions, maintain an open airway, and check for other injuries.
12. Candidate will state that if the casualty's condition deteriorates, they will continue CPR until:
   a. The breathing and pulse returns.
   b. They are relieved or stopped by a qualified person.
   c. They are physically unable to continue.