



First Aid/CPR/AED

ADULT READY REFERENCE CARD



American Red Cross
Training Services

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Checking an Injured or Ill Person



- 1.** CHECK the scene for safety, form an initial impression, obtain consent and use PPE.

- 2.** If the person appears unresponsive, CHECK for responsiveness, breathing, life-threatening bleeding or other life-threatening conditions using shout-tap-shout.

Note: CHECK for no more than 10 seconds.



- 3a.** If the person does not respond, responds but is not fully awake, is not breathing or is only gasping, or has life-threatening bleeding or another obvious life-threatening condition, CALL 9-1-1 and get equipment, or tell someone to do so. Then, give CARE based on the condition found and your level of training and continue your check to determine if additional care is needed.

Note: For a person who is unresponsive and not breathing, start CPR and use an AED immediately.

Checking an Injured or Ill Person (Continued)

Check ✓

3b. If the person is responsive or responds to stimulation and is fully awake and does not appear to have a life-threatening condition:

- **Interview the person** (or bystanders, if necessary), ask questions about **s**igns and **s**ymptoms, **a**llergies, and **m**edications and **m**edical conditions (**SAM**).
- **Do a focused check** based on what the person told you, how the person is acting and what you see.

Note: Do not ask the person to move if you suspect a head, neck or spinal injury. Do not ask the person to move any area of the body that causes discomfort or pain.

Note: As you check the person, take note of any medical identification tags.



Call 📞

- 4.** After completing the CHECK step, CALL 9-1-1 and get equipment, or tell someone to do so (if needed). Then, give CARE based on the condition found and your level of training.

Care 🏠



Giving CPR

Check ✓

1. CHECK the scene for safety, form an initial impression and use PPE.

2. If the person appears unresponsive, CHECK for responsiveness, breathing, life-threatening bleeding or other life-threatening conditions using shout-tap-shout.

Call 📞

3. If the person does not respond and is not breathing or only gasping, CALL 9-1-1 and get equipment, or tell someone to do so.



Care 🏠

4. Place the person on their back on a firm, flat surface.

Giving CPR (Continued)

5. Give **30** chest compressions.

- **Hand position:** Two hands centered on the chest
- **Body position:** Shoulders directly over hands; elbows locked
- **Depth:** At least 2 inches
- **Rate:** 100 to 120 per minute
- Allow chest to return to normal position after each compression



6. Give **2** breaths.

- Open the airway to a past-neutral position using the head-tilt/chin-lift technique.
- Ensure each breath lasts about 1 second and makes the chest rise; allow air to exit before giving the next breath.



Note: If the 1st breath does not cause the chest to rise, retilt the head and ensure a proper seal before giving the 2nd breath. If the 2nd breath does not make the chest rise, an object may be blocking the airway.

- 7. Continue giving sets of **30** chest compressions and **2** breaths. Use an AED as soon as one is available!

30:2

Using an AED

Check ✓

Call 📞

1. Complete the CHECK and CALL steps.

Care 🚑

2. As soon as an AED is available, turn it on and follow the voice prompts.

3. Remove clothing and attach pads correctly.

- Remove all clothing covering the chest. If necessary, wipe the chest dry.
- Place one pad on the upper right side of the chest.
- Place the other pad on the lower left side of the chest, a few inches below the left armpit.

Note: If the pads may touch, place one pad in the middle of the chest and the other pad on the back, between the shoulder blades.



4. Plug the pad connector cable into the AED, if necessary.



Using an AED (Continued)

5. Prepare to let the AED analyze the heart's rhythm.

- Make sure no one is touching the person.
- Say, "CLEAR!" in a loud, commanding voice.



6. Deliver a shock, if the AED determines one is needed.

- Make sure no one is touching the person.
- Say, "CLEAR!" in a loud, commanding voice.
- Push the "shock" button to deliver the shock.



7. After the AED delivers the shock, or if no shock is advised, immediately start CPR, beginning with compressions.



Caring for Choking

Check ✓

1. CHECK the scene for safety, form an initial impression, obtain consent and use PPE.

2. Verify the person is choking.

Note: If the adult can speak, cry or cough forcefully, encourage them to keep coughing. Observe and prepare to act if their condition changes.

Call 📞

3. If the person is unable to speak, cry or cough, CALL 9-1-1 and get equipment, or tell someone to do so.



Care 🩹

4. Give 5 back blows.

- Position yourself to the side and slightly behind the choking person. Place one arm diagonally across person's chest and bend them forward at the waist.
- Firmly strike the person between the shoulder blades with the heel of your hand. Each back blow should be separate from the other.



Caring for Choking (Continued)

5. Give 5 abdominal thrusts.

- Have the person stand up and find their navel with two fingers. Move behind the person and place your front foot in between the person's feet with your knees slightly bent.
- Make a fist with your other hand and place the thumb side against the person's stomach right above your fingers. Cover your fist with your other hand.
- Pull inward and upward to give an abdominal thrust. Each abdominal thrust should be forceful and separate from the other.



Note: *Alternatively, you may give chest thrusts to a person who is too large to wrap your arms around, pregnant or in a wheelchair.*



6. Continue giving sets of 5 back blows and 5 abdominal thrusts until:

- The person can cough forcefully, speak, cry or breathe.
- The person becomes unresponsive.

7. If the person becomes unresponsive, gently lower them to the floor and begin CPR, starting with compressions.

- After each set of compressions and before attempting breaths, open the person's mouth, look for the object and, if seen, remove it with a finger sweep.



Using Direct Pressure for Bleeding

Check ✓

- 1.** CHECK the scene for safety, form an initial impression, obtain consent and use PPE.



Call 📞

- 2.** Immediately CALL 9-1-1 and get equipment, or tell someone to do so.



Care 🩹

- 3.** Find the source of the bleeding.

- 4.** Tell the person to expect pain from the pressure needed to control the bleeding.

- 5.** Place a dressing on the wound.

- Use a hemostatic dressing, if available and bleeding is life-threatening.



Using Direct Pressure for Bleeding (Continued)

6. Apply steady, firm pressure directly over the wound.

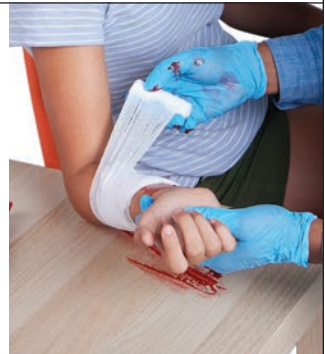
- Put one hand on top of the dressing and put your other hand on top.
- Position your shoulders over your hands and lock your elbows.
- Push down as hard as you can.



Note: If blood soaks through the original gauze pad, you do not need to do anything, but you can put another gauze pad on top. Replace the new gauze pad if blood soaks through the pads. DO NOT remove the original gauze pad and DO NOT stack multiple gauze pads.

7. Apply a roller bandage only if bleeding stops before EMS arrives.

- Apply the bandage over the dressing and secure it firmly.
- Check for circulation beyond the injury before and after applying the bandage.



8. Monitor for re-bleeding. If bleeding reoccurs:

- Do not apply an additional dressing or bandage.
- Remove the bandage and leave only the single dressing on the wound in place.
- Apply direct manual pressure.

9. After giving care, remove your gloves and wash your hands.



First Aid/CPR/AED

PEDIATRIC READY REFERENCE CARD



American Red Cross
Training Services

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Giving CPR—Child

Check ✓

1. CHECK the scene for safety, form an initial impression, obtain consent from the parent or guardian and use PPE.

2. If the child appears unresponsive, CHECK for responsiveness, breathing, life-threatening bleeding or other life-threatening conditions using shout-tap-shout.

Note: CHECK for no more than 10 seconds.



Call 📞

3. If the child does not respond and is not breathing or only gasping, CALL 9-1-1 and get equipment, or tell someone to do so.



Care 🏠

4. Place the child on their back on a firm, flat surface. Kneel beside the child.

5. Give **30** chest compressions.

- **Hand position:** Two hands centered on the chest
- **Body position:** Shoulders directly over hands; elbows locked
- **Depth:** About 2 inches
- **Rate:** 100 to 120 per minute
- Allow chest to return to normal position after each compression



Giving CPR—Child (Continued)

6. Give 2 breaths.

- Open the airway to a slightly past-neutral position using the head-tilt/chin-lift technique.
- Ensure each breath lasts about 1 second and makes the chest begin to rise; allow the air to exit before giving the next breath.



Note: If the 1st breath does not cause the chest to rise, retilt the head and ensure a proper seal before giving the 2nd breath. If the 2nd breath does not make the chest rise, an object may be blocking the airway.

- ## 7. Continue giving sets of 30 chest compressions and 2 breaths. Use an AED as soon as one is available!

30:2

Giving CPR—Infant

Check ✓

1. CHECK the scene for safety, form an initial impression, obtain consent from the parent or guardian and use PPE.

2. If the infant appears unresponsive, CHECK for responsiveness, breathing, life-threatening bleeding or other life-threatening conditions using shout-tap-shout.



Call 📞

3. If the infant does not respond and is not breathing or only gasping, CALL 9-1-1 and get equipment, or tell someone to do so.



Care 🏠

4. Place the infant on their back on a firm, flat surface.

5. Give **30** chest compressions.

- **Hand position:** Thumbs (side-by-side) on the center of the infant's chest, just below the nipple line; other fingers encircle the infant's chest toward the back, providing support
- **Body position:** Stand or kneel to the side of the infant; hips at a slight angle
- **Depth:** About 1½ inches
- **Rate:** 100 to 120 per minute
- Allow chest to return to normal position after each compression



Giving CPR—Infant (Continued)

6. Give **2** breaths.

- Open the airway to a neutral position using the head-tilt/chin-lift technique.
- Ensure each breath lasts about 1 second and makes the chest begin to rise; allow the air to exit before giving the next breath.



Note: If the 1st breath does not cause the chest to rise, retilt the head and ensure a proper seal before giving the 2nd breath. If the 2nd breath does not make the chest rise, an object may be blocking the airway.

- ## 7. Continue giving sets of **30** chest compressions and **2** breaths. Use an AED as soon as one is available!

30:2

Using an AED

Check ✓

Call 📞

1. Complete the CHECK and CALL steps.

Care 🚑

2. As soon as an AED is available, turn it on and follow the voice prompts.

3. Choose appropriate pads.

- Use pediatric pads or pediatric settings for children and infants up to 8 years of age or weighing less than 55 pounds (25 kilograms).
- Use adult pads for children older than 8 years of age or weighing more than 55 pounds (25 kilograms).

Note: If pediatric AED pads are not available, use adult AED pads on a child up to 8 years of age or weighing less than 55 pounds (25 kilograms).

Note: Do not use pediatric AED pads on a child older than 8 years or weighing more than 55 pounds (25 kilograms) because the shock delivered will not be sufficient.

4. Remove clothing and attach pads correctly.

- Remove all clothing covering the chest. If necessary, wipe the chest dry.
- For a child, place one pad on the upper right side of the child's chest; place the other pad on the lower left side of the child's chest, a few inches below the left armpit.

Note: If the pads may touch, place one pad in the middle of the chest and the other pad on the back, between the shoulder blades.

- For an infant, place one pad in the middle of the chest and the other pad on the back between the shoulder blades.



Using AED (Continued)

- 5.** Plug the pad connector cable into the AED, if necessary.



- 6.** Prepare to let the AED analyze the heart's rhythm.

- Make sure no one is touching the child.
- Say, "CLEAR!" in a loud, commanding voice.



- 7.** Deliver a shock, if the AED determines one is needed.

- Make sure no one is touching the child.
- Say, "CLEAR!" in a loud, commanding voice.
- Push the "shock" button to deliver the shock.



- 8.** After the AED delivers the shock, or if no shock is advised, immediately start CPR, beginning with compressions.



Caring for Choking—Child

Check ✓

1. Complete the CHECK step and verify the child is choking.

Note: If the child can speak, cry or cough forcefully, encourage them to keep coughing. Observe and prepare to act if their condition changes.

Call 📞

2. If the child is unable to speak, cry or cough, CALL 9-1-1 and get equipment, or tell someone to do so.



Care 🩹

3. Give **5** back blows.

- Position yourself to the side and slightly behind the choking child; for a small child, you may need to kneel behind them.
- Place one arm diagonally across child's chest and bend them forward at the waist.
- Firmly strike the child between the shoulder blades with the heel of your hand. Each back blow should be separate from the other.



4. Give **5** abdominal thrusts.

- Have the child stand up and find their navel with two fingers. If you are standing, move behind them and place your front foot in between the child's feet with your knees slightly bent.
- Make a fist with your other hand and place the thumb side against the child's stomach right above your fingers. Cover your fist with your other hand.
- Pull inward and upward to give an abdominal thrust. Each abdominal thrust should be forceful and separate from the other.



Note: Alternatively, you may give chest thrusts to a child who is too large to wrap your arms around or is in a wheelchair.

5. Continue giving sets of **5** back blows and **5** abdominal thrusts until:

- The child can cough forcefully, speak, cry or breathe.
- The child becomes unresponsive.

Note: If the child becomes unresponsive, gently lower them to the floor and begin CPR, starting with compressions. After each set of compressions and before attempting breaths, open the child's mouth, look for the object and, if seen, remove it with a finger sweep.



Caring for Choking—Infant

Check ✓

1. Complete the CHECK step and verify the infant is choking.

Note: If the infant can cry or cough forcefully, encourage them to keep coughing. Observe and prepare to act if their condition changes.

Call 📞

2. If the infant is unable to cry or cough, CALL 9-1-1 and get equipment, or tell someone to do so.



Care 🩹

3. Give **5** back blows.

- Hold the infant in a face-down position along your forearm using your thigh for support. Keep the infant's head lower than their body.
- Give 5 firm back blows, with each one separate from the others. Keep your fingers up to avoid hitting the infant's head or neck.



4. Give **5** chest thrusts.

- Turn the infant face-up (support their head and neck) and lower them onto your thigh. Keep the infant's head lower than their chest.
- Give 5 quick chest thrusts about 1½ inches deep with two fingers in the center of the infant's chest. Each chest thrust should be separate from the others.



5. Continue giving sets of **5** back blows and **5** chest thrusts until:

- The infant can cough forcefully or cry.
- The infant becomes unresponsive.

Note: If the infant becomes unresponsive, gently lower them to a firm, flat surface and begin CPR, starting with compressions. After each set of compressions and before attempting breaths, open the infant's mouth, look for the object and, if seen, remove it with a pinky sweep.



Using Direct Pressure for Bleeding

Check ✓

1. CHECK the scene for safety, form an initial impression, obtain consent and use PPE.



Call 📞

2. Immediately CALL 9-1-1 and get equipment, or tell someone to do so.



Care 🩹

3. Find the source of the bleeding.

4. Tell the child to expect pain from the pressure needed to control the bleeding.

5. Place a dressing on the wound.

- Use a hemostatic dressing if available and bleeding is life-threatening.



Using Direct Pressure for Bleeding (Continued)

6. Apply steady, firm pressure directly over the wound.

- Put one hand on top of the dressing and put your other hand on top.
- Position your shoulders over your hands and lock your elbows.
- Push down as hard as you can.

Note: If blood soaks through the original gauze pad, you do not need to do anything, but you can put another gauze pad on top. Replace the new gauze pad if blood soaks through the pads. DO NOT remove the original gauze pad and DO NOT stack multiple gauze pads.



7. Apply a roller bandage only if bleeding stops before EMS arrives.

- Apply the bandage over the dressing and secure it firmly.
- Check for circulation beyond the injury before and after applying the bandage.



8. Monitor for re-bleeding. If bleeding reoccurs:

- Do not apply an additional dressing or bandage.
- Remove the bandage and leave only the single dressing on the wound in place.
- Apply direct manual pressure.

9. After giving care, remove your gloves and wash your hands.



Instructions for Instructors to view the Participant's Manual eBook:

To redeem your First Aid/CPR/AED eBook, navigate to our [eReader](#)

To view the eBook:

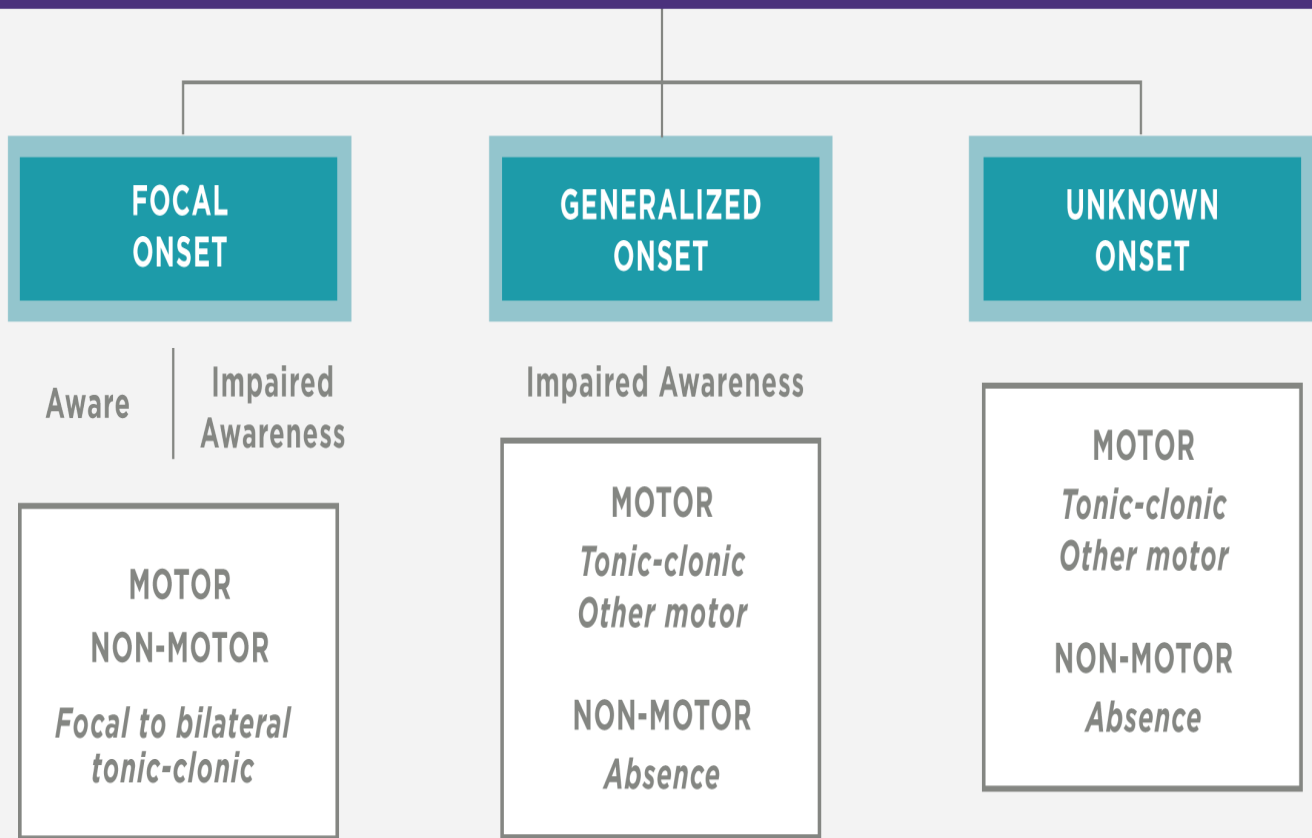
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“NEW” CLASSIFICATION OF SEIZURE TYPES BASIC VERSION ¹

* from International League Against Epilepsy, 2017



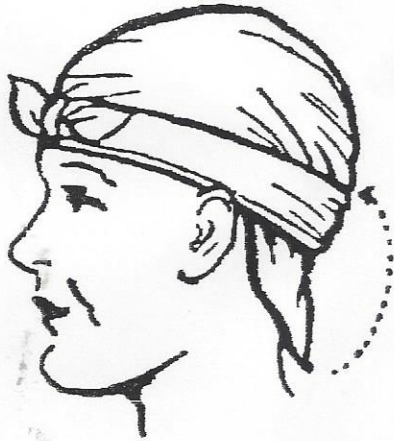
¹ Definitions, other seizure types and descriptors are listed in the accompanying paper & glossary of terms

² Due to inadequate information or inability to place in other categories

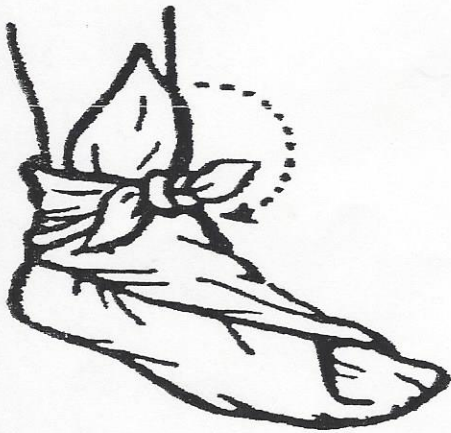
Uses for Triangular Bandages



Arm Sling



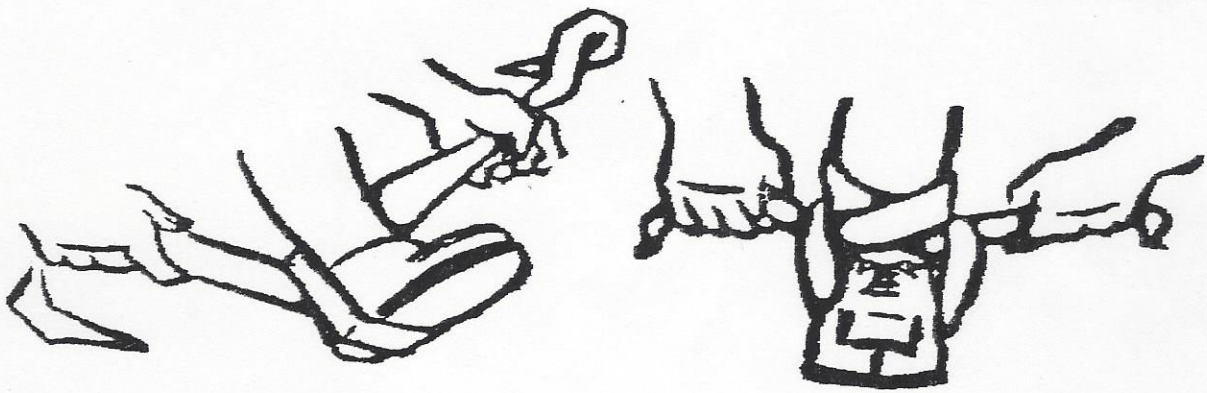
Head Wrap



Foot Wrap



Knee Wrap



Sprained Ankle Support

1-800-222-1222

California Poison Control System

California Poison Control System - San Diego Division at the University of California San Diego (Formerly the San Diego Regional Poison Center).

The California Poison Control System (CPCS) is the statewide provider of immediate, free and expert treatment advice and assistance over the telephone in case of exposure to poisonous, hazardous or toxic substances. Call us toll-free, 24 hours a day, 7 days a week, 365 days a year.

Trained health care professionals, who have many years of valuable experience handling poison cases, staff our center.

By calling 1-800-222-1222 anywhere in California, you can obtain emergency information on:

- Swallowing poison
- Eye or skin irritation from toxic substances
- Inhalation of noxious fumes or vapors
- Animal, insect, snake and spider bites
- Food or mushroom poisoning
- Drug reactions
- Attempted suicides or drug overdoses
- Pet poisoning exposures

Calls are handled quickly, accurately, professionally and free-of-charge all over the state 24 hours a day, seven days a week.