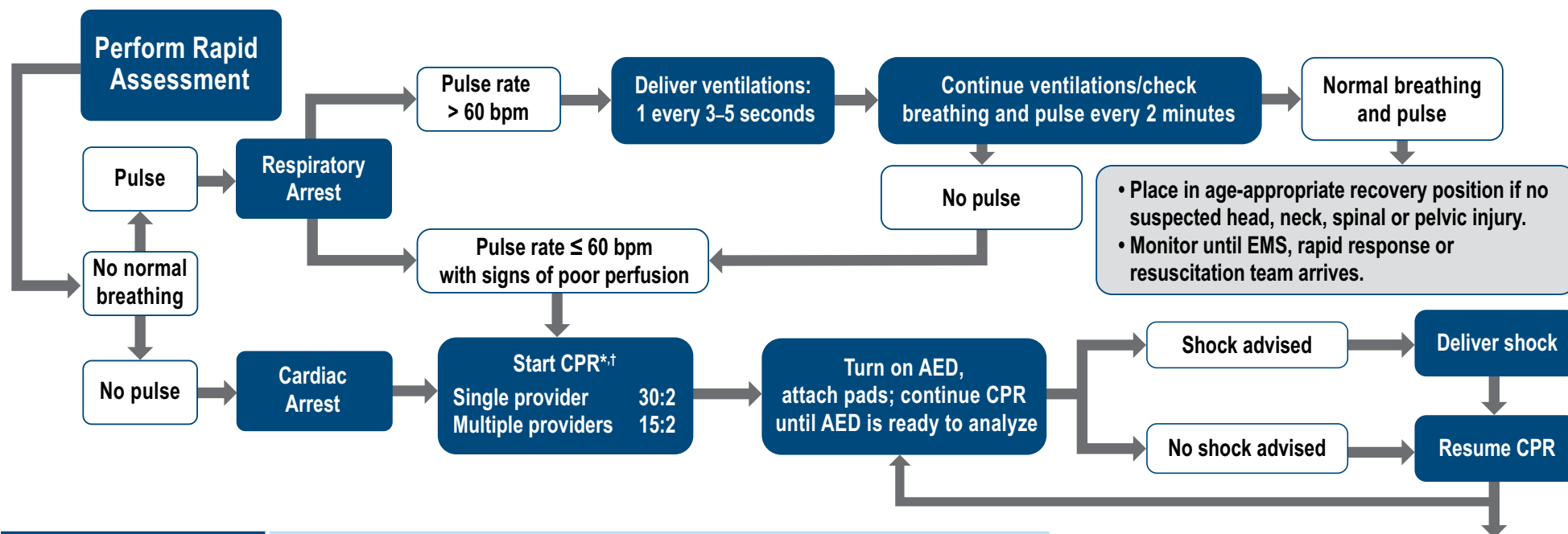


BLS: CHILDREN AND INFANTS



Indications of poor perfusion in a child or infant		<ul style="list-style-type: none"> Cool moist skin Pallor Mottling or cyanosis Weak or thready pulse Decreased capillary refill Hypotension 	
CPR Technique		Infant (< 1 year old)	Child (age 1 year to onset of puberty)
Switch CPR compressors <ul style="list-style-type: none"> Every 2 minutes During AED analysis If provider is fatigued 		<ul style="list-style-type: none"> Hand position: Fingers/thumbs centered on the lower half of the sternum just below the nipple line. Two-finger for single provider; encircling-thumbs for multiple providers Depth: About 1½ inches Rate: 100 to 120 per minute (single provider: 15 to 18 seconds for 30 compressions; multiple providers: 7 to 9 seconds for 15 compressions) Full chest recoil 	<ul style="list-style-type: none"> Hand position: Centered on the lower half of the sternum Depth: About 2 inches Rate: 100 to 120 per minute (single provider: 15 to 18 seconds for 30 compressions; multiple providers: 7 to 9 seconds for 15 compressions) Full chest recoil
		<ul style="list-style-type: none"> Open airway to neutral position (avoid hyperextension)*. Each ventilation should last about 1 second and make the chest begin to rise. 	<ul style="list-style-type: none"> Open airway to slightly past-neutral position (avoid hyperextension)*. Each ventilation should last about 1 second and make the chest begin to rise.

*Use modified jaw-thrust technique instead if you suspect head, neck or spinal injury.

*If an advanced airway is in place, one provider delivers 1 ventilation every 6–8 seconds. At the same time, a second provider performs compressions at a rate of 100 to 120 per minute. In this case, the compression to ventilation ratio of 15:2 for multiple-provider CPR does not apply because compressions and ventilations are delivered continuously with no interruptions.

†If drowning or other hypoxic event is the suspected cause of cardiac arrest, deliver 2 initial ventilations before starting CPR.

Discontinue CPR if:

- Other trained providers arrive to relieve you
- You see signs of ROSC
- You are presented with a valid DNR order
- You are too exhausted to continue
- The situation becomes unsafe

Suspected or known opioid overdose → **See Opioid Overdose Treatment Guideline**