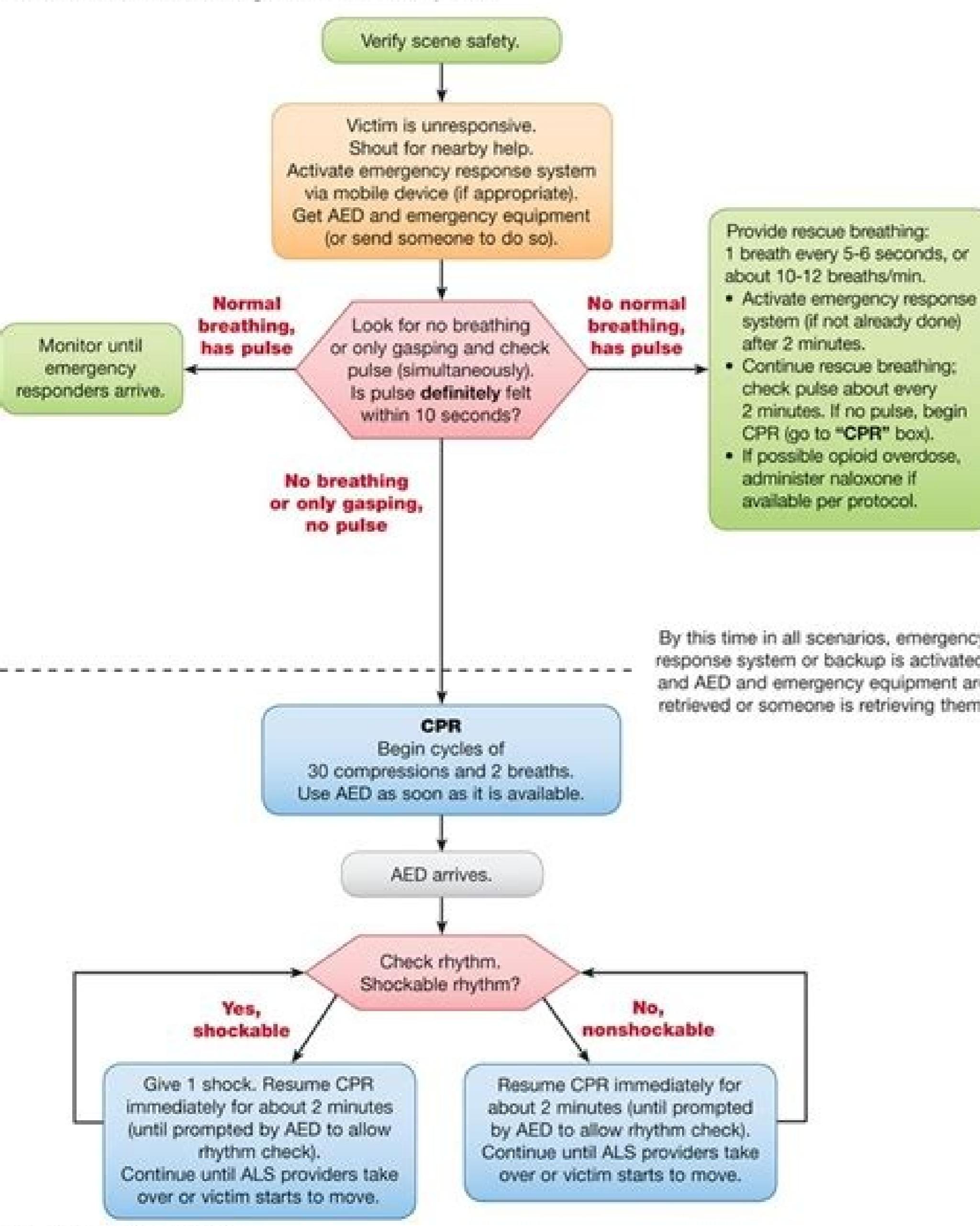


I'm not a robot!



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WORKPLACE SAFETY

CPR Guidelines

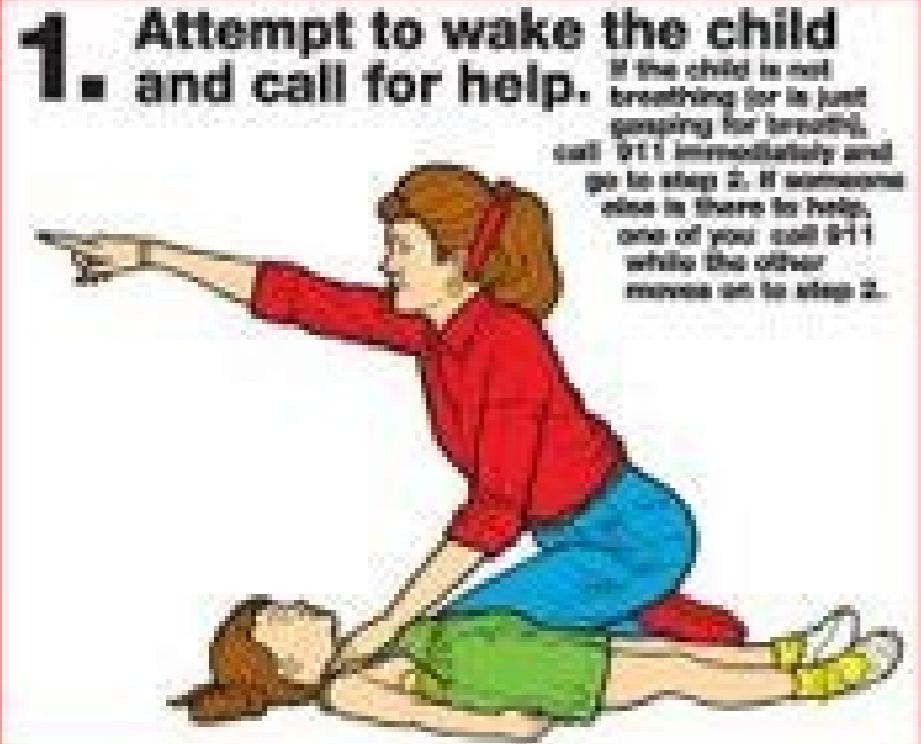


CLASS (STRENGTH) OF RECOMMENDATION	Benefit >> Risk	LEVEL (QUALITY) OF EVIDENCE
CLASS 1 (STRONG)		LEVEL A
Suggested phrases for writing recommendations:		<ul style="list-style-type: none"> • High-quality evidence from more than 1 RCT • Meta-analyses of high-quality RCTs • One or more RCTs corroborated by high-quality registry studies
<ul style="list-style-type: none"> • It is effective • It is safe and/or effective/beneficial • Should be performed/demanded/other • Comparative Effectiveness Phrases: – Treatment A is recommended/indicated in preference to treatment B – Treatment A should be chosen over treatment B 		LEVEL B-R (Randomized)
CLASS 2A (MODERATE)	Benefit > Risk	LEVEL B-NR (Nonrandomized)
Suggested phrases for writing recommendations:		<ul style="list-style-type: none"> • Moderate-quality evidence from 1 or more well-designed, well-executed nonrandomized studies, observational studies, or registry studies • Meta-analyses of moderate-quality RCTs
<ul style="list-style-type: none"> • It is reasonable • Can be useful/ineffective/beneficial • May be considered • Treatment strategy A is probably recommended indicated in preference to treatment B • It is reasonable to choose treatment A over treatment B 		LEVEL C-LD (Limited Data)
CLASS 2B (WEAK)	Benefit > Risk	<ul style="list-style-type: none"> • Randomized or nonrandomized observational or registry studies with limitations of design or execution • Meta-analyses of such studies • Physiological or mechanistic studies in human subjects
CLASS 3 - No Benefit (MODERATE) (Generally, L or A or at best O)	Benefit = Risk	LEVEL C-O (Expert Opinion)
Suggested phrases for writing recommendations:		<ul style="list-style-type: none"> • Consensus of expert opinion based on clinical experience
<ul style="list-style-type: none"> • It is not recommended • It is not indicated/ineffective/beneficial • Should not be performed/demanded/other 		COR and LOE are determined independently (any COR may be paired with any LOE).
Class 3: Harm (STRONG)	Risk > Benefit	A recommendation with LOE does not imply that the recommendation will. Many important clinical questions addressed in guidelines do not lend themselves to clinical trials. Although there is no consensus on this topic, it is very common that clinical practice guidelines will include the following types of recommendations:
Suggested phrases for writing recommendations:		<ul style="list-style-type: none"> • The outcome or result of the intervention should be specified in general terms (e.g., reduced risk, improved quality of life, etc.) • Studies that support the use of computer-worksheets should derive conclusions of the treatments or strategies being evaluated.

CHILD CPR 1 - 8 YEARS

IN AN
EMERGENCY
CALL
911

1. Attempt to wake the child and call for help.



If the child is not breathing (or is just gasping for breath), call 911 immediately and go to step 2. If someone else is there to help, one of you call 911 while the other moves on to step 2.

2. Begin chest compressions.



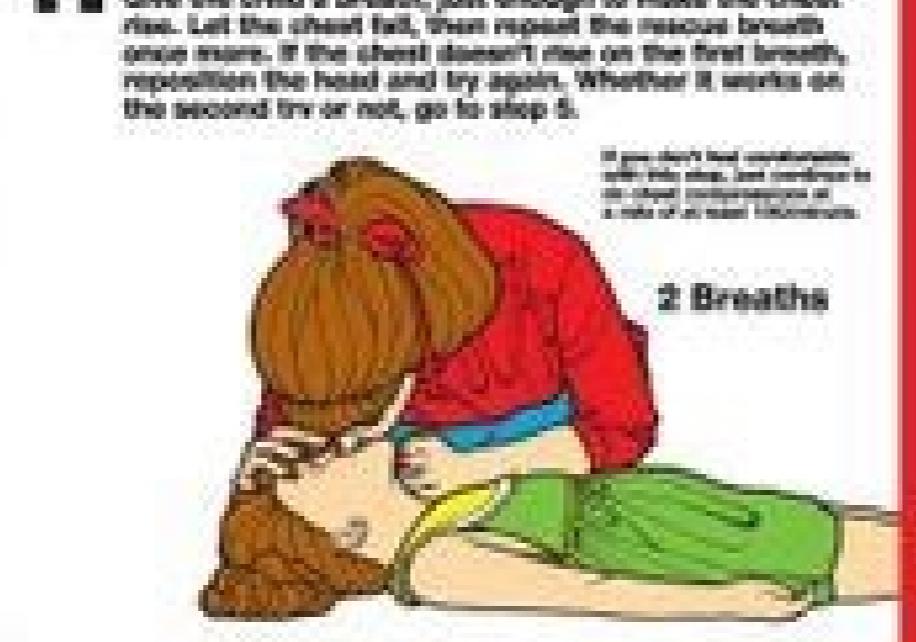
If the child is not breathing, place one hand on the breast bone directly between the child's nipples. Push straight down on the chest at least 2 inches (5 cm) or a third of the child's body. Allow the chest to completely recoil before the next compression. Compress the chest at a rate of at least 100 pushes per minute. Perform 30 compressions at this rate.

3. Open the airway.

After 30 compressions, open the child's airway using the head-tilt, chin-lift method. Pinch the child's nose and make a seal over the child's mouth with yours. Use a CPR mask if available.



4. Begin rescue breaths.



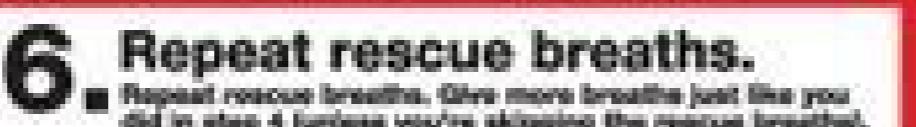
Give the child a breath, just enough to make the chest rise. Let the chest fall, then repeat the rescue breath once more. If the chest doesn't rise on the first breath, reposition the head and try again. Whether it works on the second try or not, go to step 5.

If you don't feel resistance with each step, but continue to do chest compressions at a rate of at least 100/min.

2 Breaths

5. Repeat chest compressions.

Repeat chest compressions. Do 30 more chest compressions just like you did in step 4 (unless you're skipping the rescue breaths). Repeat steps 3 and 5 for about two minutes (about 5 cycles of 30 compressions and 2 rescue breaths).



30 Compressions

6. Repeat rescue breaths.

Repeat rescue breaths. Give more breaths just like you did in step 4 (unless you're skipping the rescue breaths). Repeat steps 3 and 5 for about two minutes (about 5 cycles of 30 compressions and 2 rescue breaths).

2 Breaths

Cpr guidelines. Cpr guidelines 2020 aha. Cpr guidelines 2020.

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