#### Airway + Breathing disorders, CPR notes

#### Lukas Dadak, MD St. Ann's University Hospital, Brno 15740@mail.muni.cz

#### **Basic Vital signs:**

RESPOND = consciousness
A+B breathing
C circulation

#### Primary Survey = 20s

### **Recovery positio**

- several variations
- stable, near a true lateral position with the head dependent,
- with no pressure on the chest to impair breathing

I: coma + spontaneous breathing KI: back injury

KEY: check for breathing





- Remove the victim's spectacles.
- Kneel beside the victim and make sure that both legs are straight.
- Place the arm nearest to you out at right angles to the body, elbow bent with the hand palm uppermost
- Bring the far arm across the chest, and hold the back of the hand against the victim's cheek nearest to you





- With your other hand, grasp the far leg just above the knee and pull it up, keeping the foot on the ground.
- Keeping his hand pressed against his cheek, pull on the far leg to roll the victim towards you onto his side.
- Adjust the upper leg so that both hip and knee are bent at right angles.
- Tilt the head back to make sure the airway remains open.

# **Choking Conscious Adult**

- uncommon but potentially treatable
- less than 1% of these incidents are fatal
   When?
- while eating
- while playing (coins, toys)

NOTE: narrowest place of airway: glotis / subglotic space



#### First aid:



#### Forein-Body Airway Obstruction

- relief FBAO = life saving procedure
- safe, effective, simple
- Cough and bend forwards
- Back blows/slaps
- Abdominal thrusts = (Heimlich Maneuver)
- Chest thrusts
- often you will need more than 1 procedure to clean airway

#### Heimlich man. = abdomen thrust





chest thrust may be used for markedly obese persons or in late stages of pregnancy

#### **Back blows**

#### bend forwards

• Stand to the side and slightly behind the victim.

• Support the chest with one hand and lean the victim well **forwards** so that when the obstructing object is dislodged it comes out of the mouth rather than goes further down the airway.

• Give up to five sharp blows between the shoulder blades with the heel of your other



#### Following successful treatment:

Victims with a persistent cough, difficulty swallowing or the sensation of an object being still stuck in the throat should be examined

- Abdominal thrusts can cause serious internal injuries
- all victims treated with abdominal thrusts should be examined for injury by a doctor

# Clear airway if necessary during coma

- with the casualty supported on the side, tilt the head backwards and slightly down.
- Open the mouth and clear any foreign object. Only remove dentures if loose or broken.
- Use your 2 fingers only if you see solid material in the mouth
- Do not push fingers where you can not see

# Guedel airway Oro-Pharyngeal Ai

I: unconsciousness + airway obstruction with tongue

Correct size OPA:distance angle of mouth --- ear

Risk in mild unconsciousness:vomitus + aspiration



C SUR

# Naso-Pharyngeal Airway (trumpet)



#### Risk:

• bleeding from nasal cavity

• Use of lubricant is essential



#### Face mask ventilation



Positive pressure ventilation by bag-valve mask

- correct volume = movement of chest
- f 10/min
- 100% O2
- 1 hand hold:
  inch + index f.
  3 ff. chin
  2 hands



### Chain of survival

#### • to impove outcome after cardiac arrest



#### BLS

When to start BLS:
– allways when victim is unconsciousness, no breath, no circulation
When not to start:

- end stage disease, no prognosis
- trauma with no hope for life (decapitation)
- signs (indication) of death (patch)
- time factor (15 30 minutes from stop of circulation)



#### When ...

#### When stop CPR:

- restoring vital functions
- ER takes care of victim
- no power to continue with CPR
- new danger

#### **Precordial thump**

# Not part of BLS reserved :

- witnessed cardiac arrest when no defibrillator is immediately available
- if done in first 20s
   25% regain cardiac function





breathe normally



#### Defibrilation



# • Some AEDs will automatically switch themselves on when the lid is opened



### ATTACH PADS TO CASUALTY'S BARE CHEST



### ANALYSING RHYTHM DO NOT TOUCH VICTIM



#### SHOCK INDICATED



Stand clearDeliver shock

### SHOCK DELIVERED FOLLOW AED INSTRUCTIONS





30

### NO SHOCK ADVISED FOLLOW AED INSTRUCTIONS



ØERC 2