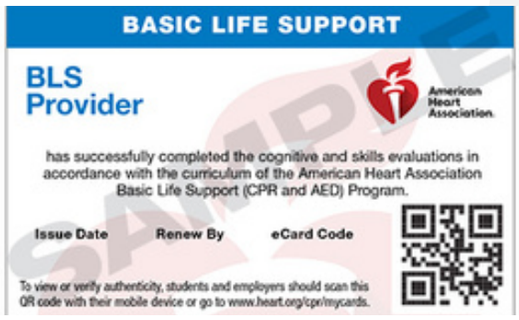
STUDY GUIDE FOR BLS

BASIC LIFE SUPPORT

SAME DAY CPR®



WHAT IS BLS?

Basic Life Support (BLS) is the immediate recognition and initial care of cardiac arrest, respiratory arrest, and life-threatening emergencies until advanced help takes over.

THE FIRST 10 SECONDS

1
Make it safe
Verify scene safety. Use PPE if available.

2
Check fast
Responsiveness, breathing/gasping, and pulse together - no more than 10 seconds.

3
Get help
Activate emergency response. Call 911 on speaker and send for an AED.

4
Act
No definite pulse: start CPR. Pulse but no normal breathing: give breaths.

HIGH-QUALITY CPR AT A GLANCE

	Adult	Child	Infant
Age	Signs of puberty and older	Age 1 year to puberty	Under 1 year, excluding newborns
Compression Rate	**100–120/min**		
Compression Depth	At least 2 in (5 cm); avoid more than 2.4 in (6 cm)	At least 1/3 chest depth; about 2 in (5 cm)	At least 1/3 chest depth; about 1.5 in (4 cm)
Hand Position	2 hands on lower half of sternum	1 or 2 hands on lower half of sternum	Heel of 1 hand or 2 thumb-encircling hands on sternum; **do not use 2 fingers**
No Advanced Airway	1 or 2 rescuers: **30:2**	1 rescuer: **30:2** 2 rescuers: **15:2**	
Advanced Airway	Continuous compressions; 1 breath every 6 sec	Continuous compressions; 1 breath every 2-3 sec	
Pulse, No Normal Breathing	1 breath every 6 sec (10/min)	1 breath every 2-3 sec (20-30/min)	

Quality Checklist:

- Firm, flat surface
- Full chest recoil
- Pauses under 10 sec
- Switch compressors about every 2 min
- Avoid excessive ventilation | Use the AED as soon as it arrives. [2][3]

	CARDIAC ARREST RESPONSE - ADULT
1	Verify scene safety. Check responsiveness; shout for help.
2	Activate the emergency response system. Send someone for the AED/defibrillator.
3	Look for no breathing or only gasping while checking for a pulse - together, for no more than 10 seconds.
4	No definite pulse: begin 30 compressions and 2 breaths. Use the AED as soon as available.
5	After a shock - or if no shock is advised - resume CPR immediately for 2 minutes before the next analysis. [2]

CHILD / INFANT - WHEN ONE RESCUER IS ALONE

MOBILE PHONE OR HELP AVAILABLE

Activate the response system and send for an AED without delaying CPR. Give **30:2**; change to **15:2** when a second rescuer joins.

NO MOBILE PHONE / NO ONE NEARBY

Witnessed sudden collapse: leave to activate the response system and get the AED first.
Unwitnessed collapse: give about **2 minutes of CPR**, then leave to activate and get the AED. [3]

	AED: SIMPLE, EARLY, SAFE
1	Turn it on and follow the prompts.
2	Expose the chest. Attach pads exactly as shown on the pad diagrams.
3	Keep everyone clear while the AED analyzes. Do not touch the person.
4	If advised, make sure everyone is clear and deliver 1 shock.
5	Resume CPR immediately for 2 minutes, starting with compressions.
6	Continue until advanced care takes over or the person shows signs of life.

Infants and children: Use pediatric pads/attenuator if available and attach the AED as soon as possible. If pediatric equipment is unavailable, an AED without an attenuator may be considered. Use the largest pads that fit without touching; front/back placement is useful when space is limited. [3]

Memory cue: Power on | Pads on | Clear analysis | Clear shock | Resume CPR.

BREATHS AND VENTILATION

SITUATION	ADULT	CHILD/INFANT
Pulse present; no normal breathing	1 breath every 6 sec (10/min)	1 breath every 2-3 sec (20-30/min)
Every breath	Give over about 1 sec - enough for visible chest rise	Give over about 1 sec - enough for visible chest rise
Reassessment	Recheck pulse about every 2 min	Recheck pulse about every 2 min

Watch the chest: Open the airway and give only enough volume for visible chest rise. If the chest does not rise, reposition the airway and improve the seal. Too much ventilation can reduce blood flow during CPR. [2][3]

SUSPECTED OPIOID OVERDOSE

DEFINITE PULSE, NOT BREATHING NORMALLY

Open the airway and provide breaths at the age-appropriate rate. Give an opioid antagonist such as **naloxone** if available. Recheck the pulse about every 2 minutes.

NO DEFINITE PULSE

Start high-quality **CPR with breaths** and use the AED. Naloxone may be given if it does not interrupt CPR, AED use, or activation of emergency care.

Do not wait for naloxone to work. Standard resuscitation and emergency activation come first and continue until the person is awake and breathing normally or advanced care takes over.

CHOKING / FOREIGN-BODY AIRWAY OBSTRUCTION

Mild obstruction: If the person can cough or make sounds, encourage coughing and watch closely. **Severe signs:** weak or absent cough, inability to speak or make sounds, color change, altered mental status, or apnea.

	RESPONSIVE – SEVERE OBSTRUCTION	IF UNRESPONSIVE
Adult	5 back blows, then 5 abdominal thrusts. Repeat. Use chest thrusts in late pregnancy or when the abdomen cannot be encircled.	Start CPR with compressions. Check for a visible object before breaths.
Child	5 back blows, then 5 abdominal thrusts. Repeat.	Start CPR with compressions; do not pause for a pulse check. Check for a visible object before breaths.
Infant	5 back blows, then 5 chest thrusts with the heel of 1 hand. No abdominal thrusts.	Start CPR with compressions; do not pause for a pulse check. Check for a visible object before breaths.

Always: Activate emergency response for severe choking. Remove only an object you can see. Never perform a blind finger sweep.

TWO-RESCUER / TEAM BASICS

- **Assign clear roles:** compressor, airway/breaths, AED/monitor, team leader, recorder as resources allow.
- **Use closed-loop communication:** name the person, give a clear task, confirm the task, then report completion.
- **Switch compressors about every 2 minutes** or sooner if quality drops.

WHAT CHANGED FROM THE 2020 GUIDE

- **Infant compressions:** the 2-finger technique was removed. Use the heel of 1 hand or the 2 thumb-encircling hands technique.
- **Responsive severe choking:** adults and children now receive 5 back blows followed by 5 abdominal thrusts; infants receive 5 back blows followed by 5 chest thrusts.
- **Infant choking thrusts:** use the heel of 1 hand for chest thrusts; never use abdominal thrusts on an infant.
- **Opioid emergencies:** naloxone is shown in adult and pediatric BLS pathways without delaying CPR, breaths, AED use, or emergency activation.
- **System emphasis:** a unified Chain of Survival and stronger attention to early AED use, high-performance teams, inclusive scenarios, and CPR quality feedback. [1][2][3][5]

OFFICIAL SOURCES

1. 2025 AHA Guidelines for CPR and ECC - Guidelines hub and highlights.
cpr.heart.org/en/resuscitation-science/cpr-and-ecc-guidelines

2. Part 7: Adult Basic Life Support - Adult recognition, CPR, AED, breathing, choking, and algorithms.
cpr.heart.org/.../adult-basic-life-support

3. Part 6: Pediatric Basic Life Support - Child and infant CPR, AED, breathing, and choking.
cpr.heart.org/.../pediatric-basic-life-support

4. AHA Basic Life Support Training - Audience, formats, duration, and two-year card.
cpr.heart.org/.../basic-life-support-bls-training

5. 2025 BLS Provider Course FAQ - Instructor-led course requirements; FAQ as of June 16, 2026.
Official AHA BLS instructor-led training FAQ

6. Part 10: Special Circumstances - Opioid Overdose - Naloxone, breaths, CPR, and do-not-delay guidance.
cpr.heart.org/.../special-circumstances-of-resuscitation

REMEMBER: Quick action can save a life. Stay calm, follow your training, and use the AED.