## First Aid & CPR Assessment Model



### 1. Check

Scene

Hazards How many hurt Helpers What happened

Person

A B C

irway

Open and Clear? Head-Tilt-Chin-Lift

**b** reathing

Look-Listen-Feel 5-10 Seconds Yes...or...No

irculation
Visible Bleeding?

isible Bleeding? Visible Injury? Skin Appearance







## 2. Call

9-1-1

# Tell the dispatcher:

Police...Fire Rescue....Ambulance

Where the emergency is

Phone number you are calling from

Your name

What happened

How many and condition of people involved



# 3. Care

# **Assess and Treat Immediate Life Threatening Conditions**







## First Aid & CPR Assessment Model



#### 4. Secondary Survey

SAMPLE Questions

Vital Signs

Head to Toe

• Signs and symptoms

Allergies



Level of Consciousness

Medications

Past medical history

• Last meal

• Events leading up to



Breathing



Skin

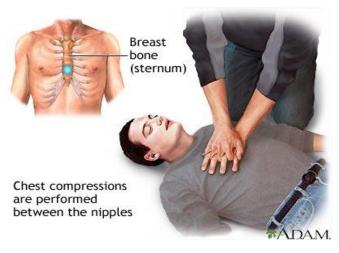




## First Aid & CPR Assessment Model



# **CPR**







Age:

Compression Depth:

One Rescuer

Two Rescuers **Adult** 

2"

30:2

30:2

Child 2"

30:2

30:2

**Infant** 

1/2 - 1/3 Chest

30:2

**30:2**