

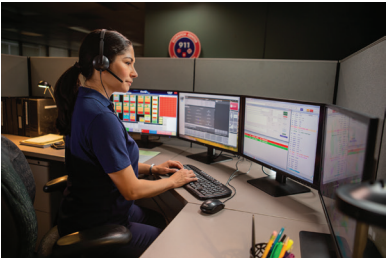


American Red Cross
Training Services



FIRST AID/CPR/AED
ADULT READY REFERENCE CARD

Calling 9-1-1

When to Call 9-1-1 ▪ Person is unresponsive, responsive but not fully awake or not breathing normally ▪ Person is having trouble breathing ▪ Person is bleeding heavily ▪ Person shows signs of stroke, heart attack, allergic reaction or other serious medical condition ▪ Person has suspected or obvious injuries to the head, neck or spine ▪ Person has a suspected or obvious broken bone ▪ Person needs medical attention and cannot be moved ▪ Fire, explosion, downed wires or flooding ▪ Poisonous gas or chemical spill ▪ Drowning or other water emergency ▪ Serious car crash or crime scene When in doubt, make the call!	
Call First vs. Care First ▪ Call First: Call before giving care for most life-threatening emergencies. ▪ Care First: If alone without a phone, start care first for: • Unresponsive infant/child (under 12) you did not see collapse • Choking person • Severe allergic reaction (anaphylaxis) when epinephrine available • Life-threatening bleeding	
Key Information for Emergency Dispatch ▪ Location (address or landmarks) ▪ Nature of emergency (police, fire, medical) ▪ Phone number ▪ What happened ▪ Number of people involved ▪ Care already given	

Cardiac Arrest: CPR and AED Use

1. Recognize signs and symptoms of cardiac arrest. ▪ Unresponsive ▪ Not breathing normally	
2. Call 9-1-1 immediately. ▪ Or, tell someone to call and get an AED and first aid kit (if available).	
3. Position the person and yourself. ▪ Place them on their back on a firm, flat surface and kneel beside them. ▪ Place one hand on top of the other in the center of their chest. ▪ Keep your shoulders over your hands and elbows locked.	
4. Give 30 compressions. ▪ Push hard and fast! • Depth: At least 2 inches • Rate: 100 to 120 compressions per minute NOTE: If you are unable or unwilling to give breaths for any reason, give compressions without stopping.	
5. Open the airway. ▪ Face shield or no barrier: Place the face shield over their face, with the one-way valve over their mouth. ▪ Pocket mask: Place the mask over their nose and mouth. Do not extend past their chin or cover their eyes. ▪ Tilt their head back to a past-neutral position.	

Cardiac Arrest: CPR and AED Use (Continued)

6. Give 2 breaths. ▪ Make a complete seal. • Face shield or no barrier: Pinch their nose and cover their mouth with your mouth. • Pocket mask: Cover the mask valve with your mouth. ▪ Blow into their mouth. Each breath should last about 1 second and make their chest begin to rise.	
7. Continue cycles of CPR (30:2).	
8. As soon as an AED is available, turn it on and follow the voice instructions. NOTE: If a second trained person is at the scene, they may be able to set up the AED and place the AED pads while you continue to give CPR.	
9. Expose the chest. ▪ Dry the chest if wet. ▪ If chest hair is present, continue. If it's thick enough to affect pad contact, shave the pad placement areas.	
10. Place the AED pads as shown on the pad diagram. ▪ Place one pad on the upper right side of the chest. ▪ Place the other on the lower left side of the chest, a few inches below the left armpit. NOTE: Do not use pediatric AED pads on an adult as the shock delivered will not be sufficient.	

Cardiac Arrest: CPR and AED Use (Continued)

11. Connect the pad cable if needed.	 A close-up photograph showing a person's hands connecting a white cable with red and black pads to the side of a red AED device. The device is open and lying on a patterned rug.
12. Let the AED analyze the heart's rhythm. ▪ Say "CLEAR!" in a loud, commanding voice. ▪ Ensure no one is touching the person while the AED analyzes.	 A photograph showing two people, a woman in a white blazer and a man in a blue shirt, standing over a person lying on a rug. The woman is holding a red AED device. They are in a well-lit room with modern decor.
13. If shock is advised: ▪ Say "CLEAR!" again. ▪ Push the shock button.	 A close-up photograph showing a person's hand pressing a green shock button on the side of a red AED device. The device is open and lying on a patterned rug.
14. Resume CPR immediately after the shock or if no shock is advised.	 A photograph showing a person performing CPR on a person lying on a rug. The person performing CPR is wearing a blue shirt and is leaning over the person lying down, who has a red AED device on their chest.
15. Continue CPR and using an AED until: ▪ You notice an obvious sign of life, such as breathing. ▪ Other responders arrive to relieve you. ▪ You are too exhausted to continue. ▪ The situation becomes unsafe.	 A photograph showing two people, a woman in a white blazer and a man in a blue shirt, performing CPR on a person lying on a rug. The woman is holding a red AED device. They are in a well-lit room with modern decor.

Choking: Clearing the Airway

1. Confirm the person is choking with a severely blocked airway. ▪ They are unable to speak, cry or cough or are making only high-pitched noises. NOTE: If the person can speak, cry or cough forcefully, they are getting enough air. Encourage them to keep coughing and stay with them.	
2. Call 9-1-1. ▪ Or, tell someone to call and get an AED and first aid kit (if available). NOTE: This is a Care First situation. Do not delay care to look for a phone.	
3. Give 5 back blows. ▪ Stand to the side and slightly behind the person. ▪ Bend them forward. ▪ Strike them between the shoulder blades.	
4. Give 5 abdominal thrusts. ▪ Stand behind them with one foot between their feet and bend your knees slightly. ▪ Place a fist above their belly button and cover it with your other hand. ▪ Pull inward and upward. NOTE: Use chest thrusts if the person is pregnant, too large to wrap your arms around or in a wheelchair that prevents abdominal thrusts.	

Choking: Clearing the Airway (Continued)

5. Continue sets of 5 back blows and 5 abdominal thrusts until: ▪ They can cough forcefully, speak, cry or breathe. ▪ They become unresponsive.	 A woman in a purple long-sleeved shirt is bent over, and another woman in a black and white striped shirt is performing back blows on her back. They are in a modern office or cafe setting with wooden tables and white chairs.
6. If they become unresponsive, begin CPR. ▪ After each set of compressions and before attempting breaths, open their mouth and look for an object. ▪ If seen, remove the object with a finger sweep. Never do a finger sweep unless you see the object.	 A woman in a black and white striped shirt is performing CPR on a person lying on the floor. She is wearing blue gloves and is positioned over the person's chest. The person is wearing a purple long-sleeved shirt and grey pants. The background shows a modern office or cafe setting.
7. Continue CPR and using an AED until: ▪ You notice an obvious sign of life, such as breathing. ▪ Other responders arrive to relieve you. ▪ You are too exhausted to continue. ▪ The situation becomes unsafe.	 A woman in a black and white striped shirt is performing CPR on a person lying on the floor. Another woman in a blue jacket is standing next to her, holding a red AED. The person being resuscitated is wearing a purple long-sleeved shirt and grey pants. The background shows a modern office or cafe setting.

Life-Threatening Bleeding: Direct Pressure

1. Recognize signs and symptoms of life-threatening bleeding. ▪ Volume of blood equals about half a soda can. ▪ Continuous or spurting blood flow.	
2. Call 9-1-1. ▪ Or, tell someone to call and get an AED and first aid kit (if available). NOTE: This is a Care First situation. Do not delay care to look for a phone.	
3. Put on gloves. NOTE: Do not delay care until you can find gloves.	
4. Cover the wound with a dressing such as a gauze pad or clean cloth.	
5. Apply steady, firm pressure directly over the wound.	

Life-Threatening Bleeding: Direct Pressure

(Continued)

6. Continue applying direct pressure until:

- The bleeding stops.
- A tourniquet is applied.
- Other responders arrive to relieve you.
- You are too exhausted to continue.
- The situation becomes unsafe.



7. If the bleeding stops, secure with a roller bandage.



8. If the bleeding starts again, reapply pressure without removing the roller bandage.



9. Monitor for shock and give care as needed.



10. Wash your hands after giving care.



Other Common Life-Threatening Emergencies

Anaphylaxis ▪ Signs and symptoms include trouble breathing, hives or facial swelling. ▪ Call 9-1-1 immediately if the person has severe allergies, breathing issues or signs of shock. ▪ Give care. Assist with prescribed epinephrine or antihistamines and monitor them. NOTE: This is a Care First situation. Do not delay care to look for a phone.	
Asthma Attack ▪ Signs and symptoms include wheezing, coughing, chest tightness, gasping or trouble speaking. ▪ Call 9-1-1 immediately if symptoms worsen or the person lacks medication or an action plan. ▪ Give care. Assist with prescribed asthma medication (quick-relief) and monitor them.	
Burn ▪ Signs and symptoms include burns that may appear red, black, brown or white, with swelling, blisters, pain or numbness. ▪ Call 9-1-1 immediately for serious burns (deep, large, on critical areas or caused by hazardous sources). ▪ Give care. Cool the burn with clean, cool running water for 5–20 minutes. Use a cool compress if water isn't available—never use ice. Monitor them and give care if needed.	
Diabetic Emergency ▪ Signs and symptoms include confusion, drowsiness, dizziness, slurred speech or appearing intoxicated. ▪ Call 9-1-1 immediately if the person is unresponsive or not fully awake. Put them in a recovery position and monitor them. ▪ Give care for an alert and awake person. • High blood sugar: Encourage insulin use and recheck in 30 minutes. • Low blood sugar or unsure: Give 15–20g of sugar (e.g., juice, candy, glucose tablets). Assist with glucagon if prescribed. • Monitor them and call 9-1-1 if their condition worsens.	

Other Common Life-Threatening Emergencies

(Continued)

Heart Attack

- **Signs and symptoms** include chest discomfort, pain in arms/back/neck/jaw, shortness of breath, nausea or clammy skin.
- **Call 9-1-1 immediately** and get an AED and first aid, if available.
- **Give care.**
 - Have them chew two to four 81 mg low-dose aspirin tablets or one 325 mg regular-strength aspirin tablet, if possible and allowable.
 - Assist with chest pain medication (nitroglycerin), if prescribed.
 - Monitor them and give CPR/AED if they go into cardiac arrest.



Seizure

- **Signs and symptoms** include loss of consciousness, convulsions, vocalizations, staring or an aura.
- **Call 9-1-1 immediately** if the person is injured, unresponsive, pregnant, seizing in water, seizing for the first time or if the seizure lasts over 5 minutes or repeats.
- **Give care.**
 - During a seizure, do not restrain the person—move objects away, monitor and turn them on their side, if safe.
 - After the seizure, check for responsiveness and breathing, and give care if needed.



Shock

- **Signs and symptoms** include cool, clammy skin, rapid heart rate/breathing, confusion or nausea.
- **Call 9-1-1 immediately** if shock is suspected.
- **Give care.**
 - Treat the cause (e.g., control bleeding).
 - Lay them flat and elevate their feet if no injury or place them in a recovery position if vomiting or decreased alertness.
 - Do not give them food or drink. Maintain their body temperature. Monitor them and give care if needed.



Other Common Life-Threatening Emergencies

(Continued)

Stroke ■ Use FAST to quickly recognize stroke signs. • Face: One side of the face is weak/droops. • Arm: One arm drifts down or appears weak when both arms are raised. • Speech: Slurred speech or trouble speaking. • Time: If any one of these signs are present, call 9-1-1 immediately and note time they began. ■ Other signs and symptoms include confusion, vision trouble and sudden severe headache. ■ Give care. Monitor them and place them in a recovery position if needed.	
Opioid Overdose ■ Signs and symptoms include drug-related items, slow or gasping breaths, bluish/gray skin, unresponsiveness or cardiac arrest. ■ Call 9-1-1 immediately, whether the person is responsive or not. ■ Give care according to the condition found: • If unresponsive and not breathing normally: Start CPR and AED use; give naloxone as soon as it is available without delaying CPR and AED use. • If breathing slowly, not fully awake or confused: Give naloxone and monitor them. • If awake and breathing: Monitor them and give care if needed.	
Head Injury ■ Signs and symptoms may include changes in behavior or mental status; pain or pressure in the head, neck or back; loss of movement, balance or sensation; seizure; nausea or vomiting; impaired breathing or vision; or visible injuries. ■ Call 9-1-1 immediately if you suspect a head, neck or spinal injury, even if symptoms seem mild. ■ Give care. Keep the person still and in the position found unless CPR or bleeding control is needed. Do not remove helmets unless necessary. Maintain their body temperature. Monitor them and give care as needed.	



For more information, download the
First Aid App at redcross.org/apps

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