JOHN TYLER AND ASSOCIATES
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Key stats and talk points for all JTA CPR classes:

C is for Cardio, referring to the heart

P is for Pulmonary, referring to the lungs

R is for Resuscitation, referring to supplying Oxygen to the Brain to keep it alive by using the Heart and Lungs.

CPR is meant to keep the brain alive with oxygen until more advance medical help can revive the victim. Many students think CPR is meant to restart the heart, but it is not. The main focus is to keep the brain alive by using the heart and lungs.

Chart on the board or ask the participants when they think the brain dies without oxygen? When the average paramedic response is?

- The brain dies in 4-6 minutes without Oxygen
- The average response time of Paramedics to the scene of an accident in Greater Los Angeles is 8-10 minutes.
- If no one does CPR before the Paramedics arrive, and they arrive 8-10 minutes into the CPR emergency, the victim has a 3% survival rate
- If a trained bystander begins CPR in the first 4 minutes, and continues until the paramedics arrive there is an 85% survival of infants or children; a 60% survival of middle age healthy adults; and a 20-40% survival of Senior adults.

Physiologically CPR works because the victim's brain can live on the exhaled oxygen content of the rescuer. We breathe in 21% oxygen into our lungs from the environment. We only use 5% of this, and exhale 16% oxygen unused into the victim, who's brain doesn't notice the difference and can still live on the 16% oxygen thanks to us.

CPR from the Heart for the Heart

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What fears might you have as to why you may not wish to try CPR?

- **Fear that I could catch a disease**. Fact: The big disease participants fear usually is HIV/AIDS. There has never been a case of CPR mouth to mouth reported as transmitting the HIV virus. A rescuer needs several pints of saliva to go between rescuer and victim to pass the disease as it is very dilute in saliva. Even when blood is present, it needs blood to blood direct entry into a rescuer's system to transmit. That is not the case with CPR.
- Other diseases can more easily be transmitted: hepatitis, tuberculosis, herpes, common flu, etc.---use a mouth to mask barrier to reduce this possibility.
- 90% of all victims a rescuer would work on (not a part of a hospital situation, will be someone the rescuer knows—a family member, friend, or co-worker. It is very rare CPR is performed to a complete stranger.
- **Fear of Lawsuits:** The Good Samaritan Law protects from lawsuits non-professional rescuers, as long as in the goodness of the rescuer's heart, they are doing the best they can from what they remember from their CPR class, and they aren't going beyond the scope of their training. They must continue to provide CPR until one of four reasons present themselves—1. The paramedics take over 2. The victim gets up and walks away 3. The rescuer is too exhausted to continue 4. Another trained rescuer (not necessarily a paramedic) will take over for you.
- **Fear of Breaking Ribs or making matters worse.** A person who is not breathing and has no heartbeat is in a state of death—a reversible state of death in many cases, but a state of death none-the-less. You cannot make a dead person any more dead by trying your best. As for breaking ribs, usually rib breaking happens with senior citizen ages, not younger adults or children. I would rather have someone

push too hard on the chest and get plenty of oxygen to the brain and have the person live, but with a broken rib, than have a perfect rib cage but a dead brain from too gentle compressions. Right?

- Children and Infants do not have hard bone as their main rib component—they have cartilage as the main component. Cartilage is the material in your ears. If you pressed hard on your ears all day long, could you break your ears? I don't think so. I'd rather have rescuers push harder on the chest then not hard enough.
- Paramedic chief complaint of how bystanders are doing CPR at the emergency scene is that it's being done too soft and therefore marginally effective. When in doubt: PUSH HARDER, about 1/3 to 1/2 the depth of the chest.

Vomiting and other natural events of CPR:

- In about 75% of CPR cases, the victim vomits. This is a normal occurrence, either as a result of too much air coming into the stomach (medical term called gastric distension) or as the body trying whatever it can to keep itself going. If you see the stomach bloating, cut back on your breathing into the victim. All you need for air entering is to see the chest rise from your breath. Everything more is wasted.
- If the victim vomits, it means the brain must be alive at that point to trigger the vomiting which is a good sign. It won't mean however, that the victim will be waking up or getting worse. It only means the brain is alive. As the brain is losing its oxygen supply in the first few minutes, it will signal the rest of the body organs to do whatever they can to keep themselves alive absent clear direction from the brain. The bladder only knows how to do what in this case? Pee. The stomach? Vomits. The body may burp….the jaw may tighten, etc. etc. This is all normal. Know this and keep doing the best you can.

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- If someone vomits, roll them on their side. Wipe their mouth off when they finish, and continue with CPR the best you can.
- Place the victim in the recovery position if they are breathing but unconscious or you have to leave the victim to call 911. This is so the airway will remain open.

Have a great class!

Other notes:

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