

# CPR for infants (under 1 year)



**IN A MEDICAL EMERGENCY CALL TRIPLE ZERO (000) FOR AN AMBULANCE.**

**DRSABCD** Danger ► Response ► Send for help ► Airway ► Breathing ► CPR ► Defibrillation

The DRSABCD Action Plan is the first step when providing first aid. Use this to assess the immediate situation.



The upper airway in infants is easily obstructed because the trachea (windpipe) is soft and may be distorted by an excessive backward head tilt or chin lift.

In infants, therefore, the head should be kept neutral and maximum head tilt should not be used. The lower jaw should be supported at the point of the chin with the mouth maintained open.

There must be no pressure on the soft tissues of the neck. If this does not provide a clear airway, the head may be tilted backwards very slightly with a gentle movement.

**IF UNWILLING OR UNABLE TO GIVE BREATHS, GIVING COMPRESSIONS ONLY WILL BE BETTER THAN NOT DOING CPR AT ALL.**

## WHAT TO DO COMPRESSIONS

Give compressions with the infant on a firm surface.

- 1 Get into position.
  - Place the infant on their back.
  - Place self beside the infant's chest.
  - Locate the lower half of the sternum (breastbone) in the centre of the chest.
- 2 Place 2 fingers over the lower half of the sternum.
- 3 Press down on the infant's chest by about one-third depth.
- 4 Release the pressure. Pressing down and releasing is 1 compression.
- 5 Give 30 compressions.

## GIVING BREATHS

- 1 Tilt the infant's head back very slightly.
- 2 Lift the infant's chin to bring their tongue away from the back of their throat. Avoid pressure on the neck and the soft tissue under the chin.
- 3 Give breaths.
  - Place your lips over the infant's mouth and nose.
  - Blow steadily for about 1 second, watching for the chest to rise.
  - Turn your mouth away from the infant's mouth and watch for chest to fall, and listen and feel for signs of air being expelled. Maintain head tilt and chin lift.
- 4 Take another breath and repeat the sequence above. This is now 2 breaths.

If the chest does not rise, recheck the mouth and remove any obstructions, and ensure there is a good seal around the mouth and nose.

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