

back, obstructing the airway. To open the airway, the head is positioned with a head tilt/chin lift maneuver (if stable cervical spine) by the lay rescuer. Health professionals should open the airway using either a head tilt/chin lift or jaw thrust (if an unstable cervical spine) maneuver. A head tilt is accomplished by placing one hand on the victim's forehead and applying firm, backward pressure with the palm to tilt back the head. The fingers of the free hand are placed under the bony portion of the lower jaw near the chin to lift and bring the chin forward (chin lift). This supports the jaw and helps tilt the head back (Fig. 21-16).



**FIG 21-16** Open the airway using the head tilt/chin lift maneuver, and check breathing.

The jaw thrust is accomplished by grasping the angles of the victim's lower jaw and lifting with both hands, one on each side, displacing the mandible upward and outward. The jaw thrust is recommended only for health care workers. In suspected neck injuries, the jaw thrust method should be used while the cervical spine is completely immobilized. After a patent airway has been restored by removal of foreign material and secretions (if indicated) and if the child is not breathing, maintenance of the airway is continued, and rescue breathing is initiated.

### Give Breaths

To ventilate the lungs in the infant (from birth to 1 year old), the bag valve mask (BVM) or operator's mouth is placed in such a way that both the mouth and the nostrils are covered (Fig. 21-17) using