

The American Heart Association stipulates that having rescuers stop to detect a pulse is not reliable and wastes time. Instead, rescuers should start CPR if the child is unresponsive and not breathing or not breathing normally or if they failed to detect a pulse within 10 seconds. The “look, listen, and feel for breathing” practice is no longer recommended. In 2015, the American Heart Association implemented a few changes in CPR guidelines. Chest compressions should be at a rate of 100 to 120 per minute and chest compression depth should be at least 2 inches (5 cm) but not greater than 2.4 inches (6cm). Each breath should be delivered at a rate of 1 breath every 6 seconds. The automatic external defibrillator (AED) is used as a part of the treatment of cardiorespiratory arrest in children older than 1 year of age.

Component	RECOMMENDATIONS		
	Adults	Children	Infants
Recognition	Unresponsive (for all ages)		
	No breathing or no normal breathing (ie, only gasping)	No breathing or only gasping	
	No pulse palpated within 10 seconds for all ages (HCP only)		
CPR sequence*	C-A-B		
Compression rate	100 to 120 per minute		
Compression depth	At least 2 inches (5 cm) but not more than 2.4 inches (6 cm)	At least $\frac{1}{3}$ AP diameter About 2 inches (5 cm)	At least $\frac{1}{3}$ AP diameter About $1\frac{1}{2}$ inches (4 cm)
Chest wall recoil	Allow complete recoil between compressions HCPs rotate compressors every 2 minutes		
Compression interruptions	Minimize interruptions in chest compressions Attempt to limit interruptions to <10 seconds		
Airway	Head tilt/chin lift (HCP suspected trauma: jaw thrust)		
Compression-to-ventilation ratio (until advanced airway placed)	30:2 1 or 2 rescuers	30:2 Single rescuer 15:2 2 HCP rescuers	
Ventilations: when rescuer untrained or trained and not proficient	Compressions only		
Ventilations with advanced airway (HCP)	1 breath every 6 seconds (10 breaths/min) Asynchronous with chest compressions About 1 second per breath Visible chest rise		
Defibrillation	Attach and use AED as soon as available. Minimize interruptions in chest compressions before and after shock; resume CPR beginning with compressions immediately after each shock.		

*Excluding the newly born, in whom the etiology of an arrest is nearly always asphyxial.
NOTE: Newborn/neonatal information not included.

FIG 21-12 Summary of basic life support maneuvers for infants, children, and adults. *AED*, Automatic external defibrillator; *AP*, anterior-posterior; *CPR*, cardiopulmonary resuscitation; *HCP*, health care provider. (Adapted from American Academy of Pediatrics, Committee on