

the E-C technique. With the BVM, the thumb and index finger of the nondominant hand secure the mask on the patient's face (forming a C), while the first three fingers of the same hand are used to lift the jaw (forming an E). If no BVM is available, children (older than 1 year old) are ventilated through the mouth while the nostrils are pinched for airtight contact.



FIG 21-17 Mouth-to-mouth and nose breathing for an infant.

The volume of air in an infant's lungs is small, and the air passages are considerably smaller, with resistance to flow potentially higher than in adults. The rescuer should deliver small puffs of air and assess the rise of the chest to ensure that overinflation does not occur. A gentle rise of the chest is a sufficient indicator of adequate inflation and indicates that the airway is clear. Breaths should be given over 1 second with sufficient volume to make the chest rise. If the chest does not rise, reposition the head or jaw and try again.

Medications

Medications are an important adjunct to CPR, especially cardiac arrest, and are used during and after resuscitation in children. Medications are used to (1) correct hypoxemia, (2) increase perfusion pressure during chest compression, (3) stimulate spontaneous or more forceful myocardial contraction, (4) accelerate cardiac rate, (5) correct metabolic acidosis, and (6) suppress ventricular ectopy. In 2015, the American Heart Association changed the guidelines to report that bystanders may administer