



How to Do CPR on an Adult

User
Reviewed

Five Parts: [Taking Vitals](#) [Administering CPR](#) [Continuing the Process Until Help Arrives](#) [Using an AED](#) [Putting the Patient in Recovery Position](#)

Knowing how to perform both methods of CPR (cardiopulmonary resuscitation) on an adult could save a life. However, the recommended method for performing CPR has changed relatively recently, and it is important to know the difference. In 2010, the American Heart Association made a radical change to the recommended CPR process for victims of cardiac arrest^[1] after studies showed that compression-only CPR (no mouth-to-mouth breathing) is as effective as the traditional approach.

Part
1

Taking Vitals

1 Check the scene for immediate danger. Make sure you're not putting yourself in harm's way by administering CPR to someone unconscious. Is there a fire? Is the person lying on a roadway? Do whatever is necessary to move yourself and the other person to safety.

- If there is anything that could endanger you or the victim, see whether there is something you can do to counteract it. Open a window, turn off the stove, or put out the fire, if possible.
- However, if there is nothing you can do to counteract the danger, move the victim. The best way to move the victim is by placing a blanket or coat underneath their back and dragging it.

2 Assess the victim's consciousness. Gently tap his or her shoulder and ask "Are you OK?" in a loud, clear voice. If he or she responds agreement "Yeah" or such, CPR is not required. Instead, undertake [basic first aid](#) and [take measures to prevent or treat shock](#)^[1], and assess whether you need to contact emergency services.

- If the victim does not respond, continue with the following steps.

3 Send for help. The more people available for this step, the better. However, it can be done alone. Send someone to call for emergency medical services (EMS).

- To contact emergency services, call
 - **911** in North America
 - **000** in Australia
 - **112** by cell phone in the EU (including the UK)
 - **999** in the UK and Hong Kong.
 - **102** in India
 - **1122** in Pakistan
 - **111** in New Zealand
 - **123** in Egypt
 - **120** in China
- Give the dispatcher your location, and notify him or her that you're going to perform CPR. If you're alone, put your phone on speaker mode so your hands are free to start compressions. If you have someone else with you, have him or her stay on the line while you do CPR on the victim.

- 4 Do not check for a pulse.** Unless you're a trained medical professional, odds are you'll spend too much valuable time looking for a pulse when you should be doing compressions.
- 5 Check for breathing.** And, make sure that the airway is not blocked. If the mouth is closed, press with your thumb and forefinger on both cheeks at the back of the teeth to help open the mouth and then look inside. Remove any visible obstacle that is in your reach but never push your fingers too far inside. Put your ear close to the victim's nose and mouth, and listen for slight breathing. Watch for rising and falling of the chest.

If the victim is coughing or breathing normally, do not perform CPR.

Part 2 Administering CPR

- 1 Place the victim on his or her back.** Make sure he or she is lying as flat as possible - this is to prevent injury while you're doing chest compressions. Tilt their head back by using your palm against their forehead and a push against their chin.
- 2 Place the heel of one hand on the victim's breastbone, 2 finger-widths above the meeting area of the lower ribs, exactly between the normal position of the nipples.**
- 3 Place your second hand on top of the first hand, palms-down, interlock the fingers of the second hand between the first.**
- 4 Position your body directly over your hands, so that your arms are straight and somewhat rigid.** Don't flex the arms to push, but nearly lock your elbows, and use your upper body strength to push.
- 5 Perform 30 chest compressions.** Press down with both hands directly over the breastbone to perform a compression, which helps the heart beat. Chest compressions are more critical for correcting abnormal heart rhythms (ventricular fibrillation or pulseless ventricular tachycardia, heart rapidly quivering instead of beating).
 - You should press down by about 2 inches (5 cm).
 - Do the compressions in a relatively fast rhythm. Some agencies recommend doing compressions to the beat of the chorus of "Stayin' Alive," a 1970s disco hit, or at roughly 100 beats per minute.

Part 3 Continuing the Process Until Help Arrives

- 1 Minimize pauses in chest compression that occur when changing providers or preparing for a shock.^[1]** Attempt to limit interruptions to less than 10 seconds.
- 2 Make sure the airway is open.** Place your hand on the victim's forehead and two fingers on their chin and tilt the head back to open the airway.
 - If you suspect a neck injury, **pull the jaw forward rather than lifting the chin.** If jaw thrust fails to open the airway, do a careful head tilt and chin lift.
 - If there are no signs of life, place a breathing barrier (if available) over the victim's mouth.
- 3 Give two rescue breaths (optional).** The American Heart Association no longer considers rescue breaths necessary for CPR, as the chest compressions are more important. If you are trained in CPR and totally confident, give two rescue breaths after your 30 chest compressions. If you've never done CPR before, or you're trained but rusty, stick with only chest compressions.^[2]

- Keeping the airway open, take the fingers that were on the forehead and pinch the victim's nose closed. Make a seal with your mouth over the victim's mouth and breathe out for about one second. Make sure you breathe slowly, as this will make sure the air goes in the lungs and not the stomach.
- If the breath goes in, you should see the chest slightly rise and also feel it go in. Give a second rescue breath.
- If the breath does not go in, re-position the head and try again. If it does not go in again, the victim may be choking. Do abdominal thrusts (the Heimlich maneuver) to remove the obstruction.

4 Repeat the cycle of 30 chest compressions. If you're also doing rescue breaths, keep doing a cycle of 30 chest compressions, and then 2 rescue breaths; repeat the 30 compressions and 2 more breaths.

- You should do CPR for 2 minutes (5 cycles of compressions to breaths) before spend time checking for signs of life.

5 Continue CPR until someone takes over for you, emergency personnel arrive, you are too exhausted to continue, an automated external defibrillator (AED) is available for immediate use, or signs of life return.

Part 4 Using an AED

1 Use an AED (automated external defibrillator). If an AED is available in the immediate area, use it as soon as possible to jump-start the victim's heart. ^[3]

- Make sure there are no puddles or standing water in the immediate area.

2 Turn on the AED. It should have voice prompts that tell you what to do.

3 Fully expose the victim's chest. Remove any metal necklaces or underwire bras. Check for any body piercings, or evidence that the victim has a pacemaker or implantable cardioverter defibrillator (should be indicated by a medical bracelet) to avoid shocking too close to those spots ().

- Make sure the chest is absolutely dry and the victim is not in a puddle. Note that, if the person has a lot of chest hair, you may need to shave it, if possible. Some AED kits come with razors for this purpose.

4 Attach the sticky pads with electrodes to the victim's chest. Follow the instructions on the AED for placement. Move the pads at least 1 inch (2.5 cm) away from any metal piercings or implanted devices.

- Make sure no one is touching the person, when you apply the shock.

5 Press analyze on the AED machine. If a shock is needed for the patient, the machine will notify you. If you do shock the victim, make sure no one is touching him or her.

6 Do not remove pads from the victim and resume CPR for another 5 cycles before using the AED again. Stick on adhesive electrode pads are intended to be left in place.

Part 5 Putting the Patient in Recovery Position

1 Position the patient ONLY after the victim has been stabilized and is breathing on his/her own.

2 Flex and raise one knee joint, push the victim's hand that's on the opposite side from the raised knee, partially under the hip with the straight leg. Then position the free hand onto the opposite shoulder, and roll the victim onto the side with the straight leg. The raised knee/bent leg is on top and helps stop the body from rolling over onto the abdomen. The arm with the hand tucked under the edge of the hip is kept from sticking out in the way when rolling the patient onto that side.

3 Use the recovery position to help the victim to breathe more easily. This position keeps saliva (spit) from accumulating in the back of the mouth or throat, and helps the tongue to hang to the side without it falling/flopping into the back of the mouth and obstructing the airway.

Community Q&A

Why do I have to put a patient into the recovery position and what will happen if I don't do that?

wikiHow Contributor
It helps with the breathing and in the case that he gets sick, it keeps him from swallowing his own vomit and choking on it.
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How would I check for breathing?

wikiHow Contributor
Look to see if the chest rising and falling. Try to feel if there is air coming in and out of the person's nose or mouth. Listen for coughing, gasping, rasping, etc. All of these are signs of breathing.
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Why do we need to survey the scene?

wikiHow Contributor
To make sure that the victim is not in any dangerous situations, such as still being on a road where cars are passing all the time, or near live wires that could electrocute them or any rescuers. If they are, then you need to pull them out of the situation, if it is safe for you to do so. If you don't do this, you could be a victim yourself and/or you could hurt the victim more and make them worse. However, if it is too dangerous for you to help, then you will need to consider what can best be done given the context.
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Where can I purchase an AED? How much do they usually cost and would insurance cover it?

wikiHow Contributor
Insurance would most likely not cover an AED. To purchase one, you can look at the big online medical stores. If you are in Canada, look at sands.ca. If you are in the USA, just look on Google for bulk medical equipment. They will cost around \$1000-2000.
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Why do we tilt the victims head back when carrying out CPR?

wikiHow Contributor
The air must reach the person's lungs. Imagine the airway as a hose. If the person's head is bent, it may kink the trachea/windpipe and stop the flow of air. When you tilt the head back, you are straightening the pipe.
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What if the person is bleeding from a stab wound on the chest? If the bleeding hasn't stopped, is it still safe to use the AED?

wikiHow Contributor
It depends entirely on whether or not the foreign item is still in the body, and where the wound is. I would say it's probably unsafe to even perform compressions at that point.
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If the victim has been perspiring and is damp all over, is it safe to use the AED?

wikiHow Contributor
Yes, you can still use an AED. If you are very concerned with moisture, then wipe the area over the chest with a dry towel or article of clothing. The most important thing is to be away from the person when delivering a shock.
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How do I remove vomit from the mouth?

wikiHow Contributor
Use two gloved-enclosed fingers to reach inside the mouth and pull the tongue forward along with using them as a scoop to drag any vomit/other substances out of the mouth. Also perform Heimlich to remove anything the victim may be choking on then use fingers again to be sure.
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Should I remove any piercings the patient may have when using a AED?

wikiHow Contributor
You don't necessarily have to remove them, but you should place the AED pads at least 1 to 2 inches away from the piercings.
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What are the differences in technique when performing CPR on a child or an infant?

When performing CPR on a child or Infant, you should be using only the heel or fingers of one hand, and give smaller

breaths instead of full ones. This way, you don't risk popping the child/infant's lungs or breaking their ribs.

wikiHow
Contributor

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Tips

- You can get guidance on correct CPR technique from an emergency services operator, if needed.
- If you are unable or unwilling to perform rescue breathing, engage in "chest compression-only CPR" with the victim. This will still aid the victim in recovering from cardiac arrest.
- Get proper training from a qualified organization in your area. Training from an experienced instructor is the best way to be prepared in an emergency.
- If you must move or roll the victim over, try to disturb the body as little as possible.
- Always call [Emergency Medical Services](#).
- CPR is most effective on a hard surface so moving the victim to the floor is a good idea before starting CPR.

Warnings

- Most importantly, don't panic. Although a cardiac arrest is a very stressful event, it is important to stay calm and think clearly.
- Remember that CPR is different for adults, children and infants; this CPR is meant to be administered to an adult.
- Do not worry about breaking ribs or the sternum, which can be repaired, but death from a cardiac or respiratory arrest is irreversible. High quality CPR requires hard, deep compressions which may cause damage.
- As long as you got the positioning of your hands right, don't be afraid to use your upper body strength to press on the adult's breast bone. After all, you need the force to press the heart against the victim's back to try to pump blood.
- Remember, if someone is not already in your care, you must ask permission of a responsive victim, whether you can help. If he or she is unresponsive, then you have implied consent.
- In all 50 states have some form of a "Good Samaritan Law". This law protects a person providing first aid, as long as they provide reasonable assistance, from a lawsuit or legal consequences. There has never been a successful lawsuit in the US against someone for performing CPR.
- If the person has normal breathing, coughing, or movement, do not begin chest compressions.
- If possible, wear gloves and use a breathing barrier/mouthpiece when possible to make transmission of diseases less likely.
- Do not move the patient unless he or she is in immediate danger or are in a place that is life-threatening.
- Do not slap the victim to get them awake, and most certainly don't rattle/scare them. Shake one shoulder gently, and call out to them.

Sources and Citations

1. [↑] ^{1.01.11.2}<http://www.jwatch.org/jc20101201000001/2010/12/01/revised-guidelines-cardiopulmonary-resuscitation>
2. <http://www.mayoclinic.com/health/first-aid-cpr/FA00061>
3. <http://www.nhlbi.nih.gov/health/health-topics/topics/aed/howtouse.html>