



BLS STUDENT

QUICK REFERENCE CHEAT SHEET

ADULT • CHILD • INFANT CPR & AED



Based on
2025
American Heart
Association®
Guidelines

Remember: High-quality CPR saves lives.

ADULT CPR



CHECK → CALL → COMPRESS

- Check for responsiveness, breathing, and a pulse simultaneously for no more than 10 seconds.
- If there is no normal breathing and no pulse, begin CPR.
- Compression rate: 100–120/min
- Compression depth: at least 2 inches (5 cm)
- Allow complete chest recoil after each compression.
- Minimize interruptions in compressions.
- 1 rescuer: 30 compressions : 2 breaths
- 2 rescuers: 30 compressions : 2 breaths
- Give each breath over 1 second, watching for visible chest rise.
- Switch compressors about every 2 minutes when possible.

CHILD CPR



Age: approximately
1 year to puberty

- Compression rate: 100–120/min
- Compression depth: about 2 inches (5 cm) or $\frac{1}{3}$ the depth of the chest
- Use 1 or 2 hands, depending on the child's size.
- 1 rescuer: 30:2
- 2 rescuers: 15:2

INFANT CPR



Younger than
approximately 1 year

- Compression rate: 100–120/min
- Compression depth: about $1\frac{1}{2}$ inches (4 cm) or $\frac{1}{3}$ the depth of the chest
- 1 rescuer: 30:2
- 2 rescuers: 15:2
- For 2-rescuer infant CPR, use the recommended 2-thumb encircling hands technique.

AED – THINK “ON → PADS → CLEAR → SHOCK”

-  Turn the AED ON.
-  Expose the chest and attach the AED pads.
-  Allow the AED to analyze the rhythm.
-  **CLEAR!** Make sure no one is touching the patient.
-  Deliver a shock if advised.
-  Immediately resume CPR, starting with compressions.
-  Continue CPR for about 2 minutes before the next rhythm analysis, following AED prompts.

HIGH-QUALITY CPR = C-A-B

C

COMPRESSIONS

- 100–120/min
- Correct depth
- Full recoil
- Minimal interruptions



A

AIRWAY

- Open the airway appropriately.



B

BREATHING

- Give effective breaths that produce visible chest rise.
- Avoid excessive ventilation.



RESCUE BREATHING WITH A PULSE

If the patient has a pulse but is not breathing normally, provide rescue breathing and reassess the pulse according to your BLS training algorithm. **Avoid excessive ventilation.**



Pediatric patient: Use pediatric pads/attenuator when available and appropriate. Follow the AED manufacturer's instructions.

IF THE CHOKING PATIENT BECOMES UNRESPONSIVE



Lower the patient safely.



Activate the emergency response system/get an AED.



Begin CPR starting with compressions.



Before giving breaths, look in the mouth for a visible object.



Remove the object only if you can see it.



Continue CPR and use the AED as soon as available.

CHOKING – RESPONSIVE PATIENT



ADULT OR CHILD

For severe airway obstruction:

- Give repeated cycles of 5 back blows + 5 abdominal thrusts until the object is expelled or the person becomes unresponsive.
- For a pregnant patient or when abdominal thrusts cannot be performed, use chest thrusts.



INFANT

- 5 back slaps
 - 5 chest thrusts
- Repeat until the object is expelled or the infant becomes unresponsive.



NEVER PERFORM A BLIND FINGER SWEEP.

NUMBERS TO REMEMBER

Skill	Adult	Child	Infant
Compression Rate	100–120/min	100–120/min	100–120/min
Compression Depth	≥ 2 in (5 cm)	~2 in (5 cm)	~1½ in (4 cm)
1-Rescuer CPR	30:2	30:2	30:2
2-Rescuer CPR	30:2	15:2	15:2

TEST-DAY MEMORY TIPS

- ✓ **100–120** = compression rate
- ✓ **30:2** = standard single-rescuer CPR ratio
- ✓ **15:2** = 2-rescuer child/infant CPR
- ✓ **≤10 seconds** = pulse/breathing check
- ✓ **2 minutes** = approximately when compressors should switch



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BASED ON THE 2025 AMERICAN HEART ASSOCIATION GUIDELINES FOR CPR AND ECC.

This handout is a study aid and does not replace the current BLS Provider Manual, course materials, instructor guidance, or skills testing requirements.