

The American Red Cross

Introduces: The Modular System

For Teaching CPR

by THOMAS MOORE
Instructor
American National Red Cross

Mr. Moore is an Advanced First Aid Instructor and Basic Water Safety and Rescue Instructor for the American National Red Cross. In addition to numerous first aid courses and seminars, Mr. Moore has completed courses in Emergency Victim Care, Circulatory Monitoring, IV Therapy and Acute Coronary Care. He formerly served for nine years as a volunteer with the Franklin Township Fire Department.

Ask Bill Miller, Safety Programs Director of the Columbus Area Chapter, American Red Cross, and he'll tell you that the modular system of teaching Cardiopulmonary Resuscitation (CPR) is the greatest thing to come down the pike. I concur. This course has gone far beyond all other courses on the subject. Instead of the mass approach, the course allows students to set their own pace while working through the six chapters of the individually programmed workbook. David and Nancy Markle of Communication Research Lab are to be commended for the outstanding instructional design of the course, and the excellent workbook illustrations by Loyd McAnally clarify many points throughout the entire text.

cardiac arrest, the text has a key phrase:

"A QUICK CHECK"

A Stands for *AIRWAY*;
QUICK Stands for four *QUICK* breaths;
CHECK Stands for *CHECK* the pulse and breathing.

Chapter 2 deals with Artificial Ventilation for adult victims of pulmonary arrest. (Since CPR methods and ratios are different for infants and children, this subject is covered separately in Chapter 6.) You will learn how to establish an open airway, how to perform mouth-to-mouth breathing, how to overcome difficulty in getting an air exchange including the dislodging of airway obstructions, and how to begin mouth-to-nose breathing if for any reason you are unable to perform mouth-to-mouth breathing. Techniques of administering mouth-to-mouth breathing to a victim suspected of having a broken neck, broken back or bone fractures of the face are also covered, as is proper care of the victim after he resumes breathing on his own.

At this point the student is ready for the practice session. After viewing the film cartridge, "Artificial Ventilation," the two-person team practices on a manikin. A prepared list helps the partners check each other on proper performance. If there are any questions, reference can be made to Chapters 1 and 2, or the film cartridge can be reviewed. When the student feels ready, the instructor will check on skills performance. This procedure is followed after the completion of each remaining chapter.

Chapter 3 stresses the correct placement of the hands in the chest compression phase of CPR and emphasizes that artificial ventilation must be given in conjunction with chest compression. A skeletal diagram of the chest helps the student understand the importance of proper hand placement. Proper positioning of the shoulders, elbows and body is also stressed, and the student is taught the correct method, rate and rhythm of the compressions. It is strongly impressed on the student that chest compressions are practiced *only* on a manikin, *never* on another person. Upon completion of the text of Chapter 3, the first part of "Chest Compressions" is viewed and the two-person team then practices the techniques on the manikin. Review, if desired, and evaluation by the instructor follow as outlined above.

Chapter 4 presents the methods used to perform one-person CPR and two-person CPR. One-person CPR is more difficult, but can be done effectively by a trained rescuer until help arrives. The ratio of mouth-to-mouth breathing and

The modular system consists of the illustrated workbook, hand-operated viewers which utilize six cartridge color films demonstrating correct techniques, the pairing off of two-person teams for practice sessions, and finally, evaluation by an authorized Cardiopulmonary Instructor. The practice sessions are scheduled in two sequences, "Track A" and "Track B," thus utilizing the practice manikin to maximum advantage.

Perhaps a brief summary of each chapter will best demonstrate what you can expect from the modular system approach to teaching Cardiopulmonary Resuscitation.

Chapter 1 is an introduction to and definition of Cardiopulmonary Resuscitation. "Cardio" refers to the heart, "pulmonary" refers to the lungs; hence, the word "cardiopulmonary" since the heart and lungs work together. Cardiac arrest means the heart is not beating effectively, while pulmonary arrest means the lungs have stopped working. "Cardiopulmonary Resuscitation" therefore becomes an emergency lifesaving procedure. Chapter 1 goes on to explain how to determine cardiac and/or pulmonary arrest and the steps the trained rescuer will follow to resuscitate the victim of an arrest. To help decide what to do for an unconscious person whom you suspect is in pulmonary arrest or

chest compressions is different for one-person CPR than for two-person CPR, and both methods must be practiced until they can be performed smoothly and effectively. The student is also taught how to change positions during two-person CPR should either rescuer become tired and wish to change places. This can, with practice, be done with little or no pause in the CPR procedure. A brief pause is warranted to check the victim's pulse to determine whether he is recovering. The best place to check for a pulse on a large child or an adult is the carotid (ca-RAH-tid) artery of the neck. A baby's pulse can best be checked on his chest, slightly below the line of the nipples and to the left of the sternum (breastbone). Other methods of making this determination are also discussed. After viewing the second half of the film cartridge, "Chest Compressions," the two-person team proceeds to practice on the manikin, using both one-person and two-person techniques.

Chapter 5 introduces something new—Immediate Care; that is, giving CPR within one minute of the time a person collapses. Delayed Care is in essence the procedures that were taught in the preceding chapters; Immediate Care allows the rescuer to add the Precordial Thump in proper sequence because he knows that the victim has a good supply of

oxygen. To help remember the added steps for Immediate Care of an unconscious person, think: ACT.

AAIRWAY;
 CCHECK the pulse;
 TIf there is no pulse (and no breathing), give a Precordial THUMP.


Precordial Thump is simply a blow to the chest which can generate a small electrical current that might start the heart beating again, but it is of extreme importance that it be done correctly. Precordial Thump is administered to adults only, when it is established that there is no pulse. The theory of the Precordial Thump and the correct technique for administering it are thoroughly discussed in Chapter 5. After viewing the film cartridge, "Delayed Care and Immediate Care," the student begins probably the most important practice session, since it involves the decision step for Delayed or Immediate Care in CPR. Several scenarios are given the student, who is required to demonstrate the proper action to be taken.

Chapter 6 covers Artificial Ventilation and CPR for infants and small children. This chapter goes into some detail in graphics and instruction on the "how to" of pediatric CPR since the procedures differ greatly from those used for the adult victim and it is of the ut-

most importance for the rescuer to be thoroughly familiar with these differences. Upon completing Chapter 6, the student will view the film cartridge, "CPR for Infants," and proceed with the practice session.

All six chapters have now been covered by the student at his own pace and to his own satisfaction that he understands the material presented. He has practiced each step of CPR until he feels assured of his competence. He is now presented a review of 18 questions; when the review is completed, he is ready for the final examination.

What is most impressive about this course is the progressive teaching techniques. One motor skill is taught and by means of the check list, that skill is practiced correctly. Mastery of step one is assured before proceeding to step two. Every person in each class will view the same demonstrations and be guided through the same practice sessions by the same check list. This lessens the possibility of perpetuating an incorrectly learned skill.

If it sounds challenging—well, it is. But it's a worthwhile challenge and your local Chapter of American National Red Cross will welcome your call to see when you can sign up to take the modular CPR course—the greatest thing to come down the pike. 

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