

BLS TRAINING (BASIC LIFE SUPPORT) FOR NURSING PROFESSIONALS



HELD ON

12TH AUGUST 2026

THANK YOU FOR YOUR PARTICIPATION!

This training equips nursing professionals with the knowledge and practical skills to recognise and respond effectively to life-threatening emergencies.

Your commitment to learning **saves lives.**



WHAT YOU LEARNED



Recognising Cardiac Arrest



Activating Emergency Response



High-Quality CPR (Adult, Child & Infant)



Rescue Breaths



Using an AED Safely and Effectively



Responding to Choking



Team-Based Resuscitation



BLS in Professional Practice



WELL DONE!

Your dedication to learning today makes a real difference.

You are now better prepared to act with confidence when it matters most.

“

“Anyone can save a life.
All it takes is the will to try
and the **confidence to act.**”



PRACTICAL
SKILLS



CONFIDENCE
IN ACTION



TEAMWORK
SAVES LIVES



CERTIFICATE
OF PARTICIPATION

BE PREPARED. BE CONFIDENT. **SAVE LIVES.**

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BLS

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BASIC LIFE SUPPORT (BLS) FOR HEALTHCARE PROFESSIONALS



WELCOME & COURSE OVERVIEW

Welcome to the Basic Life Support (BLS) for Nursing Professionals Training.

Basic Life Support is one of the most important emergency skills a nurse can possess.

In a cardiac or breathing emergency, the first few minutes matter. A nurse may be the first trained professional present, and the actions taken during those first moments can influence everything that follows.

WHAT BASIC LIFE SUPPORT COVERS

BLS focuses on the immediate recognition and management of life-threatening emergencies such as:

- Cardiac arrest
- Respiratory arrest
- Severe choking
- Sudden collapse

It includes early recognition, activation of emergency response, high-quality CPR, use of an Automated External Defibrillator (AED), and effective teamwork.

LEARNING OBJECTIVES

By the end of this training, participants should be able to:

- Explain the purpose of BLS
- Recognise possible cardiac arrest
- Assess responsiveness and breathing
- Activate an emergency response appropriately
- Describe and perform high-quality CPR principles
- Explain rescue breathing
- Use an AED safely
- Recognise and respond to choking
- Explain important differences in child and infant BLS

- Work effectively as part of a resuscitation team
- Identify common BLS errors

THE NURSE'S ROLE IN EMERGENCY RESPONSE

Nurses are often in a position to recognise deterioration before anyone else.

Your role may include:

- Recognising the emergency
- Ensuring scene safety
- Calling for appropriate help
- Beginning BLS when indicated
- Coordinating with other responders
- Using available emergency equipment
- Providing a clear handover
- Documenting the emergency accurately

BLS is not simply about knowing CPR.

It is about recognising what is happening and taking the correct action without unnecessary delay.



UNDERSTANDING BASIC LIFE SUPPORT

Basic Life Support — BLS — refers to the immediate care provided to a person experiencing a life-threatening emergency, particularly cardiac arrest or respiratory arrest.

Its purpose is to support the person's airway, breathing and circulation until more advanced medical care becomes available.

PURPOSE OF BLS

BLS aims to:

- Recognise life-threatening emergencies quickly

- Maintain blood flow to vital organs
- Support oxygen delivery
- Provide early defibrillation when indicated
- Prevent avoidable delays in emergency care
- Keep the patient supported until advanced help takes over

BLS VERSUS ADVANCED LIFE SUPPORT

BLS focuses on immediate lifesaving interventions that can begin before advanced equipment, medications or specialist personnel arrive.

Advanced life support may include:

- Advanced airway management
- Cardiac rhythm interpretation
- Emergency medications
- Manual defibrillation
- Treatment of reversible causes
- Post-cardiac arrest management

BLS comes first. Advanced interventions cannot compensate for unnecessary delays in recognising cardiac arrest, starting CPR or using an AED.

WHY EARLY INTERVENTION MATTERS

During cardiac arrest, effective circulation stops.

Without blood flow, the brain and other vital organs quickly become deprived of oxygen.

Every unnecessary delay reduces the opportunity for successful resuscitation.

This is why BLS emphasises:

Recognise early → Call for help → Start appropriate CPR → Use an AED as soon as available.

The goal is not to wait for the most senior person in the building.

The goal is to begin the correct lifesaving response immediately.



CARDIAC ARREST: KNOW WHAT YOU ARE LOOKING FOR

Cardiac arrest means the heart is no longer pumping blood effectively enough to support life. It is a medical emergency requiring immediate recognition and action.

COMMON WARNING SITUATIONS

Cardiac arrest may occur:

- Suddenly and without obvious warning
- After severe breathing difficulty
- Following a major cardiac event
- After choking or drowning
- Following severe illness or injury
- During deterioration in a hospital or care setting

RECOGNISING AN UNRESPONSIVE PATIENT

A person in cardiac arrest is typically:

- Unresponsive
- Not breathing normally

Occasional gasping or abnormal irregular breaths should not be mistaken for normal breathing.

These gasps may be agonal breathing.

An unresponsive person who is not breathing normally should immediately raise concern for cardiac arrest.

WHY DELAYS ARE DANGEROUS

The longer effective circulation is absent, the greater the risk of irreversible organ damage.

Common causes of delay include:

- Repeatedly trying to wake the patient
- Mistaking gasping for normal breathing
- Waiting for a doctor before acting

→ Searching for equipment before starting indicated CPR

→ Uncertainty about who should call for help

Remember:

Unresponsive + not breathing normally = suspect cardiac arrest.

Recognise quickly and move immediately into the appropriate BLS response.



THE CHAIN OF SURVIVAL

Surviving cardiac arrest rarely depends on one action alone.

It depends on a series of actions happening quickly and in the correct sequence.

This is commonly described as the Chain of Survival.

The key links include:

- Early recognition and activation of emergency response
- Early high-quality CPR
- Rapid defibrillation when indicated
- Advanced resuscitation care
- Post-cardiac arrest care and recovery

EARLY RECOGNITION

Everything begins with recognising that something is seriously wrong.

A patient suddenly collapses. They are unresponsive. They are not breathing normally.

These findings should immediately raise concern for cardiac arrest.

ACTIVATE THE EMERGENCY RESPONSE

Once cardiac arrest is suspected, appropriate help must be activated immediately.

In a healthcare facility, this may involve:

- Calling the resuscitation or emergency team
- Activating the local emergency response system
- Sending someone to obtain an AED or defibrillator

EARLY HIGH-QUALITY CPR

CPR helps maintain some blood flow to the brain and heart while definitive treatment is being arranged.

The emphasis is on quality:

- Correct compression rate
- Appropriate depth
- Full chest recoil
- Minimal interruptions

RAPID DEFIBRILLATION

Some cardiac arrests involve rhythms that may respond to an electrical shock.

An AED should therefore be obtained and used as soon as possible.

ADVANCED CARE AND RECOVERY

BLS is only one part of the patient's journey.

Advanced resuscitation, treatment of the underlying cause and post-cardiac arrest care are also important.

Think of the Chain of Survival as a real chain.

If one link is weak or unnecessarily delayed, the entire response becomes less effective.



SCENE SAFETY & INITIAL APPROACH

Before touching a collapsed patient, ask one immediate question:

Is it safe to approach?

A rescuer who becomes injured cannot provide effective care and may create an additional casualty.

CHECKING FOR DANGER

Rapidly look for hazards such as:

- Exposed electricity
- Fire or smoke
- Traffic
- Unsafe equipment
- Spilled liquids
- Chemicals
- Violence or environmental danger
- Blood or other body fluids

PROTECTING YOURSELF AND OTHERS

Do not rush into an obviously dangerous situation.

Where possible:

- Remove or isolate the danger
- Use appropriate personal protective equipment
- Warn other people
- Follow workplace emergency procedures

APPROACHING THE PATIENT SAFELY

Once the environment is reasonably safe, approach promptly and begin assessment.

Safety assessment should be rapid.

It should not become an excuse for unnecessary delay when no significant danger is present.

INFECTION-CONTROL CONSIDERATIONS

Healthcare professionals should use appropriate precautions based on the situation and available equipment.

This may include:

- Gloves
- Barrier devices
- Appropriate respiratory protection where required
- Safe handling of body fluids

However, infection-control preparation should be balanced against the urgency of a life-threatening emergency.

The principle is simple:

Protect yourself, control obvious hazards, then begin appropriate emergency care without unnecessary delay.



Assessing Responsiveness

ASSESSING RESPONSIVENESS

After confirming that the scene is safe, determine whether the patient is responsive.

CHECKING RESPONSIVENESS

Approach the patient and speak clearly.

For example:

“Are you okay?”

Use an appropriate physical stimulus according to your training and the clinical situation.

Look for a meaningful response.

A meaningful response may include:

- Opening the eyes
- Speaking
- Purposeful movement
- Following a simple instruction

RECOGNISING ABNORMAL RESPONSES

Do not confuse random movement, abnormal sounds or reflex activity with normal responsiveness.

A patient who does not respond meaningfully should be treated as unresponsive.

WHEN TO CALL FOR ASSISTANCE

If the patient is unresponsive:

- Call for help
- Continue immediately with airway and breathing assessment
- Prepare to activate the emergency response if cardiac arrest is suspected

If other people are present, use direct instructions.

Instead of:

“Someone call for help!”

Say:

“Amina, call the emergency team and bring the AED.”

AVOIDING UNNECESSARY DELAYS

Do not spend several minutes:

- Shouting repeatedly
- Shaking the patient continuously
- Searching for a pulse without following your trained protocol
- Waiting for another person to confirm your findings

Responsiveness assessment should be rapid.

If there is no meaningful response, move immediately to the next BLS step.



AIRWAY & BREATHING ASSESSMENT

An unresponsive patient requires rapid assessment of the airway and breathing.

OPENING AND ASSESSING THE AIRWAY

Use the appropriate airway-opening technique according to your BLS training and the clinical situation.

The purpose is to ensure that the airway is open enough to assess breathing and provide ventilation if required.

RECOGNISING NORMAL VERSUS ABNORMAL BREATHING

Assess whether the patient is breathing normally.

Normal breathing should be regular and effective.

Abnormal breathing may include:

- Occasional gasps
- Irregular ineffective breaths
- Very abnormal respiratory effort
- No breathing

AGONAL BREATHING

Agonal gasps can occur during cardiac arrest.

They may look like occasional, slow or laboured breaths.

They are not normal breathing.

This is a common source of dangerous delay.

A responder sees the chest move once and says:

“He is still breathing.”

But occasional gasping in an unresponsive patient may actually indicate cardiac arrest.

MAKING A RAPID BLS DECISION

If the patient is:

Unresponsive + not breathing normally

- Suspect cardiac arrest
- Activate the emergency response
- Begin appropriate CPR
- Obtain an AED as soon as possible

Do not prolong the breathing assessment unnecessarily.

The purpose of the assessment is to make a rapid decision and act.



ACTIVATING EMERGENCY RESPONSE

Once a life-threatening emergency is recognised, appropriate help must be activated quickly.

CALLING FOR HELP

The exact emergency system depends on your location.

In a hospital or clinic, this may involve:

- Activating a resuscitation team
- Using an emergency call system
- Calling a designated internal number

In a community or home-care setting, it may involve contacting local emergency medical services.

Know the emergency procedure for your workplace before an emergency occurs.

REQUESTING AN AED

When cardiac arrest is suspected, an AED or defibrillator should be requested as early as possible.

If another person is available:

- Direct them to activate the emergency response
- Ask them to bring the AED
- Begin appropriate BLS immediately

CLEAR COMMUNICATION

Avoid vague instructions.

Instead of:

“Somebody call for help!”

Use a named person:

“David, activate the emergency response.”

David should acknowledge:

“I’m calling now.”

This is closed-loop communication.

The instruction is given, acknowledged and completed.

WHY THIS MATTERS

In emergencies, people may assume somebody else has completed an important task.

Clear communication prevents:

- Missed calls for help
- Duplicate tasks
- Delays in obtaining the AED
- Confusion about responsibilities

Do not simply shout instructions.

Assign tasks clearly and confirm that they have been carried out.



HIGH-QUALITY CPR

A patient is unresponsive.

They are not breathing normally.

Cardiac arrest is suspected.

The emergency response has been activated.

Now CPR must be started without unnecessary delay.

But simply performing chest compressions is not enough.

The goal is HIGH-QUALITY CPR.

WHAT IS THE PURPOSE OF CPR?

During cardiac arrest, the heart is no longer pumping blood effectively around the body.

Chest compressions manually create some blood flow.

This helps deliver oxygenated blood to vital organs, particularly the:

- Brain
- Heart

CPR does not guarantee that the heart will restart.

Instead, it helps buy valuable time until defibrillation, advanced resuscitation and treatment of the underlying cause can occur.

CHEST COMPRESSION PRINCIPLES

For an adult in cardiac arrest, position the person on a firm, flat surface when possible.

- Place the heel of one hand in the centre of the chest, on the lower half of the sternum
- Place your other hand on top
- Interlock your fingers where appropriate
- Keep your arms straight
- Position your shoulders approximately above your hands

→ Compress the chest firmly and rhythmically

COMPRESSION RATE

For adults, the recommended chest compression rate is:

100–120 compressions per minute.

Too slow means inadequate compressions.

Excessively rapid compressions can reduce compression quality and may prevent adequate chest recoil.

COMPRESSION DEPTH

For an average adult, compress the chest to a depth of approximately:

5–6 cm.

ALLOW FULL CHEST RECOIL

After each compression, allow the chest to return fully to its normal position.

Avoid leaning continuously on the patient's chest between compressions.

MINIMISE INTERRUPTIONS

Every unnecessary pause in chest compressions reduces the circulation being generated by CPR.

Avoid stopping compressions unnecessarily to:

- Repeatedly reassess the patient
- Discuss what should happen next
- Reposition non-essential equipment
- Wait for a more senior colleague
- Allow rescuers to change places slowly

COMPRESSOR FATIGUE MATTERS

When multiple trained rescuers are available, compressors should generally rotate approximately every 2 minutes, or sooner if fatigue affects quality, while keeping the changeover brief.

REMEMBER THE CORE PRINCIPLES

- Rate: 100–120 compressions/minute
- Adult depth: approximately 5–6 cm
- Correct hand position
- Allow full chest recoil
- Minimise interruptions
- Change compressors when fatigue affects quality

Every compression should have a purpose: maintaining blood flow until more definitive lifesaving treatment can take over.



CPR SCENARIO & COMPETENCY POLL

You are a nurse working on a medical ward.

While walking past a patient's bed, you see the patient suddenly collapse.

You quickly confirm that the environment is safe.

The patient is unresponsive and not breathing normally. You call for assistance.

Another nurse activates the emergency response system and goes to retrieve the AED.

You begin chest compressions.

After approximately one minute, you notice that you are becoming tired. Your compressions are becoming slightly shallower, but the AED has not yet arrived.

A trained colleague is now standing beside you.

What is the MOST appropriate action?

- A. Continue compressions yourself until the AED arrives, because changing rescuers could interrupt circulation.
- B. Ask your colleague to take over compressions promptly, keeping the changeover brief to maintain compression quality.
- C. Stop compressions briefly to reassess breathing, because deterioration in compression depth may indicate patient recovery.
- D. Continue with shallower compressions temporarily, because maintaining an uninterrupted rhythm is more important than depth.

ANSWER & DISCUSSION

Correct answer: B.

High-quality CPR depends on maintaining:

- Compression rate
- Compression depth
- Full chest recoil
- Minimal interruptions

Fatigue can cause compression quality to deteriorate quickly. If another trained rescuer is available and your compressions are becoming ineffective, changing compressors with minimal interruption is preferable to continuing poor-quality compressions.

COMMON BLS ERRORS

- Delaying CPR while waiting for senior staff

- Compressing too slowly or excessively fast
- Providing inadequate compression depth
- Leaning on the chest between compressions
- Allowing unnecessary interruptions
- Continuing despite obvious rescuer fatigue when another trained rescuer can take over
- Mistaking occasional gasps for normal breathing
- Waiting for the AED before beginning indicated CPR

Do not confuse continuous CPR with high-quality CPR.



RESCUE BREATHING

Chest compressions help circulate blood.

But that blood also needs oxygen.

This is where rescue breathing, also called ventilation, becomes important during conventional CPR.

WHAT IS THE PURPOSE OF VENTILATIONS?

When a person is not breathing normally, effective ventilation helps move oxygen into the lungs and remove carbon dioxide.

During CPR, appropriate ventilations help support:

- Circulation
- Oxygen delivery
- Brain function
- Heart function

PROVIDING AN EFFECTIVE BREATH

For an adult receiving conventional CPR without an advanced airway:

- Open the airway appropriately
- Use an appropriate barrier device or ventilation equipment when available
- Create an effective seal
- Give each breath over approximately 1 second
- Watch for visible chest rise

The goal is enough air to produce visible chest rise.

COMPRESSION-TO-VENTILATION PRINCIPLES

For adult CPR without an advanced airway:

30 compressions : 2 breaths

- Deliver 30 high-quality chest compressions

- Provide 2 effective ventilations
- Immediately resume chest compressions

MINIMISE INTERRUPTIONS

- Prepare ventilation equipment quickly
- Keep pauses brief
- Give effective rather than prolonged breaths
- Resume compressions immediately

AVOID EXCESSIVE VENTILATION

Common mistakes include:

- Too many breaths
- Breaths too rapidly
- Excessively forceful breaths
- Excessive volumes of air

Excessive ventilation can increase pressure inside the chest, interfere with blood returning to the heart and reduce CPR effectiveness.

It can also force air into the stomach, increasing the risk of regurgitation and aspiration.

Think controlled — not forceful.

WHAT IF AN ADVANCED AIRWAY IS PRESENT?

Once an advanced airway has been placed by appropriately trained personnel, the compression-to-ventilation approach may change.

Follow current resuscitation guidance, the clinical situation and the responder's scope of practice.

For conventional adult CPR without an advanced airway:

30 compressions → 2 effective breaths → Resume compressions.



INTRODUCTION TO THE AED

CPR can help maintain blood flow during cardiac arrest.

But in some cardiac arrests, another intervention may be urgently required:
Defibrillation.

This is where the Automated External Defibrillator — AED — comes in.

WHAT IS AN AED?

An AED is a portable device designed to:

- Analyse the heart's electrical rhythm
- Determine whether a shock is advised
- Deliver, or instruct the rescuer to deliver, a shock when appropriate

The purpose of the shock is not simply to “restart a stopped heart.”

Defibrillation can interrupt certain dangerous electrical rhythms and give the heart's electrical system an opportunity to re-establish an effective rhythm.

WHEN IS AN AED REQUIRED?

An AED should be obtained and applied as soon as possible when cardiac arrest is suspected.

Unresponsive + not breathing normally = suspect cardiac arrest.

Do not wait until you know exactly what caused the collapse before requesting the AED.

BASIC AED OPERATION

1. TURN ON THE AED

Switch on the device and follow the spoken or visual instructions.

2. EXPOSE THE CHEST

The electrode pads need appropriate contact with the patient's bare chest.

If the chest is wet, dry the areas where the pads need to be attached.

3. ATTACH THE AED PADS

Place the pads according to the diagrams shown on the pads or device.

For an adult, this commonly involves:

- One pad on the upper right side of the chest
- The other pad on the lower left side of the chest

4. ALLOW RHYTHM ANALYSIS

When the AED is analysing:

Do not touch the patient.

Clearly tell everyone:

“Stand clear!”

5. IF A SHOCK IS ADVISED

- Ensure nobody is touching the patient
- Clearly announce “Stand clear!”
- Visually confirm everyone is clear
- Deliver the shock if instructed

6. IMMEDIATELY RESUME CPR

After a shock, resume CPR immediately according to the AED prompts.

WHAT IF THE AED SAYS “NO SHOCK ADVISED”?

This does NOT mean:

- The patient has recovered
- CPR should automatically stop
- The emergency is over

Follow the AED instructions and resume CPR immediately when indicated.

REMEMBER THE AED SEQUENCE

Turn on → Attach pads → Follow prompts → Clear for analysis → Shock if advised → Immediately resume CPR.



CPR & AED COMPETENCY SCENARIO

You are working on a hospital ward when a 58-year-old patient suddenly collapses beside the bed.

You confirm the scene is safe.

The patient is unresponsive and not breathing normally.

You call for help and immediately begin CPR.

A second nurse activates the emergency response system.

A third nurse arrives with an AED and begins attaching the pads while you continue chest compressions.

The AED announces:

“ANALYSING RHYTHM — DO NOT TOUCH THE PATIENT.”

At the same moment, the emergency response team enters the room.

One team member asks you to explain exactly what happened.

What should be your **PRIORITY** at this moment?

- A. Stop compressions, ensure everyone is clear, allow AED analysis, then resume CPR or shock as instructed.
- B. Continue compressions during AED analysis while another nurse gives the arriving team a complete clinical handover.
- C. Remove the AED pads because the emergency team can now perform advanced rhythm assessment and defibrillation.
- D. Delay AED analysis briefly while giving the emergency team a concise account of the patient's sudden collapse.

ANSWER & DISCUSSION

Correct answer: A.

The AED needs to analyse the patient's heart rhythm accurately.

Movement or physical contact with the patient during rhythm analysis can interfere with this process.

When the AED announces “Analysing rhythm — do not touch the patient,” everyone should clear the patient.

If a shock is advised:

- Ensure everyone remains clear
- Deliver the shock according to the AED instructions
- Resume CPR immediately afterwards

If no shock is advised:

- Resume CPR immediately when instructed
- Continue following the AED prompts

TEAM DECISION-MAKING

Different team members can work simultaneously.

- One person manages chest compressions
- Another prepares and operates the AED
- Another manages ventilation
- Another activates additional emergency support
- Another provides relevant clinical information
- A designated team leader coordinates the response

Good resuscitation requires prioritisation, communication and coordinated action under pressure.



BLS FOR CHILDREN AND INFANTS

Basic Life Support follows the same overall goal at every age:

Recognise the emergency, support breathing and circulation, and get appropriate help quickly.

However, children and infants are not simply smaller adults.

WHO IS A CHILD? WHO IS AN INFANT?

For BLS purposes:

- An infant is generally younger than 1 year
- A child is generally from 1 year until the onset of puberty

After puberty, adult BLS techniques are generally used.

WHY PEDIATRIC BLS IS DIFFERENT

In adults, sudden cardiac arrest is often associated with a primary heart problem.

In children and infants, cardiac arrest is more commonly preceded by breathing or oxygenation problems.

Examples may include:

- Severe respiratory illness
- Choking
- Drowning
- Serious injury
- Other causes of respiratory failure

RECOGNITION AND RESPONSE

Important warning signs include:

- Unresponsiveness
- Not breathing normally
- Severe deterioration

CHEST COMPRESSIONS

For a child:

- Compress approximately one-third of the chest's anterior-posterior depth
- This is approximately 5 cm for many children
- One or two hands may be used depending on the child's size

For an infant:

- Compress approximately one-third of the chest's anterior-posterior depth
- This is approximately 4 cm
- Use an age-appropriate infant compression technique

The compression rate remains approximately:

100–120 compressions per minute.

COMPRESSION-TO-VENTILATION CONSIDERATIONS

For a single rescuer providing pediatric CPR without an advanced airway:

30 compressions : 2 breaths.

When two trained rescuers are providing CPR to a child or infant, many professional BLS protocols use:

15 compressions : 2 breaths.

RESCUE BREATHS

Ventilations should be sufficient to produce visible chest rise.

Do not provide excessively forceful breaths.

AED USE IN CHILDREN

If an AED is available, use it as soon as appropriate.

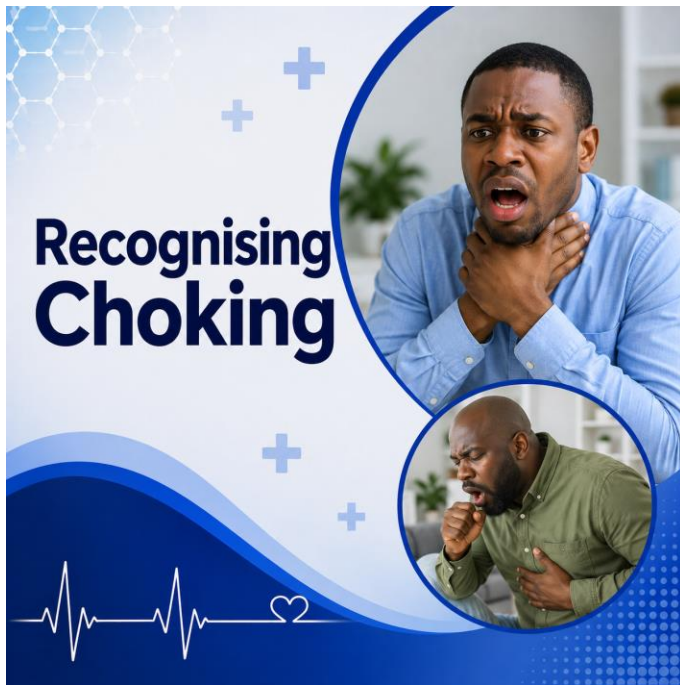
For younger children and infants, pediatric pads or a pediatric energy-reduction system should be used when available.

GETTING EMERGENCY ASSISTANCE

When several people are present:

- One rescuer begins appropriate BLS
- Another activates the emergency response
- Someone obtains the AED or defibrillator
- Roles are coordinated clearly

Children and infants require the same urgency as adults — but age-appropriate techniques.



RECOGNISING CHOKING

A person suddenly stops speaking during a meal.

They grab their throat.

They appear frightened.

They are struggling to breathe.

Your first task is to determine:

How severe is the airway obstruction?

MILD AIRWAY OBSTRUCTION

With a mild obstruction, some air is still moving through the airway.

The person may be able to:

- Speak
- Breathe
- Cough forcefully

If the person has an effective cough:

Encourage them to continue coughing and monitor closely.

SEVERE AIRWAY OBSTRUCTION

With severe choking, airflow is greatly reduced or completely blocked.

The person may:

- Be unable to speak
- Be unable to breathe effectively
- Have a weak or silent cough
- Make little or no sound
- Show increasing distress

- Develop colour changes associated with inadequate oxygenation
- Eventually become unresponsive

Do not wait for complete collapse.

THE UNIVERSAL CHOKING SIGN

A choking person may place one or both hands around the throat.

But do not rely on this sign alone.

Focus on:

Can they speak?

Can they breathe effectively?

Can they cough effectively?

CONSCIOUS VS UNRESPONSIVE

A conscious choking person may still be standing or sitting and attempting to breathe.

If severe obstruction continues, the person may lose consciousness.

An unresponsive choking casualty requires a different emergency response.

WHEN IS INTERVENTION REQUIRED?

Mild obstruction + effective cough

- Encourage coughing
- Observe closely
- Be prepared to act if the condition worsens

Severe obstruction + ineffective cough

- Immediate choking intervention is required according to current BLS guidance

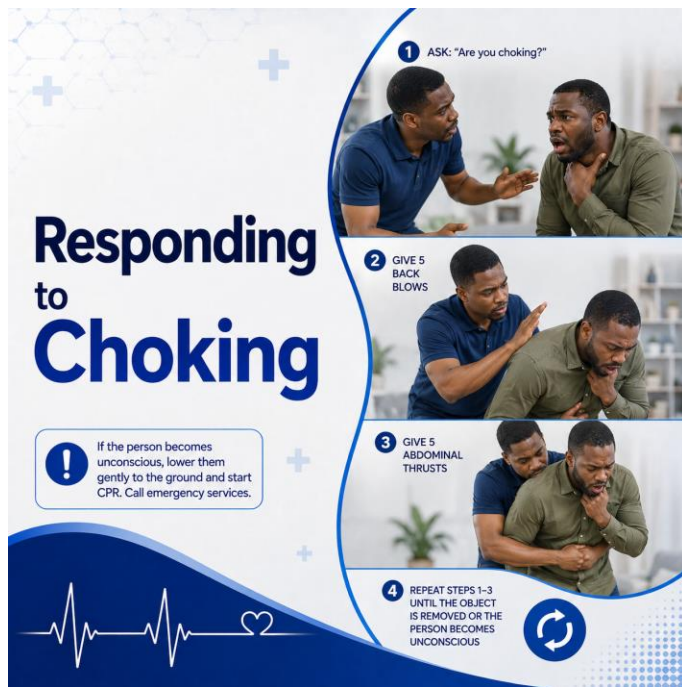
Becomes unresponsive

- Activate the cardiac arrest/BLS response and begin appropriate CPR

DO NOT MAKE THESE COMMON MISTAKES

- Do not interfere unnecessarily with an effective cough
- Do not give food or drink to “push the object down”
- Do not blindly put your fingers into the person's mouth
- Do not wait for a severely choking person to collapse before acting
- Do not leave a deteriorating casualty unattended

Recognise the difference early — severe choking can progress rapidly to cardiac arrest.



RESPONDING TO CHOKING

Recognising choking is only the first step.

Once you determine that the airway obstruction is severe, you need to act quickly.

IF THE PERSON CAN COUGH EFFECTIVELY

- Encourage them to keep coughing
- Monitor them closely
- Be prepared to intervene if the obstruction becomes severe

IF THE OBSTRUCTION BECOMES SEVERE

If an adult or child is conscious but has an ineffective cough and signs of severe airway obstruction:

- Give up to 5 back blows
- Check after each attempt whether the obstruction has cleared
- If unsuccessful, give up to 5 abdominal thrusts
- Continue alternating appropriate back blows and abdominal thrusts while the person remains conscious and the severe obstruction persists

Activate or arrange emergency medical assistance according to your local protocol.

IF THE PERSON BECOMES UNRESPONSIVE

- Support and lower the person safely to a firm surface
- Activate emergency assistance if this has not already been done
- Begin CPR according to your current BLS protocol
- Obtain and apply an AED as soon as appropriate

During CPR, if you open the airway to provide breaths and can clearly see an object in the mouth, remove it if this can be done safely.

Do not perform blind finger sweeps.

SPECIAL CONSIDERATIONS

Alternative techniques may be required for:

- Pregnant casualties
- People whose body size makes abdominal thrusts impractical
- Infants

For a conscious infant with severe airway obstruction, age-appropriate back blows and chest thrusts are used.

Do not perform abdominal thrusts on an infant.

AFTER THE OBJECT IS REMOVED

Medical assessment may still be required, particularly if:

- Abdominal or chest thrusts were required
- Breathing difficulties continue
- There is persistent coughing or discomfort
- The person became unresponsive
- There is concern that part of the object remains

REMEMBER

Effective cough → Encourage coughing and monitor.

Severe obstruction → Immediate age-appropriate choking intervention.

Becomes unresponsive → Activate emergency response and begin appropriate CPR.



TEAM-BASED RESUSCITATION

Cardiac arrest is rarely managed effectively by everyone trying to do everything at once.

Effective BLS requires teamwork, defined roles and clear communication.

ROLES DURING A BLS EMERGENCY

Roles may include:

- Compressor — provides high-quality chest compressions
- Airway/ventilation responder — supports the airway and provides appropriate ventilations
- AED/defibrillator operator — prepares and operates the device safely
- Emergency-response coordinator — ensures additional help has been activated
- Recorder/timekeeper — documents important events and timings when resources allow
- Team leader — coordinates priorities and maintains an overview

CLEAR COMMUNICATION

Communication should be:

- Short
- Specific
- Calm
- Direct

Avoid vague instructions such as:

“Someone get the AED!”

Instead:

“Chidinma, bring the AED.”

The receiver should acknowledge the instruction.

This is closed-loop communication.

TASK ALLOCATION

Good teamwork means distributing tasks according to:

- Priority
- Competence
- Available personnel
- Current patient needs

CHANGING COMPRESSORS

When another trained rescuer is available, compressors should generally rotate approximately every 2 minutes, or earlier if fatigue affects performance.

The change should be quick.

The incoming compressor should be ready before the current compressor stops whenever possible.

AVOID CONFUSION AND DUPLICATION

Clarify:

Who is doing what?

If one person is calling the emergency team, others can focus on different critical tasks.

TEAM LEADERSHIP

The team leader may:

- Confirm CPR quality
- Ensure the AED/defibrillator is being prepared
- Allocate roles
- Monitor whether tasks are completed
- Anticipate what will be needed next
- Correct problems when necessary

Good teamwork turns several individual responders into one coordinated resuscitation team.



BLS IN NURSING PRACTICE

BLS does not only happen in an emergency department.

A patient can deteriorate anywhere:

- Hospital ward
- Clinic
- Care home
- Patient's home
- Community setting

The environment may change, but the core priorities remain:

Safety → Recognition → Emergency activation → Appropriate BLS → Escalation.

HOSPITAL EMERGENCIES

In a hospital, you may have access to:

- Other healthcare professionals
- Emergency oxygen and airway equipment
- AEDs or defibrillators
- Resuscitation equipment
- Emergency medications
- A specialist resuscitation team

The nurse still needs to:

- Recognise deterioration quickly
- Call for appropriate help
- Begin BLS when indicated
- Delegate tasks clearly
- Provide an accurate handover

CLINIC EMERGENCIES

A smaller clinic may require:

- Immediate BLS
- Activation of local emergency procedures
- Use of available emergency equipment
- Calling external emergency medical services
- Arranging safe transfer to a higher level of care

Know where the AED and emergency equipment are before an emergency occurs.

CARE-HOME EMERGENCIES

Nurses and care staff may encounter:

- Sudden collapse
- Choking
- Respiratory deterioration
- Cardiac arrest
- Falls or other acute emergencies

Be aware of relevant documented care plans and legally valid decisions concerning resuscitation where applicable.

Never make assumptions based simply on a person's age, disability or diagnosis.

COMMUNITY AND HOME-CARE SITUATIONS

Challenges may include:

- Limited equipment
- No immediate clinical team
- Distressed family members
- Unfamiliar surroundings
- Delayed access to advanced emergency care

AFTER THE IMMEDIATE EMERGENCY

Documentation may need to include:

- When and where the patient was found or collapsed
- Whether the collapse was witnessed
- Initial assessment findings
- When emergency assistance was activated
- When CPR was started
- AED or defibrillation events
- Changes in the patient's condition
- Relevant interventions
- Who took over the patient's care

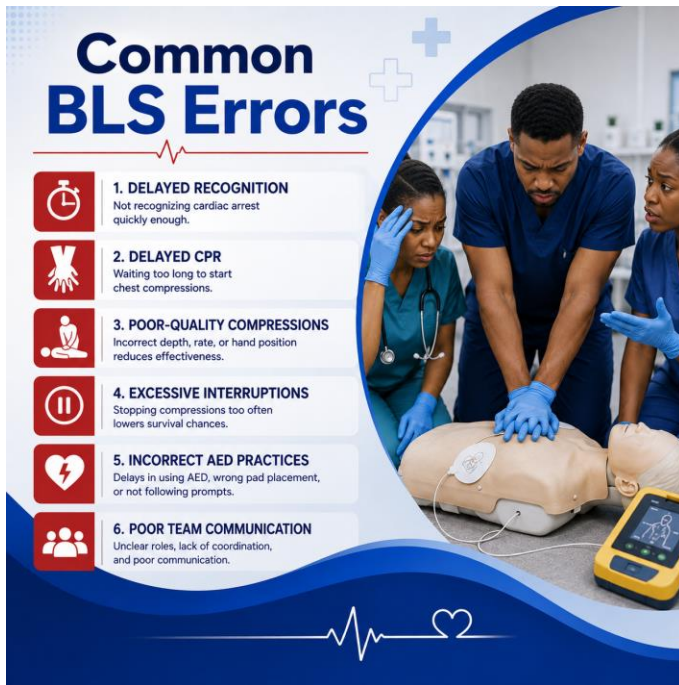
Documentation should be clear, accurate, objective and timely.

ESCALATION AND HANDOVER

Provide a concise structured handover:

- What happened
- What you found
- What you did
- How the patient responded
- Relevant background information

Recognise early. Activate help. Provide appropriate lifesaving care. Communicate clearly. Escalate appropriately. Document accurately.



COMMON BLS ERRORS

Knowing the correct BLS steps is important.

But poor outcomes can also result from small errors, hesitation and poor coordination.

1. DELAYED RECOGNITION

Do not mistake occasional agonal gasps for normal breathing.

Remember:

Unresponsive + not breathing normally = suspect cardiac arrest.

2. DELAYED CPR

Common reasons include:

- Waiting for a doctor
- Waiting for the resuscitation team
- Waiting for the AED
- Searching unnecessarily for equipment
- Fear of doing something incorrectly
- Uncertainty about who should take charge

3. POOR-QUALITY CHEST COMPRESSIONS

Common problems include:

- Compressions that are too shallow
- Incorrect compression rate
- Poor hand positioning
- Leaning on the chest between compressions
- Failing to allow full chest recoil
- Continuing despite significant rescuer fatigue

Adult targets:

Rate: 100–120 compressions per minute.

Depth: approximately 5–6 cm.

4. EXCESSIVE INTERRUPTIONS

Avoid prolonged interruptions for:

- Compressor changes
- Ventilation
- Equipment preparation
- Patient reassessment
- Team discussions
- AED preparation

The goal is no unnecessary interruptions.

5. INCORRECT AED PRACTICES

Examples include:

- Delaying AED application
- Incorrect pad placement
- Allowing someone to touch the patient during rhythm analysis
- Failing to confirm everyone is clear before shock delivery
- Treating “no shock advised” as meaning the patient has recovered
- Delaying resumption of CPR
- Ignoring device instructions

6. POOR TEAM COMMUNICATION

Use direct task allocation and closed-loop communication.

7. TOO MANY PEOPLE — NO COORDINATION

Unclear roles can lead to:

- Duplicate tasks
- Forgotten tasks
- Unnecessary CPR interruptions
- Conflicting instructions
- Lack of overall coordination

8. FAILURE TO ADAPT

The patient's condition and available resources may change.

Your response must change appropriately.

Many BLS errors are caused by delay, poor technique and poor communication.

Recognise quickly. Act appropriately. Maintain quality. Communicate clearly.



COURSE REVIEW & KEY TAKEAWAYS

We have reached the end of our Basic Life Support (BLS) for Nursing Professionals Training.

One principle has appeared repeatedly:

In a life-threatening emergency, the right action at the right time matters.

1. RECOGNISE THE EMERGENCY

Do not ignore serious deterioration.

Recognition is the first link in an effective emergency response.

2. ENSURE SAFETY

Rapidly check for obvious dangers to:

- Yourself
- The patient
- Other people

Do not create another casualty while trying to help the first.

3. ASSESS RESPONSIVENESS

Determine rapidly whether the patient responds meaningfully.

If they are unresponsive, call for help and continue your BLS assessment.

4. ASSESS BREATHING

Determine whether the patient is breathing normally.

Gasping is not normal breathing.

Unresponsive + not breathing normally = suspect cardiac arrest.

5. ACTIVATE THE EMERGENCY RESPONSE

Use specific instructions and clear communication.

6. BEGIN HIGH-QUALITY CPR WHEN INDICATED

For adult CPR:

- Compression rate: 100–120 per minute
- Compression depth: approximately 5–6 cm
- Correct hand position
- Full chest recoil
- Minimal interruptions
- Efficient compressor changes when fatigue develops

For conventional adult CPR without an advanced airway:

30 compressions : 2 breaths.

7. USE THE AED AS SOON AS AVAILABLE

Turn on → Attach pads → Follow prompts → Clear for analysis → Shock if advised → Resume CPR.

“No shock advised” does not automatically mean the patient has recovered.

8. REMEMBER CHILDREN AND INFANTS

Use age-appropriate:

- Compression depth
- Compression technique
- Ventilation
- AED considerations
- Choking interventions

9. RECOGNISE AND RESPOND TO CHOKING

Effective cough → Encourage coughing and monitor.

Severe obstruction → Provide appropriate age-specific choking intervention.

Becomes unresponsive → Activate the emergency response and begin appropriate CPR.

10. WORK AS A TEAM

Effective resuscitation requires clear roles, direct communication and coordination.

THE BLS MINDSET

SAFE?

Is it safe to approach?

RESPONSIVE?

Does the patient respond meaningfully?

BREATHING?

Are they breathing normally?

HELP?

Has the emergency response been activated?

CPR?

Is high-quality CPR required?

AED?

Is an AED available or on the way?

CONTINUE?

Are we maintaining effective care until the patient recovers sufficiently or advanced help takes over?

FINAL TAKEAWAY

Recognise → Respond → Resuscitate → Defibrillate when indicated → Escalate → Continue care.

That is the foundation of effective Basic Life Support.