



First Aid + CPR + AED | Quick Guide

Four pages to refresh the steps you practiced in class. Adult, child, and infant care.

01 Check • Call • Care

01 Check the scene and ask permission when the person is alert.	02 Check response and normal breathing for no more than 10 seconds.	03 Call 911, use speakerphone, and send someone for an AED.	04 Give the needed care and follow the dispatcher.
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Adult CPR (puberty and older)

Start	Unresponsive and not breathing normally, or only gasping: begin CPR. Do not delay to check a pulse.
Compress	Two hands in the center of the chest. Rate: 100–120/min. Depth: at least 2 in (5 cm), avoiding more than 2.4 in (6 cm). Allow full recoil.
Breaths	If trained and willing: 30 compressions, then 2 breaths, each about 1 second with visible chest rise. Otherwise, continue hands-only compressions.
Continue	Keep pauses short. Switch compressors about every 2 minutes if help is available.

AED

AED: turn it on, expose and dry the chest, apply pads as shown, and follow prompts. Clear everyone for analysis and shock. Resume CPR immediately when prompted.

The AED is for an unresponsive person who is not breathing normally. Use it as soon as it arrives.



Children, Infants + Choking

Give breaths with pediatric CPR if trained. A person who can cough strongly should keep coughing while you watch.

Child and infant CPR

Child: 1 year to puberty

Compress about 2 in (5 cm), or one third of chest depth, with one or two hands.

Infant: under 1 year

Compress about 1½ in (4 cm), or one third of chest depth, with the heel of one hand or two thumbs with hands encircling the chest. Do not use the older two-finger CPR technique.

Both

Rate: 100–120/min. One rescuer: 30:2. Two trained rescuers: 15:2. Each breath lasts about 1 second and raises the chest.

AED

Attach promptly. For children under 8, use pediatric pads/setting if available; otherwise use the available AED, keeping pads apart.

Severe choking: little or no cough, cannot speak or cry, breathing worsens. Call for help.

Adult or child

Alternate 5 back blows with 5 abdominal thrusts until the object comes out or the person becomes unresponsive.

Infant

Support the head below the chest. Alternate 5 back blows with 5 chest thrusts on the sternum using the heel of one hand. Never give abdominal thrusts.

Pregnancy / cannot encircle

Use 5 back blows and 5 chest thrusts instead of abdominal thrusts.

If unresponsive

Lower to a firm surface, call 911, and start CPR. Remove an object only if you can see it; never sweep blindly.

Remember

If alone without a phone after an unwitnessed pediatric collapse, give about 2 minutes of CPR before leaving to call 911 or get an AED.



Medical Emergencies

Call 911 early for serious symptoms. Keep watching breathing and be ready to start CPR.

Heart attack

New or concerning chest pressure, pain spreading to arm/jaw/back, shortness of breath, sweat or nausea: call 911 and help the person rest. An alert adult may chew 162–325 mg aspirin if no allergy or advice against it; follow the dispatcher.

Stroke

FAST: Face drooping, Arm weakness, Speech trouble, Time to call 911. Note the last known well time. Sudden vision loss, severe headache or loss of balance also matter. No food or drink.

Anaphylaxis

Trouble breathing, throat swelling, widespread hives or faintness: call 911 and help use the person's epinephrine autoinjector promptly. Follow device and dispatcher instructions.

Asthma

Help use the prescribed rescue inhaler. Call 911 for severe trouble breathing, inability to speak normally, or poor response.

Low blood sugar

If awake and able to swallow, give glucose tablets or a sugary food/drink. Call 911 if unable to swallow, having a seizure, or not improving in 10 minutes. Nothing by mouth if not fully alert.

Opioid overdose

If unresponsive and not breathing normally: call 911, give CPR with compressions and breaths, and administer naloxone if available. Follow the device; repeat with a new device in 2–3 minutes if needed.

Seizure

Clear hazards, cushion the head, and time it. Do not restrain or put anything in the mouth. Call 911 for a first seizure, one over 5 minutes, repeated seizures, injury, breathing trouble, pregnancy, or delayed recovery.

Recovery position

Unresponsive but breathing normally: call 911, use a recovery (side-lying) position if no suspected traumatic spine injury, and keep checking breathing.



Bleeding, Injury + Environment

Treat threats to life first. Use the skills and equipment you practiced with your instructor.

Severe bleeding

Call 911 and press firmly on the wound. For life-threatening arm/leg bleeding not controlled promptly, apply a commercial tourniquet 2–3 in above the wound, not on a joint; tighten until bleeding stops. Note the time; do not remove it.

Wound packing

If trained, pack a deep wound where a tourniquet cannot be used and maintain strong direct pressure.

Burns

Cool thermal burns promptly with clean running water, generally 5–20 minutes. Remove tight items and loosely cover. Seek urgent care for deep, large, or face/hand/foot/genital burns.

Sprain / fracture

Support the area and avoid straightening a possible fracture. Wrapped cold can reduce sprain pain/swelling. Call 911 for serious injury, deformity, altered awareness, or circulation problems.

Heat / cold

Heat stroke with confusion or collapse: call 911 and cool rapidly. For hypothermia, move to warmth, remove wet clothing, warm the torso, and seek urgent help for confusion or slowed breathing.

Poison / eye splash

Call 911 for severe symptoms; otherwise Poison Control: 1-800-222-1222. For chemical in an eye, flush with clean running water and seek immediate guidance.

EMS handoff

Tell EMS what happened, symptoms and onset, what care you gave, and the times of any tourniquet, epinephrine, or naloxone.

Based on the 2025 AHA CPR/ECC guidelines and 2024 AHA/Red Cross first aid guidelines, informed by ILCOR evidence. This guide supports, but does not replace, hands-on course training.