

# **CENTRAL KANSAS PODIATRY ASSOCIATES**

## **STATE OF THE ART PODIATRIC CARE**

**Benjamin W. Weaver, DPM, CWS, FACFAOM, FAPWCA, FCCWS, FAAPPM**

*Physician Certified in Wound Care - CMET*



2081 N. Webb Rd  
Wichita, KS 67206  
316-269-3338  
Fax: 316-264-5516



[WWW.CKPA.NET](http://WWW.CKPA.NET)

### **MEDICAL EMERGENCY**

The employee with the patient will immediately report to a supervisor that an emergency situation exists in which specific area of the office and that they need assistance STAT. The front desk will be informed of the situation specifying the nature of the emergency (i.e. Cardiac arrest, Diabetic coma an Injury fall, etc.) and instructed to call 911. As soon as the front desk personnel have completed the call, they will inform Kristan that an ambulance is on its way. Make certain the Doctor is immediately made aware of the type and location of emergency. Meanwhile, the employee with the patient will begin resuscitation measures. All employees need to know the location of emergency equipment and the basic steps required in treating the most common medical emergencies. Another employee in the room will begin step-by-step documentation of emergency procedures (specific times of occurring events, vital signs of patient, medical measures taken etc.) Employees arriving on the scene will be directed to retrieve emergency supplies depending on the situation (BP equipment, glucometer, Oxygen, etc.) Unnecessary personnel should remain in the hallway to assist in calming other patients and family members. A CKPA employee should be outside when the emergency responders arrive to direct them to the proper area of the office. Upon arrival of EMS, the employee whose patient it was that had the emergency will relate to the paramedics exactly what happened, any pertinent information leading up to the incident (i.e. the patient stated he was feeling weak and dizzy before the lost consciousness) and give them details of what has been done for the patient since the incident (I determined the patient wasn't breathing and had no pulse. I called for help and we placed the patient flat on the floor and began CPR within 60 seconds of him collapsing.) After patient care has been taken over by emergency responders, the patient's next of kin needs to be notified that there has been an emergency incident in the office and that the patient is being transferred to the Hospital by Ambulance. In the patients chart, chart in great detail what happened and what you did in response.

### **FIRE OR WEATHER EMERGENCY**

Who should determine the course of action? Whether to attempt to fight a fire or call 911 or when necessary to take Tornado precautions? Dr. Weaver, Brooke, Sally or Kristan.

When you are notified of a fire or weather condition, you will gather at the predetermined location for instructions from your supervisor. Your supervisor will notify you of the emergency and issue directions. (For a fire, you are to gather in the middle of the parking lot and await further instructions, for a tornado, we will meet in the x-ray room.

If you are with patients, you (M.A.) are responsible for getting that patient to the x ray room. If there is a patient confined to a wheel chair or has issues with mobility you will need to notify a supervisor immediately, the patient can be seated in the Doctor's wheeled chair from the exam room and wheeled to either the nearest exit or to the x-ray room. While the evacuation is occurring a member of the Administrative staff must check all restrooms, and offices (in case of a fire) to make sure all personnel and patients are safe.

**CENTRAL KANSAS PODIATRY ASSOCIATES**  
**STATE OF THE ART PODIATRIC CARE**

---

**Benjamin W. Weaver, DPM, CWS, FACFAOM, FAPWCA, FCCWS, FAAPPM**

*Physician Certified in Wound Care - CMET*



2081 N. Webb Rd  
Wichita, KS 67206  
316-269-3338  
Fax: 316-264-5516



[WWW.CKPA.NET](http://WWW.CKPA.NET)

**LOSS OF POWER DURING PROCEDURES**

Batteries are kept in the fridge in Brooke's office and one flashlight in each room. This external lighting can be used to finish any current procedure in progress. All other visits will have to be delayed until power can be resumed.

All employees must be aware of all fire extinguishers and all available exists.

**MEDICAL EMERGENCIES**

**EMERGENCY OFFICE EQUIPMENT**

Portable oxygen with mask and ambu bag  
Airways  
Blood pressure cuff/stethoscope  
Emergency Kit  
Tourniquet – Paper Bag – Syringes  
Candy/Juices

**SYNCOPE (FAINTING)**

A sudden temporary loss of consciousness occurring when the brain's blood flow is interrupted. Most common cause is a jolting psychological disturbance (seeing blood or hearing unpleasant news).

**SIGNS AND SYMPTOMS**

May occur suddenly or may be preceded by any of the following warning signs:

Dizziness  
Seeing spots  
Nausea  
Paleness  
Sweating

**TREATMENT**

Prevent victim from falling.  
Have victim lie down

Elevate legs 8-12 inches

If vomiting occurs, turn victim on side (to keep airway open and clear)

Loosen tight clothing

**CENTRAL KANSAS PODIATRY ASSOCIATES**  
**STATE OF THE ART PODIATRIC CARE**

---

**Benjamin W. Weaver, DPM, CWS, FACFAOM, FAPWCA, FCCWS, FAAPPM**

*Physician Certified in Wound Care - CMET*



2081 N. Webb Rd  
Wichita, KS 67206  
316-269-3338  
Fax: 316-264-5516



[WWW.CKPA.NET](http://WWW.CKPA.NET)

If victim has fallen, look for injuries  
Wipe victim's forehead/face with cool water

Seek medical attention only if:

Victim is over 40 years old and has had repeated attacks of fainting, does not regain consciousness within 4-5 minutes or loses consciousness while sitting or lying down for no apparent reason.

**CAUSES OF SYNCOPE (FAINTING)**

Physiologic cause can be attributed to:

- Circulatory Disturbances
- Metabolic Disturbances
- Cerebral Disturbances

**CIRCULATORY**

People who become excessively apprehensive, those who fail to maintain blood pressure while on anti-hypertensive medication, and those who faint during a coughing bout due to increase in intra-thoracic pressure.

**METABOLIC**

People who hyper-ventilate and those who are hypo-glycemic.

**CEREBRAL**

Can be attributed to epilepsy, cerebral vascular disturbances, hypertensive state, and emotional disturbances (such as hysteria)

**ANAPHYLACTIC SHOCK (SEVERE ALLERGIC REACTION)**

Occurs within minutes or seconds

Can Cause death if not treated immediately (normally occurs due to allergy to an injection and will cause circulatory collapse and shock)

**SIGNS AND SYMPTOMS**

- Flushing of skin
- Itching (rash, hives)
- Edema (eyelids, cheeks, lips, larynx)
- Chocking, wheezing
- Nausea/vomiting

# CENTRAL KANSAS PODIATRY ASSOCIATES

## STATE OF THE ART PODIATRIC CARE

---

**Benjamin W. Weaver, DPM, CWS, FACFAOM, FAPWCA, FCCWS, FAAPPM**

*Physician Certified in Wound Care - CMET*



2081 N. Webb Rd  
Wichita, KS 67206  
316-269-3338  
Fax: 316-264-5516



[WWW.CKPA.NET](http://WWW.CKPA.NET)

Abdominal cramps  
Dizziness  
Blueness (cyanosis) of lips and mouth  
Unconsciousness  
Cardiac arrest

### TREATMENT

Place victim on back, inject Epinephrine, check for open airway, check vital signs, have oxygen available and seek immediate medical attention by **calling 911! THIS IS A TRUE EMERGENCY!**

### ANGINA PECTORIS

Chest pain caused by moderate decrease in circulation to the heart  
Normally occurs during periods of apprehension or emotional upset. Cause no permanent damage as long as it does not progress to myocardial infarction (heart attack) or arrhythmia (disturbance of normal rhythm).

### SIGNS AND SYMPTOMS

Sub-sternal dull ache  
Squeezing, tightness, burning or heavy weight on chest

### TREATMENT

1 Nitroglycerin tablet sublingual  
Relief usually occurs in 1-3 minutes.  
Second dose if first is not effective.  
Start oxygen.  
Monitor vital signs every 5 minutes.  
Transport if treatment is ineffective.

### VITAL SIGNS

Temperature – Pulse – Respiration – Blood Pressure

### MYOCARDIAL INFARCTION (HEART ATTACK)

Occurs when blood supply to heart muscle is severely reduced or stopped due to obstruction of coronary artery (these supply blood to the heart).

# CENTRAL KANSAS PODIATRY ASSOCIATES

## STATE OF THE ART PODIATRIC CARE

---

**Benjamin W. Weaver, DPM, CWS, FACFAOM, FAPWCA, FCCWS, FAAPPM**

*Physician Certified in Wound Care - CMET*



2081 N. Webb Rd  
Wichita, KS 67206  
316-269-3338  
Fax: 316-264-5516



[WWW.CKPA.NET](http://WWW.CKPA.NET)

### SIGNS AND SYMPTOMS

Uncomfortable chest pressure  
Feeling of fullness

Squeezing or pain in center of chest lasting 2 minutes or longer – may come and go.

Pain may spread to either shoulder, neck, lower jaw or either arm. There is a feeling of weakness, dizziness, sweating, nausea, shortness of breath, fidgety and denial. If a person complains of experiencing cold feet, difficulty breathing and has chest pain, it is probably an indication that the patient is experiencing a heart attack.

### TREATMENT

Get victim in comfortable position, usually sitting with legs up and bent at knees. Loosen clothing around neck and midriff, be calm and reassuring. Determine past heart problems/medications. Use Nitroglycerin, if prescribed (dilates coronary arteries, lowers blood pressure, dilates veins, decreased the work of the heart and its muscle's need for oxygen. Nitro may be repeated for a total of 3 tablets in a 10 minute period, if needed. Start oxygen, take vital signs every 5 minutes, call 911 and have victim transported to the hospital.

### NOTE:

**While the designated person is calling 911, the other office personnel should be getting the patient in a comfortable position. Emergency plans in a podiatry office (for a patient experiencing a possible heart attack) would indicate that an ambulance be called at the first sign of the attack.**

BRADYCARDIA – slow heart rate

TACHYCARDIA – fast heart rate

PULMONARY EMBOLUS – blood clot in the lung, causing difficulty breathing

Veins carry blood TO the heart.

Arteries carry blood AWAY from the heart.

### DIABETIC COMA

**Occurs when the blood sugar level becomes too HIGH (due to too LITTLE insulin in the blood) the cause: an accumulation of glucose and acid byproducts' in the blood (hyperglycemic). It is GRADUAL in its onset.**

**CENTRAL KANSAS PODIATRY ASSOCIATES**  
**STATE OF THE ART PODIATRIC CARE**

---

**Benjamin W. Weaver, DPM, CWS, FACFAOM, FAPWCA, FCCWS, FAAPP**

*Physician Certified in Wound Care - CMET*



2081 N. Webb Rd  
Wichita, KS 67206  
316-269-3338  
Fax: 316-264-5516



[WWW.CKPA.NET](http://WWW.CKPA.NET)

**SIGNS/SYMPTOMS**

Thirst

Air hunger

Frequent need to urinate

Sleepiness

Nausea (may vomit)

Dry, flushed skin

Rapid, deep breathing

Sweet breath – cells are deprived of sugar and begin to use fat for fuel. The use of fat results in the production of acids and ketones as waste. The ketones give the victim's breath a fruity odor.

Stupor

Unconsciousness

If you are uncertain whether victim is suffering from HIGH or LOW blood sugar, give some sugar – containing food or drink. If no response in 10 – 15 minutes, the victim needs immediate medical attention. Call 911.

**DIABETIC SHOCK**

Caused by LOW blood sugar, TOO MUCH insulin (hypoglycemic)

**SIGNS/SYMPTOMS**

SUDDEN on its onset

Staggering, poor coordination

Anger, bad temper

Pale color

Confusion/disoriented

Sudden hunger

Sweating

Eventual stupor or unconsciousness

**TREATMENT**

Provide sugar – containing food or drink.

If victim does not respond in 10-15 minutes, call 911.

# CENTRAL KANSAS PODIATRY ASSOCIATES

## STATE OF THE ART PODIATRIC CARE

---

**Benjamin W. Weaver, DPM, CWS, FACFAOM, FAPWCA, FCCWS, FAAPPM**

*Physician Certified in Wound Care - CMET*



2081 N. Webb Rd  
Wichita, KS 67206  
316-269-3338  
Fax: 316-264-5516



[WWW.CKPA.NET](http://WWW.CKPA.NET)

### STROKE

Cerebral Vascular Accident occurs when a blood vessel bringing oxygen and nutrients to the brain bursts or becomes clogged by blood clot, preventing part of the brain from receiving the flow of blood it needs.

### SIGNS/SYMPTOMS

- Depends on part of brain involved
- Sudden weakness/numbness of face, arm, leg on one side of body
- Loss of speech or trouble talking
- Dimness, loss of vision, particularly in one eye (unequal pupils)
- Unexplained dizziness, unsteadiness or sudden fall
- Sudden severe headache
- Loss of bladder and/or bowel control

Approximately 10% of all strokes are preceded by "little or mini strokes." These are extremely important warning signs. Seek medical attention if they occur.

### TREATMENT

- Check and monitor breathing and pulse
- Provide calm reassurance if conscious
- If victim is semi-conscious or unconscious, place on one side (paralyzed side down) freeing victim's useful extremities.
- Keep patient in semi-prone position, preferably with upper body and head slightly elevated. This allows for less blood pressure on the brain.
- Side positioning allows secretions/vomit to drain into cheek or out of mouth rather than down the throat
- Provide CPR is necessary.

Call 911

### EPILEPTIC SEIZURES

There are two types:

Convulsive and Non-convulsive (depends on where in the brain the malfunction takes place and on how much of the total brain area is involved).

**CENTRAL KANSAS PODIATRY ASSOCIATES**  
**STATE OF THE ART PODIATRIC CARE**

---

**Benjamin W. Weaver, DPM, CWS, FACFAOM, FAPWCA, FCCWS, FAAPPM**

*Physician Certified in Wound Care - CMET*



2081 N. Webb Rd  
Wichita, KS 67206  
316-269-3338  
Fax: 316-264-5516



[WWW.CKPA.NET](http://WWW.CKPA.NET)

**CONVULSIVE SEIZURES (GRAND MAL)**

Convulsions usually last from 2-5 minutes.

There is a complete loss of consciousness and muscle spasms occur.

**SIGNS/SYMPTOMS**

Sudden cry, fall rigid body, followed by muscle jerks, shallow breathing, bluish skin, possible loss of bladder/bowel control, confusion, fatigue, followed by a return to full consciousness.

**TREATMENT**

Look for medical I.D.

Protect from nearby hazards

Loosen tie or shirt collar

Protect head from injury

Turn victim on side to keep airway open

Reassure victim, when consciousness returns

If multiple seizures, or if one lasts longer than 5 minutes, or if victim is pregnant, injured, or a diabetic, call 911

**WHAT NOT TO DO**

Don't put anything in the mouth

Don't try to hold the tongue (it cannot be swallowed)

Don't give liquids during or just following seizure

Don't use artificial respiration unless breathing is absent after muscle jerks subside, or unless water has been inhaled

Don't restrain

**NON-CONVULSIVE SEIZURES (PETIT MAL)**

A blank stare, lasting only a few seconds

More common in children

May be accompanied by rapid blinking, some chewing movements

Child is unaware of what's happening during seizure, but quickly returns to full awareness once it has stopped.

No first aid is necessary. If this is the first observance of a seizure, medical evaluation should be recommended.



**CENTRAL KANSAS PODIATRY ASSOCIATES**  
**STATE OF THE ART PODIATRIC CARE**

---

**Benjamin W. Weaver, DPM, CWS, FACFAOM, FAPWCA, FCCWS, FAAPPM**

*Physician Certified in Wound Care - CMET*



2081 N. Webb Rd  
Wichita, KS 67206  
316-269-3338  
Fax: 316-264-5516



[WWW.CKPA.NET](http://WWW.CKPA.NET)

**HYPERVENTILATION**

CAUSE: Excessive blowing off of carbon dioxide

**SIGNS/SYMPTOMS**

Rapid, shallow breathing associated with acute anxiety or emotional tension  
Vertigo (dizziness)  
Confusion  
Paresthesia (numbness, tingling of extremities)  
Tightness of chest or feeling of smothering sensation  
some degree of apprehension  
Pounding of the heart

**TREATMENT**

**Have victim breathe into a paper bag (re-breath carbon dioxide) and reassure victim**

**OBSTRUCTED AIRWAY (CHOKING)**

If victim is able to speak or cough effectively, DO NOT interfere with attempts to expel the foreign body. If unable to speak, cough or breathe, perform the Heimlich maneuver (abdominal thrusts) until the foreign body is expelled. If victim becomes unconscious, perform CPR.

**CPR (CARDIO-PULMONARY RESUSCITATION)**

The ABC's of CPR are:

Airway  
Breathing  
Circulation

**CPR**

Begin with chest compressions instead of first checking the airway and doing rescue breathing. Start CPR with 30 chest compressions before checking the airway and giving rescue breaths. The above advice applies to adults, children and infants needing CPR, but not newborns.

# CENTRAL KANSAS PODIATRY ASSOCIATES

## STATE OF THE ART PODIATRIC CARE

---

**Benjamin W. Weaver, DPM, CWS, FACFAOM, FAPWCA, FCCWS, FAAPPM**

*Physician Certified in Wound Care - CMET*



2081 N. Webb Rd  
Wichita, KS 67206  
316-269-3338  
Fax: 316-264-5516



[WWW.CKPA.NET](http://WWW.CKPA.NET)

CPR can keep oxygenated blood flowing to the brain and other vital organs until more definitive medical treatment can restore a normal heart rhythm. When the heart stops, the absence of oxygenated blood can cause irreparable brain damage in only a few minutes. A person may die within eight to 10 minutes.

### **Before you begin**

Before starting CPR, check:

- Is the person conscious or unconscious?
- If the person appears unconscious, tap or shake his or her shoulder and ask loudly, "Are you OK?"
- If the person doesn't respond and two people are available, one should call 911 or the local emergency number and one should begin CPR. If you are alone and have immediate access to a telephone, call 911 before beginning CPR — unless you think the person has become unresponsive because of suffocation (such as from drowning). In this special case, begin CPR for one minute and then call 911 or the local emergency number.
- If an AED is immediately available, deliver one shock if instructed by the device, then begin CPR.

### **Remember to spell C-A-B**

In 2010, the American Heart Association changed its long-held acronym of ABC to CAB — circulation, airway, breathing — to help people remember the order to perform the steps of CPR. This change emphasizes the importance of chest compressions to help keep blood flowing through the heart and to the brain.

### **Circulation: Restore blood circulation with chest compressions**

1. Put the person on his or her back on a firm surface.
2. Kneel next to the person's neck and shoulders.
3. Place the heel of one hand over the center of the person's chest, between the nipples. Place your other hand on top of the first hand. Keep your elbows straight and position your shoulders directly above your hands.
4. Use your upper body weight (not just your arms) as you push straight down on (compress) the chest at least 2 inches (approximately 5 centimeters). Push hard at a rate of about 100 compressions a minute.
5. If you haven't been trained in CPR, continue chest compressions until there are signs of movement or until emergency medical personnel take over. If you have been trained in CPR, go on to checking the airway and rescue breathing.

# CENTRAL KANSAS PODIATRY ASSOCIATES

## STATE OF THE ART PODIATRIC CARE

**Benjamin W. Weaver, DPM, CWS, FACFAOM, FAPWCA, FCCWS, FAAPPM**

*Physician Certified in Wound Care - CMET*



2081 N. Webb Rd  
Wichita, KS 67206  
316-269-3338  
Fax: 316-264-5516



[WWW.CKPA.NET](http://WWW.CKPA.NET)

### **Airway: Clear the airway**

1. If you're trained in CPR and you've performed 30 chest compressions, open the person's airway using the head-tilt, chin-lift maneuver. Put your palm on the person's forehead and gently tilt the head back. Then with the other hand, gently lift the chin forward to open the airway.
2. Check for normal breathing, taking no more than five or 10 seconds. Look for chest motion, listen for normal breath sounds, and feel for the person's breath on your cheek and ear. Gasping is not considered to be normal breathing. If the person isn't breathing normally and you are trained in CPR, begin mouth-to-mouth breathing. If you believe the person is unconscious from a heart attack and you haven't been trained in emergency procedures, skip mouth-to-mouth rescue breathing and continue chest compressions.

### **Breathing: Breathe for the person**

Rescue breathing can be mouth-to-mouth breathing or mouth-to-nose breathing if the mouth is seriously injured or can't be opened.

1. With the airway open (using the head-tilt, chin-lift maneuver), pinch the nostrils shut for mouth-to-mouth breathing and cover the person's mouth with yours, making a seal.
2. Prepare to give two rescue breaths. Give the first rescue breath — lasting one second — and watch to see if the chest rises. If it does rise, give the second breath. If the chest doesn't rise, repeat the head-tilt, chin-lift maneuver and then give the second breath. Thirty chest compressions followed by two rescue breaths is considered one cycle.
3. Resume chest compressions to restore circulation.
4. If the person has not begun moving after five cycles (about two minutes) and an automatic external defibrillator (AED) is available, apply it and follow the prompts. Administer one shock, then resume CPR — starting with chest compressions — for two more minutes before administering a second shock. If you're not trained to use an AED, a 911 operator may be able to guide you in its use. Use pediatric pads, if available, for children ages 1 through 8. Do not use an AED for babies younger than age 1. If an AED isn't available, go to step 5 below.
5. Continue CPR until there are signs of movement or emergency medical personnel take over.

### **To perform CPR on a child**

The procedure for giving CPR to a child age 1 through 8 is essentially the same as that for an adult. The differences are as follows:

- If you're alone, perform five cycles of compressions and breaths on the child — this should take about two minutes — before calling 911 or your local emergency number or using an AED.
- Use only one hand to perform heart compressions.
- Breathe more gently.

# CENTRAL KANSAS PODIATRY ASSOCIATES

## STATE OF THE ART PODIATRIC CARE

**Benjamin W. Weaver, DPM, CWS, FACFAOM, FAPWCA, FCCWS, FAAPPM**

*Physician Certified in Wound Care - CMET*



2081 N. Webb Rd  
Wichita, KS 67206  
316-269-3338  
Fax: 316-264-5516



[WWW.CKPA.NET](http://WWW.CKPA.NET)

- Use the same compression-breath rate as is used for adults: 30 compressions followed by two breaths. This is one cycle. Following the two breaths, immediately begin the next cycle of compressions and breaths.
- After five cycles (about two minutes) of CPR, if there is no response and an AED is available, apply it and follow the prompts. Use pediatric pads if available. If pediatric pads aren't available, use adult pads.

Continue until the child moves or help arrives.

### **To perform CPR on a baby**

Most cardiac arrests in babies occur from lack of oxygen, such as from drowning or choking. If you know the baby has an airway obstruction, perform first aid for choking. If you don't know why the baby isn't breathing, perform CPR.

To begin, examine the situation. Stroke the baby and watch for a response, such as movement, but don't shake the baby.

If there's no response, follow the CAB procedures below and time the call for help as follows:

- If you're the only rescuer and CPR is needed, do CPR for two minutes — about five cycles — before calling 911 or your local emergency number.
- If another person is available, have that person call for help immediately while you attend to the baby.

### **Circulation: Restore blood circulation**

1. Place the baby on his or her back on a firm, flat surface, such as a table. The floor or ground also will do.
2. Imagine a horizontal line drawn between the baby's nipples. Place two fingers of one hand just below this line, in the center of the chest.
3. Gently compress the chest about 1.5 inches (about 4 cm).
4. Count aloud as you pump in a fairly rapid rhythm. You should pump at a rate of 100 compressions a minute.

### **Airway: Clear the airway**

1. After 30 compressions, gently tip the head back by lifting the chin with one hand and pushing down on the forehead with the other hand.
2. In no more than 10 seconds, put your ear near the baby's mouth and check for breathing: Look for chest motion, listen for breath sounds, and feel for breath on your cheek and ear.

**CENTRAL KANSAS PODIATRY ASSOCIATES**  
**STATE OF THE ART PODIATRIC CARE**

---

**Benjamin W. Weaver, DPM, CWS, FACFAOM, FAPWCA, FCCWS, FAAPPM**

*Physician Certified in Wound Care - CMET*



2081 N. Webb Rd  
Wichita, KS 67206  
316-269-3338  
Fax: 316-264-5516



[WWW.CKPA.NET](http://WWW.CKPA.NET)

**Breathing: Breathe for the infant**

1. Cover the baby's mouth and nose with your mouth.
2. Prepare to give two rescue breaths. Use the strength of your cheeks to deliver gentle puffs of air (instead of deep breaths from your lungs) to slowly breathe into the baby's mouth one time, taking one second for the breath. Watch to see if the baby's chest rises. If it does, give a second rescue breath. If the chest does not rise, repeat the head-tilt, chin-lift maneuver and then give the second breath.
3. If the baby's chest still doesn't rise, examine the mouth to make sure no foreign material is inside. If the object is seen, sweep it out with your finger. If the airway seems blocked, perform first aid for a choking baby.
4. Give two breaths after every 30 chest compressions.
5. Perform CPR for about two minutes before calling for help unless someone else can make the call while you attend to the baby.
6. Continue CPR until you see signs of life or until medical personnel arrive.