

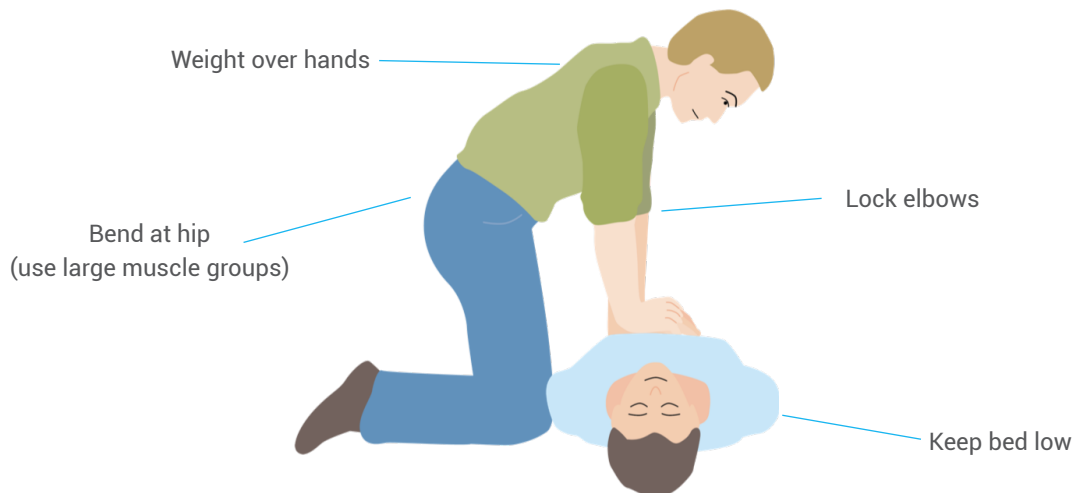
Chest compressions

USING PROPER TECHNIQUE

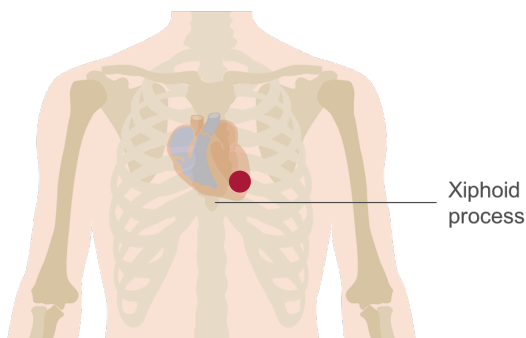
Improper chest compression technique may be ineffective and risk excessive fatigue and injury to providers.

The force from compressions should be directed from the weight of the compressor's torso, so it is important to lean over the hands while compressing. The use of a stepstool, lowering the bed, or climbing onto the bed / stretcher may facilitate this positioning.

The elbows should be locked, so the force from the compressor's torso is transmitted to the patient's chest. If the elbows are bent, then the biceps and triceps are activated, which leads to decreased force and increased fatigue.



The hands should be placed above the ventricles, which are usually located about 2 cm superior to the xiphoid process. If the hands are placed too high, the force from compressions may be directed into the left ventricular outflow tract (LVOT), causing obstruction and limiting flow. If possible, real-time use of transesophageal echocardiography may help optimize hand placement.



Tips for hand positioning

- Position 2 cm above xiphoid process
- Avoid compression over LVOT