

- If unresponsive, but breathing, place in the recovery position (place the infant on its' left side).
- If unresponsive, not breathing, and no signs of circulation, resume CPR.
- If you are unable or unwilling to provide rescue breathing, you can at least perform compression-only CPR until EMS personnel arrive.

Rescue Breathing

- Rescue breathing is performed on an infant who is unconscious/unresponsive and not breathing, but has other signs of circulation.
- Open the airway:
 - Use head tilt-chin lift technique if you do not suspect spinal injury.
 - Use jaw thrust if spinal injury is suspected

NOTE: Do not overextend the head of an infant, because you could block the airway.

- If not breathing, provide two effective breaths.
- Each breath should be just enough to make the chest rise. Rapid, forceful breathing will result in air in the stomach.
- Methods of rescue breathing include:
 - Mouth-to-mouth breathing
 - Mouth-to-nose breathing
 - Mouth-to-barrier device (mask or face shield) used to minimize the chance of disease transmission
- If rescue breaths fail to make the chest rise, reposition the head and reattempt breaths. If still unsuccessful, resume CPR.

Airway Obstruction (Choking)

- Food and small objects are common causes of foreign body airway obstruction (choking).
- Signs of choking include the inability to speak, cough, cry, or breathe.
- To care for a responsive choking infant:
 - Determine if the infant can speak.
 - Position the infant face down on your arm and thigh and give five back blows (slaps).

NOTE: Support the head and neck while positioning the infant.

- Roll the infant face up and give five chest compressions (in the same position as CPR).
- Continue until the object is expelled or the infant becomes unconscious/unresponsive.
- Have a bystander call EMS.
- If the infant becomes unconscious/unresponsive, assess the infant and begin CPR if needed. Each time you open the airway to give a breath, look for an object, and if present, remove it.