Standard 12 Basic Life Support

**Learning Outcome -The learner will:**

**Assessment Criteria – The learner can:**

**12.1a** Complete the following sentence with the missing words.

|  |
| --- |
| knowledge / practice / employer / competently / practical |
| You should be provided with ..........................training by your................... to be able to put this....................... into.................... and in order to be able to carry out basic life support |

**12.2** Basic life support consists of four elements. From the list below can you find two of them? (Place ticks beside the two.)

|  |  |
| --- | --- |
| **Initial assessment (primary survey)** |  |
| **Expired air ventilations** |  |
| **Secondary survey** |  |
| **Airway maintenance and breathing** |  |
| **CPR** |  |

**12.3** Link the word on the left to the correct description on the right.

|  |  |  |  |
| --- | --- | --- | --- |
| Danger | A | We need to open this to check for breathing |  |
| Response | B | We need to check for no more than 10 seconds for this |  |
| Defibrillation | C | This should be used alongside CPR |  |
| Airway | D | Prior to approaching the casualty visually check the area for …… |  |
| Breathing | E | If not breathing commence … |  |
| Call 999/Circulation | F | Use the ‘AVPU’ scale when checking for this |  |

**12.4** Answer the question by filling in the blanks using the numbers provided.

|  |
| --- |
| 20 / 999 / 30 / 10 / 100-120 / 2 |
| Seconds to take to check normal breathing |  |
| Rate of compressions given per minute during CPR |  |
| Number of breaths given in a cycle of CPR |  |
| Number dialled for ambulance services |  |

**12.5** Regarding a choking casualty (adult): please place the following in order of action by labelling them 1–4.

|  |  |
| --- | --- |
| Give up to five back blows |  |
| Start CPR if the casualty becomes unresponsive |  |
| Encourage the casualty to cough |  |
| Give up to five abdominal thrusts |  |

|  |
| --- |
| **Assessor Feedback: Date:** |

Candidate Signature: ……………………………………………….. Date: ………………….

Assessor Signature: …………………………………………………. Date: ………………….