



# Methods of Cardiopulmonary Resuscitation and its Applications

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## DESCRIPTION

Cardiopulmonary resuscitation (CPR) is usually mechanically ventilated to maintain strenuous brain function until another step is taken to restore automatic hydration and respiration in those who have recovered from cardiac arrest. It is an emergency procedure that involves the compression of the chest together. Recommended for patients who do not respond, do not breathe, or have abnormal breathing patterns. Adult CPR involves chest compressions at depths of 2 to 6 inches and an average of one to one and twenty inches per minute. Rescuers can also provide air by removing air from the victim's mouth or nose, or by using a ventilator.

The current recommendations emphasize premature chest compression and high quality over mechanical ventilation. Simplified CPR techniques that include only chest compressions are recommended for untrained paramedics. However, in children, according to the 2015 guidelines of the American Heart Association, exercising alone can cause serious side effects. This is because problems like a baby are more likely to be caused by respiratory problems than by problems of the young heart. It is not possible for the heart to restart with CPR alone. Its main purpose is to restore blood flow, which is part of the oxygen supply to the brain and heart. The goal is to slow down muscle death and extend a short window of successful recovery without permanent brain damage. Control of electrical shock in the heart of the interviewer, called defibrillation, is often needed to restore active or "abnormal" heart rhythm. Defibrillation only works for certain ventricular fibrillations, i.e., ventricular fibrillation or pulseless ventricular tachycardia, and is not resting or absent, usually requiring primary disorder treatment to restore cardiac function. It does not work against pulsed electrical activity. Early shock is recommended if necessary. CPR can effectively induce a shocking heartbeat. Generally, CPR continues until a person returns to normal circulation or is pronounced

dead. CPR is used by people with congestive heart failure to oxygenate the blood, keep the heart out, and keep vital organs healthy. Circulation and oxygenation are required for the delivery of oxygen to the muscles. The physiology of CPR involves producing a compression gradient between arterial and venous vascular beds; CPR achieves this in many ways. The brain can store damage after blood flow is stopped for about four minutes and irreversible damage after seven minutes. Usually when the blood flow stops for one to two hours, the body cells die. Therefore, CPR usually works only if it is performed within seven minutes of blood flow.

## CONCLUSION

The heart also quickly loses its ability to maintain a normal rhythm. Low body temperature, sometimes seen when you swallow, prolongs the life of the brain. After cardiac arrest, effective CPR ensures that enough oxygen reaches the brain to delay brain death, allowing the heart to continue to respond to reduced fibrillation efforts. The current recommendations emphasize premature chest compression and high quality over mechanical ventilation. Simplified CPR techniques that include only chest compressions are recommended for untrained paramedics. In children, however, according to the American Heart Association guidelines, exerting oneself can actually cause side effects.

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## CONFLICT OF INTEREST

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