NREMT Cardiac Arrest and AED Skill: Step by Step

The EMT cardiac arrest station: recognize arrest, high-quality CPR, safe AED use and handing off compressions

Medic Basics
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NREMT CARDIAC ARREST AND AED SKILL: WHAT IT TESTS

The NREMT cardiac arrest management station tests whether you can recognize arrest quickly, deliver high-quality CPR, use an AED safely and keep compressions going with as few pauses as possible. You usually work with an assistant who does what you tell them.

STEP BY STEP

1. Protective equipment on; scene safe.
2. Check responsiveness; call for help and the AED.
3. Check breathing and a carotid pulse together, no longer than 10 seconds. Gasping is not breathing.
4. No pulse: start compressions immediately while your partner brings and opens the AED.
5. Bare the chest and place the pads as the pictures show, without stopping compressions.
6. Let the AED analyze: everyone off the patient.
7. Shock advised: say "clear", look that no one is touching, and press shock.
8. Resume compressions immediately after the shock (or after a no-shock message) for 2 minutes.
9. Reanalyze every 2 minutes; swap compressors at each analysis.

HIGH-QUALITY CPR NUMBERS

ELEMENT	ADULT TARGET
Rate	100 to 120 per minute
Depth	At least 2 in (5 cm), not more than 2.4 in (6 cm)
Recoil	Full recoil; do not lean on the chest
Ratio without advanced airway	30 compressions to 2 breaths
Each breath	Over 1 second, visible chest rise
Pauses	Under 10 seconds

EXAM TIP If the arrest happened in front of you, or good bystander CPR is under way, attach the AED and analyze right away. Otherwise do CPR while the AED is being set up.

AED SAFETY

- Dry, bare chest; shave the pad sites if the chest is very hairy.
- Remove medication patches from the pad sites and wipe the skin.
- Keep pads off an implanted pacemaker or defibrillator bulge; place them beside it or go front and back.
- Move the patient off standing water; no one touches the patient or stretcher during analysis or shock.

CRITICAL-FAIL THEMES

- A slow start to compressions once there is no pulse.
- Long interruptions, especially before and after the shock.
- Shocking while someone is touching the patient.
- Checking a pulse instead of restarting compressions right after a shock.
- Compressions too shallow, too slow or without full recoil.
- Breaths that are too forceful or too long.

Sources (3) are listed with links at medicbasics.com/sheets/nremt-skill-cardiac-arrest-aed.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. Medic Basics is an independent study aid not affiliated with any certifying body.