

Hands-Only CPR Frequently Asked Questions (FAQs)

Who should receive Hands-Only CPR?

Hands-Only CPR is recommended for use on teens or adults whom you see suddenly collapse.

Will Hands-Only CPR increase the chance of someone near the victim taking action in a cardiac emergency?

Yes. In a national survey*, Americans who had not been trained in CPR within the past five years said they would be more likely to perform Hands-Only CPR than conventional CPR on a teen or adult who collapses suddenly. Hands-Only CPR is an easy-to-remember and effective option for people who have been trained in CPR before, but who may not remember the steps of conventional CPR.

*Data on skills performance are from the 2005 CPR Anytime study using an “untrained” control group. Data about confidence/willingness to act are from a 2007 national survey in which Americans who were trained within the past five years were almost twice as likely as those not trained or not trained in the past five years (45% vs. 24%) to say they’d begin CPR immediately in a real emergency.

Are there times when I should use conventional CPR with breaths?

Yes. There are many medical emergencies that cause a person to be unresponsive and to stop breathing normally. In those emergencies, conventional CPR that includes mouth-to-mouth breaths may provide more benefit than Hands-Only CPR. The American Heart Association recommends CPR with a combination of compressions and breaths for

- All infants (up to age 1)
- Children (up to puberty)
- Anyone found already unresponsive and not breathing normally
- Any victims of drowning, drug overdose, collapse due to breathing problems, or prolonged cardiac arrest

Why don't teens or adults who suddenly collapse need mouth-to-mouth breaths in the first few minutes after their cardiac arrest?

When a teen or adult suddenly collapses with cardiac arrest, his or her lungs and blood contain enough oxygen to keep vital organs healthy for the first few minutes, as long as someone provides high-quality chest compressions with minimal interruption to pump blood to the heart and brain.

Note: When a teen or adult suddenly collapses with cardiac arrest, the cause is usually an abrupt onset of an abnormal heart rhythm. An abnormal rhythm causing cardiac arrest is ventricular fibrillation (VF). VF causes the heart to quiver so it doesn't pump blood. Before a sudden collapse, the teen or adult was probably breathing normally. This means there may be enough oxygen in the person's blood for the first several minutes after cardiac arrest. For this

reason, the most important thing a bystander can do for a person in cardiac arrest is to pump blood to the brain, heart, and other vital organs.

Now that I know about Hands-Only CPR, do I still need to learn CPR with mouth-to-mouth breaths?

CPR is a skill that can be improved with practice. The American Heart Association continues to recommend that you take a CPR course to practice and learn the skills of CPR, including giving chest compressions and breaths. People who have had CPR training are more likely to give high-quality chest compressions, which include compressions at the correct depth and rate, proper chest recoil, and minimal interruptions in chest compressions. They are more confident about their skills than those who have not been trained (or have not been trained in the past five years). Even a very short CPR training program that you can do at home, such as the 20-minute CPR Anytime® (opens new window) program, provides skills training and practice that can prepare you to perform high-quality chest compressions.

In addition, there are many medical emergencies that cause a person to be unresponsive and to stop breathing normally. In those emergencies, CPR that includes mouth-to-mouth breathing may provide more benefit than Hands-Only CPR. Some examples include:

- Unresponsive infants and children
- Anyone who is found already unresponsive and not breathing normally
- Victims of drowning, drug overdose, or collapse due to breathing problems

Is Hands-Only CPR as effective as conventional CPR?

Hands-Only CPR performed by a bystander has been shown to be as effective as conventional CPR with mouth-to-mouth breaths in the first few minutes of an out-of-hospital sudden cardiac arrest. Conventional CPR may be better than Hands-Only CPR for certain cardiac arrest situations, such as infants and children, teens or adults who are found in cardiac arrest (whom you did not see collapse) or victims of drowning, drug overdose, or collapse due to breathing problems.

If I was trained in CPR that includes breathing (30 compressions to 2 breaths) and I see an adult suddenly collapse, what should I do?

Phone 9-1-1 and start CPR.

If you have been trained to provide CPR that includes compressions and breaths, it is best to provide the conventional CPR that you learned (CPR with a ratio of 30 compressions to 2 breaths). Continue CPR until an AED arrives and is ready for use or EMS providers take over care of the person.

If you have not been trained to provide CPR that includes chest compressions and breaths, provide Hands-Only CPR. Continue Hands-Only CPR until an AED arrives and is ready for use or EMS providers take over care of the person.

Do I need to take a training course to learn how to do Hands-Only CPR?

To learn Hands-Only CPR, please refer to <http://www.heart.org/handsonlycpr>. The website offers demonstrations and videos, as well as additional content to help you learn the two easy steps for performing Hands-Only CPR.

What do I do if I find a teen or adult who has collapsed but no one saw it happen?

Phone 911 and start CPR. If you learned conventional CPR (compressions with mouth-to-mouth breaths), call 9-1-1 and provide CPR as you learned it. If you know Hands-Only CPR, call 911 and give Hands-Only CPR until an AED arrives and is ready for use or EMS providers take over care of the victim.

When I call 911, what will they ask or tell me?

The 911 dispatcher (operator) will ask you about the emergency. They will ask questions about the person and whether the person is responsive and breathing normally. They may ask if you know CPR and will tell you how to help the person until someone with more advanced training arrives and takes over care. They will also ask for details like your location. It is important to be specific, especially if you're calling from a mobile phone, as a mobile phone is not associated with a fixed location or address. Remember that answering the dispatcher's questions will not delay the arrival of help. You need to stay on the phone until the 911 dispatcher tells you to hang up.

If I am using an AED that prompts to give CPR, should I give just chest compressions?

Follow the directions provided by the AED. Provide conventional CPR (compressions and breaths) if you know how to do this. Otherwise, provide Hands-Only CPR.

What should I do if I am getting tired from giving chest compressions before more help arrives?

Performing chest compressions correctly is hard work. The more tired you become, the less effective your compressions will be. If someone else knows CPR, you can take turns providing CPR. Switch rescuers about every 2 minutes, or sooner if you get tired. Move quickly to keep any pauses in compressions as short as possible. If you are alone, do your best to keep providing CPR.

When do I stop giving Hands-Only CPR?

Continue pushing hard and fast in the center of the chest until help arrives, or until the person moves, speaks, blinks, or otherwise responds.

Not all people who suddenly collapse are in cardiac arrest. Will CPR seriously hurt them?

Chest compressions and CPR are unlikely to hurt someone who is not in cardiac arrest. It is better to provide CPR to someone who doesn't need it than to withhold CPR from someone in cardiac arrest.

Can you break people's ribs by doing CPR?

Yes. A 2004 review of scientific literature showed that conventional CPR can cause fractures of ribs and/or the breastbone (sternum) in at least one third of cases.† In a related study of people who had received such injuries from CPR, the fractures did not cause any serious internal bleeding or death.‡ Giving any help, even if it causes an injury to the ribs, is better than no help at all and greatly improves the chances of survival for a victim in cardiac arrest.

‡Lederer W, Mair D, Rabl W, Baubin M. Frequency of rib and sternum fractures associated with out-of-hospital cardiopulmonary resuscitation is underestimated by conventional chest x-ray. Resuscitation. 2004;60:157-162.

†Hoke RS, Chamberlain D. Skeletal chest injuries secondary to cardiopulmonary resuscitation. Resuscitation. 2004;63:327-338.

Is there a danger in jumping in and giving CPR without being trained?

On average, any attempt to provide CPR to a person in cardiac arrest is better than no attempt to provide help.

Why did the American Heart Association decide to recommend Hands-Only CPR for adults who suddenly collapse?

Every five years, the American Heart Association publishes updated guidelines for CPR and emergency cardiovascular care. These guidelines reflect a thorough review of current science by international experts. The 2010 AHA Guidelines for CPR and ECC reported that, in studies of out-of-hospital cardiac arrest, adults who received Hands-Only CPR from a bystander were more likely to survive than those who didn't receive any type of CPR from a bystander. The 2015 AHA Guidelines Update for CPR and ECC confirmed this recommendation. In other studies, survival rates of adults with cardiac arrest treated by people who weren't healthcare professionals were similar with either Hands-Only CPR or conventional CPR.

When interviewed, bystanders said panic was the major obstacle to performing CPR. The simpler Hands-Only technique may help overcome panic and hesitation to act.

Hands-Only CPR was released as a Science Advisory in 2008. What is the American Heart Association's process for releasing Scientific Statements, Guidelines, and Advisories?

Researchers and clinicians who serve as volunteer experts for the American Heart Association continually monitor and review the scientific literature related to the diagnosis and treatment of cardiovascular disease and stroke. When experts agree that published evidence supports a new or changed recommendation, a group of experts is asked to draft a scientific statement, guideline, or advisory for publication in a peer-reviewed medical journal.

Does the American Heart Association offer training that teaches Hands-Only CPR?

All CPR training courses that include skills practice will teach you to perform the lifesaving skill of Hands-Only CPR, that is, high-quality chest compressions.



The American Heart Association's [CPR Anytime®](#) (opens new window) program provides CPR training in about 20 minutes in the comfort of your own home. You can also find information about instructor-led CPR courses by going to www.heart.org/findacourse or calling 1-877-AHA-4CPR.