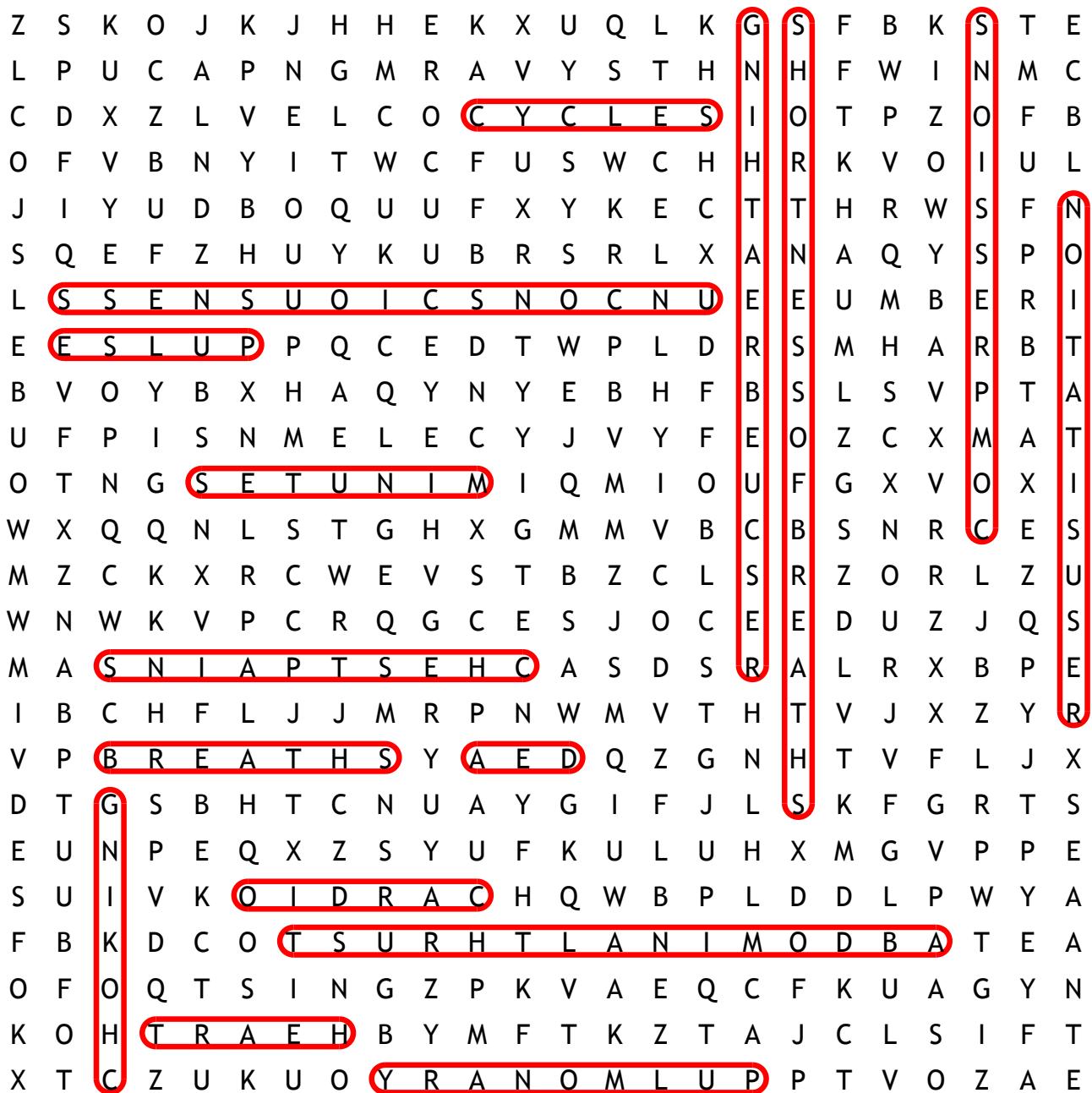


Name: _____

Date: _____

CPR



SHORTNESS OF BREATHS

RESCUE BREATHING

ABDOMINAL THRUST

UNCONSCIOUSNESS

COMPRESSIONS

RESUSITATION

CHEST PAINS

PULMONARY

MINUTES

CHOKING

BREATHS

CYCLES

CARDIO

PULSE

HEART

AED