



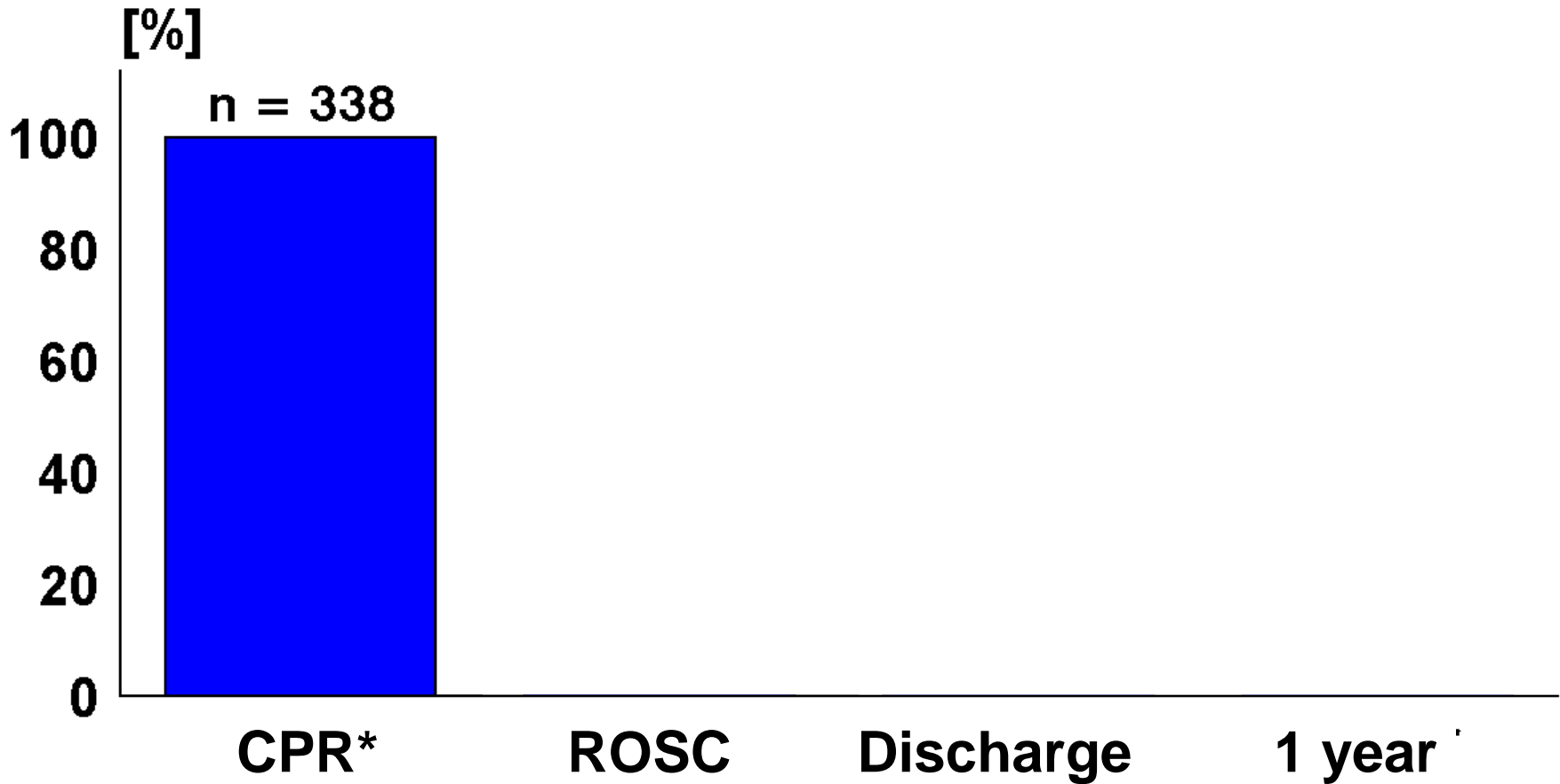
European
Resuscitation
Council

Developments in Cardiopulmonary Resuscitation Guidelines

Bernd W. Böttiger

"To preserve human life by making high quality resuscitation available to all"

Outcome after CPR in Germany



***CPR following out-of-hospital cardiac arrest (36 months)**



What is the hospital discharge rate following cardiac arrest of cardiac aethiology in Germany?

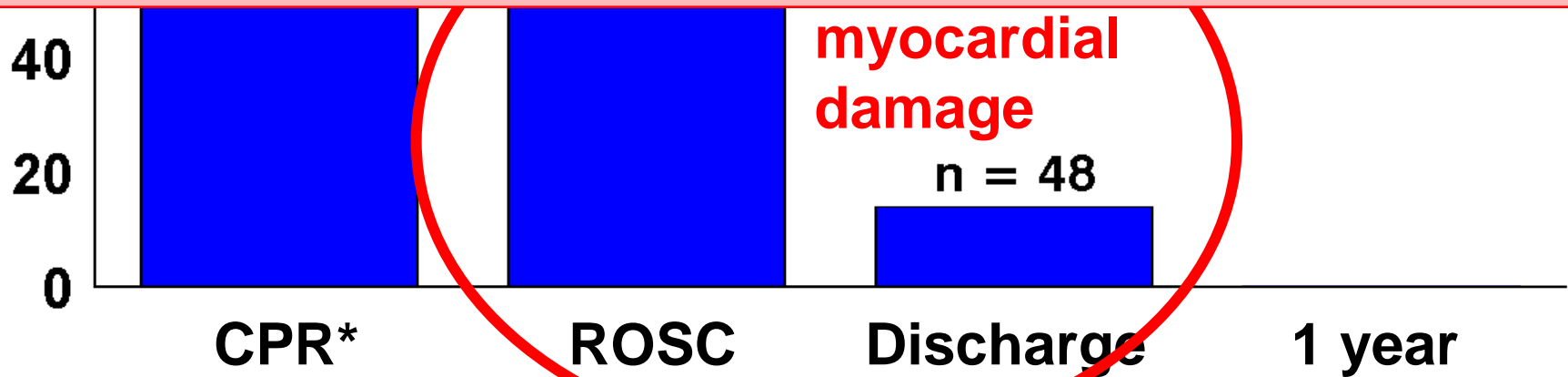
- **15 - 25 %**
- **10 - 15 %**
- **5 - 10 %**



Outcome after CPR in Germany

[%]

**350,000 unsuccessful
CPR attempts/ year in EU**



***CPR following out-of-hospital cardiac arrest (36 months)**



In-hospital CPR Prospective US-study

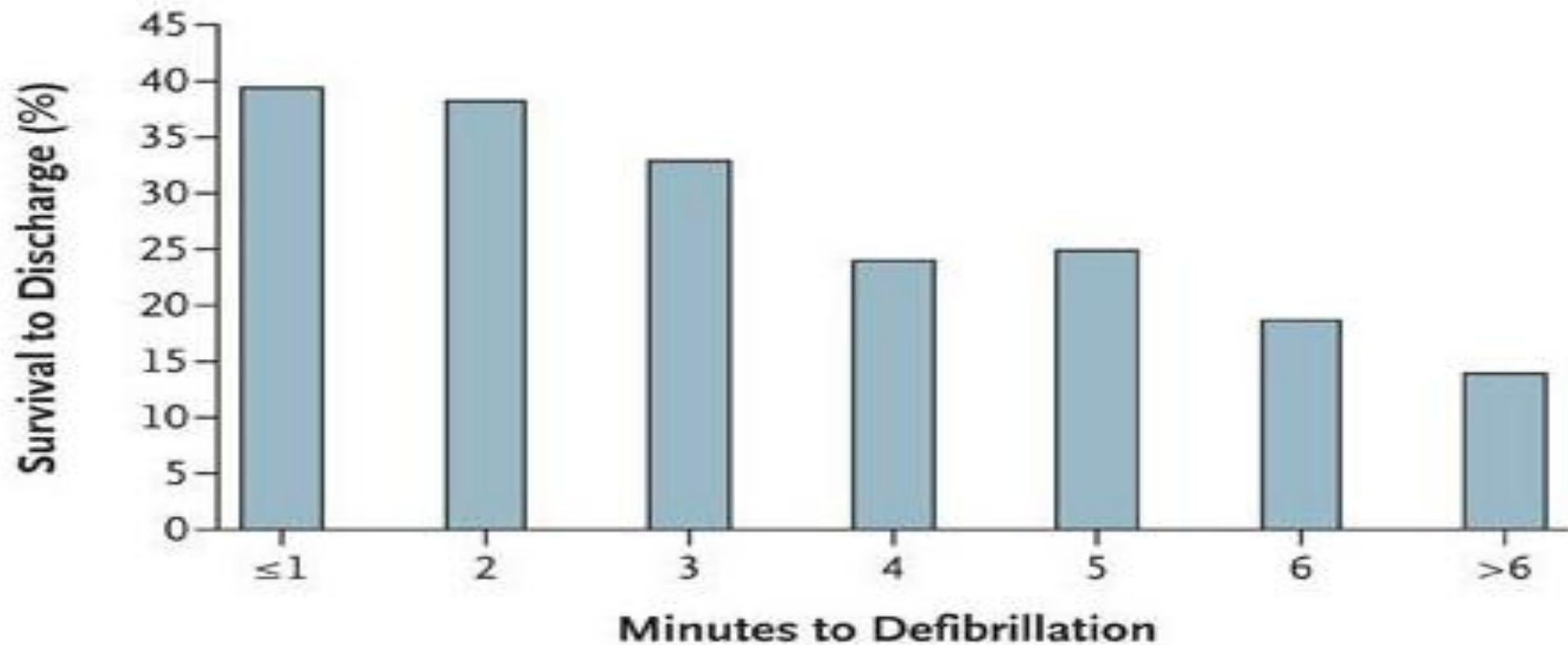




Table 2. Number of Research Projects Funded by the National Heart, Lung, and Blood Institute From 1985 to 2009²⁵

Terms Searched	Funded Studies, n	Deaths per Year, n	Funded Studies per 10 000 Deaths per Year, n
Myocardial infarction	6886	157 000	439
Stroke	4403	150 000	294
Heart failure	9919	284 000	349



Table 2. Number of Research Projects Funded by the National Heart, Lung, and Blood Institute From 1985 to 2009²⁵

**SCIENCE + RESEARCH
in cardiac arrest and CPR
must be developed ...**

Heart arrest and resuscitation	257	310 000	8
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CLOSED - CHEST CARDIAC MASSAGE

cardiac arrest. Using their newly discovered technique of closed chest compression, they successfully resuscitated 14 of the 20 patients. The authors write in their article: “Anyone, anywhere, can now initiate cardiac resuscitative procedures. All that is needed is two hands.”¹ Two months later at the annual meeting of the Maryland Medical Society, Kouwenhoven and Jude demonstrated the technique of chest compression and Peter Safar, MD, shared his data supporting the benefit of mouth-to-mouth ventilation. The 2 techniques were combined at that meeting, and modern CPR was born.



ERC 2005: „Main Issue: Compressions“

**... to give ALL is the
intervention that helps.**

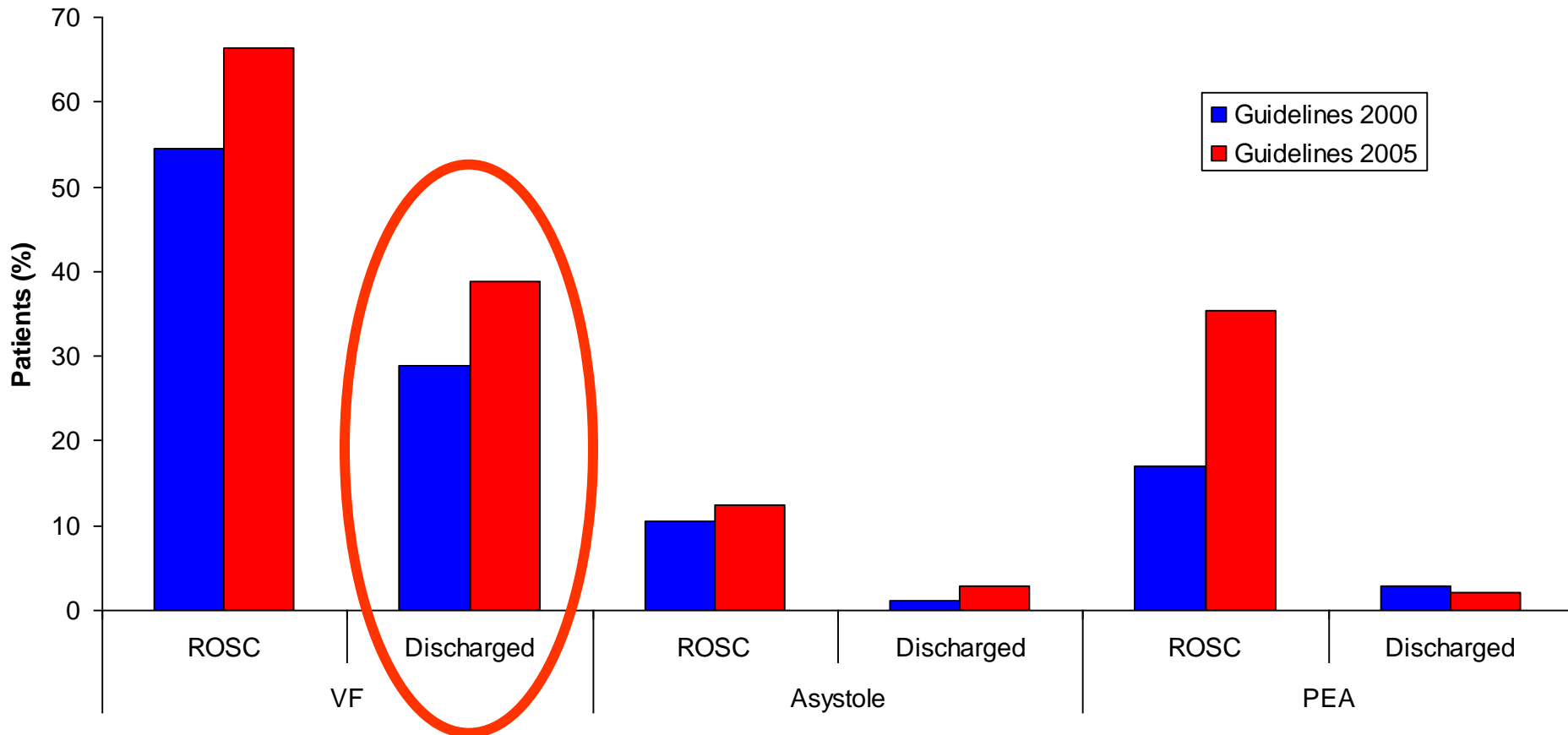
*** Quality makes the difference**

ERC, Resuscitation 67 Suppl 1:S1-S189, 2005
ILCOR, Resuscitation 67:181-341, 2005

www.erc.edu



Guidelines 2000 vs. Guidelines 2005



American Heart Association®



Fighting Heart Disease and Stroke



European Resuscitation Council



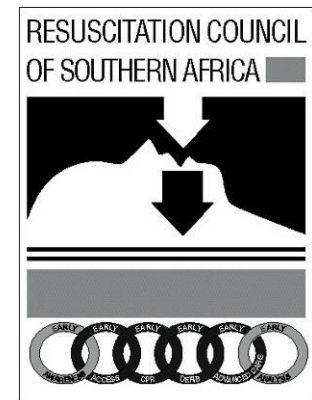
InterAmerican Heart Foundation

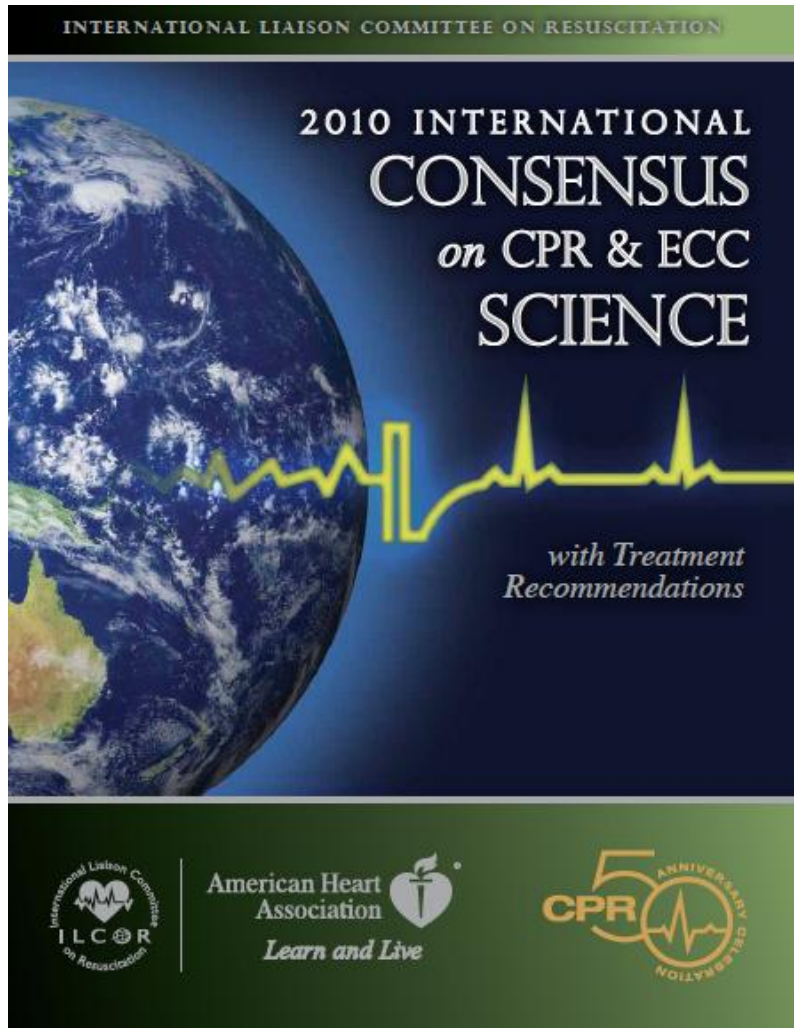


NEW ZEALAND Resuscitation Council
Whakahaauora, Aotearoa



Australian Resuscitation Council





2010 - The Process:

International Consensus on Science & Treatment Recommendations (4 years)

277 questions / Worksheets

313 delegates / 30 countries

1. ILCOR Consensus

2. ERC Guidelines 2010

18. October 2010



RESUSCITATION

OFFICIAL JOURNAL OF THE EUROPEAN RESUSCITATION COUNCIL

The
National
Council
in

■ ■ ■ 2010
European
Resuscitation
Council
Guidelines

EDITED BY JERRY NOLAN

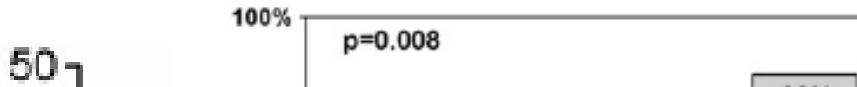


"To preserve human life by making..."

 EUROPEAN
RESUSCITATION
COUNCIL



Compression Depth and Primary Outcome



**2010: „Push hard and fast
intensively
... and with minimal pauses
after defibrillation**

...age compression depth in approximately
intervals. Chest compression depth
(1.5–2 in.) represents current CPR guideline
recommendations. Deeper chest compressions are significantly asso-
ciated with increased probability of shock



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Summary
of the main
changes in the
Resuscitation
Guidelines

ERC GUIDELINES 2010





Relationship of Compressions and Ventilation ?

Is effective CPR possible without ventilation ?

Is ventilation interfering with cardiac output during CPR ?

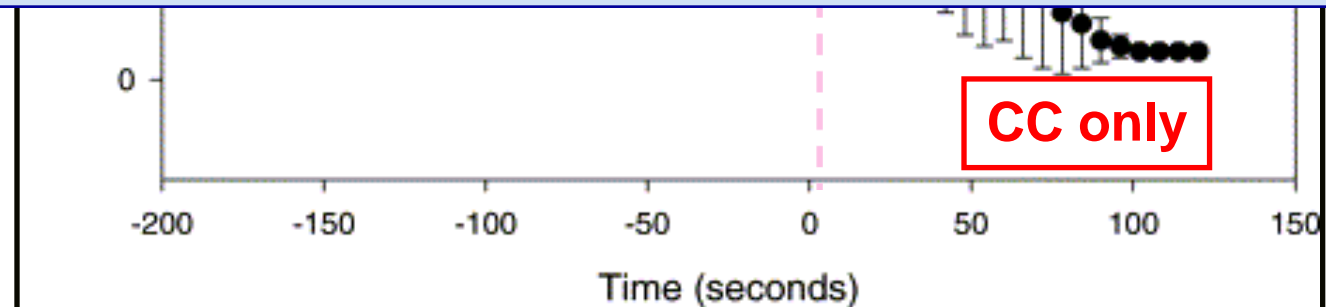


Compression (CC) + Ventilation vs. 'Compression Only'

3 min untreated
VF + 10 min



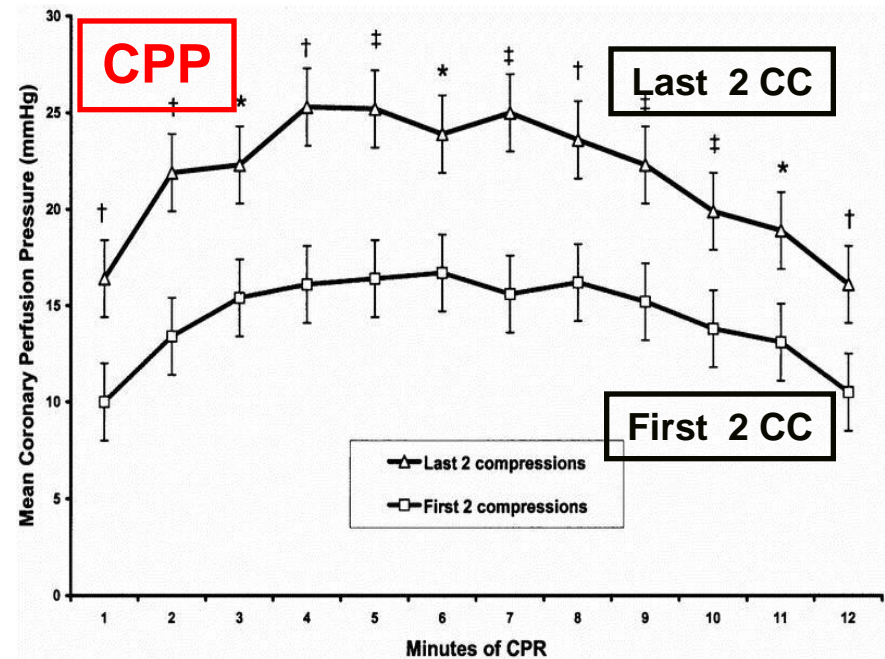
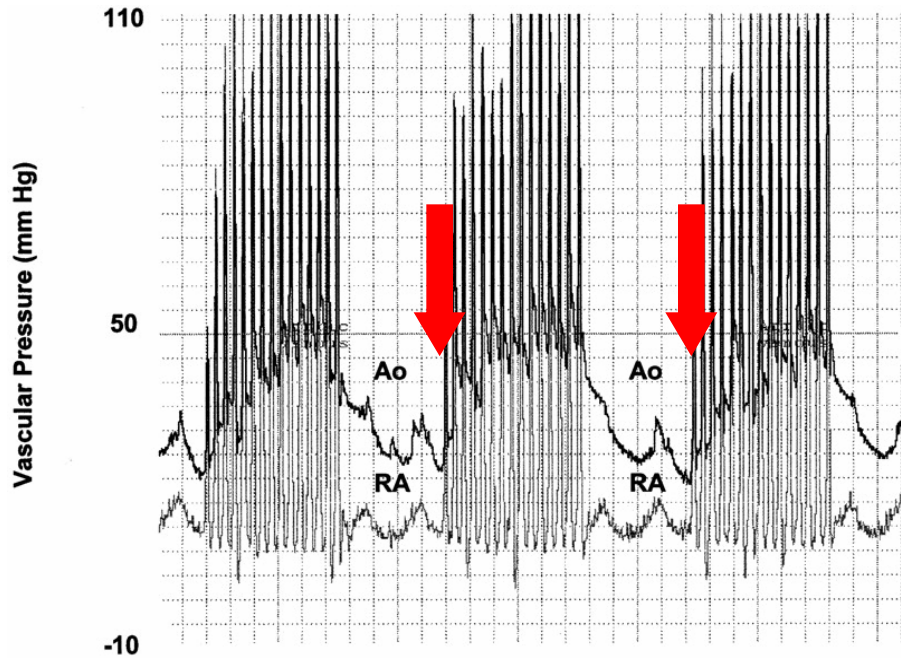
**‘Compression only’ is *not*
useful after minutes.**





Interruption of CPR for Ventilation: Negative Haemodynamic Effects of Pauses on CPP

...





BLS in Adults (ERC 2010)

**‘Compression only’ fatal in case of:
longer CPR, asphyxia, children ...**

Compressions : ventilation = 30 : 2 + AED

→ “Main Issue: Hard Compressions”





ALS in Adults (ERC 2010)

Start with 30 compressions

Compression : ventilation = 30 : 2

Compression depth 5 - 6 cm / 100 (- 120) / min

CPR until defibrillator is in place + charged

Avoid any interruptions + change every 2 min

→ “Main Issue: Hard Compressions”



ALS in Adults (ERC 2010)

Intubation of the trachea, if trained + alternatives

CapnoGRAPHY

Ventricular fibrillation (VF): 1x defibrillation

| Series of 3 defibrillations only if

during

during after cardiac surgery

witnessed and defibrillator immediately available



“Main Issue: Hard Compressions”



ALS in Adults – D

i.v. line, alternatively

Adrenaline 1 mg / 3

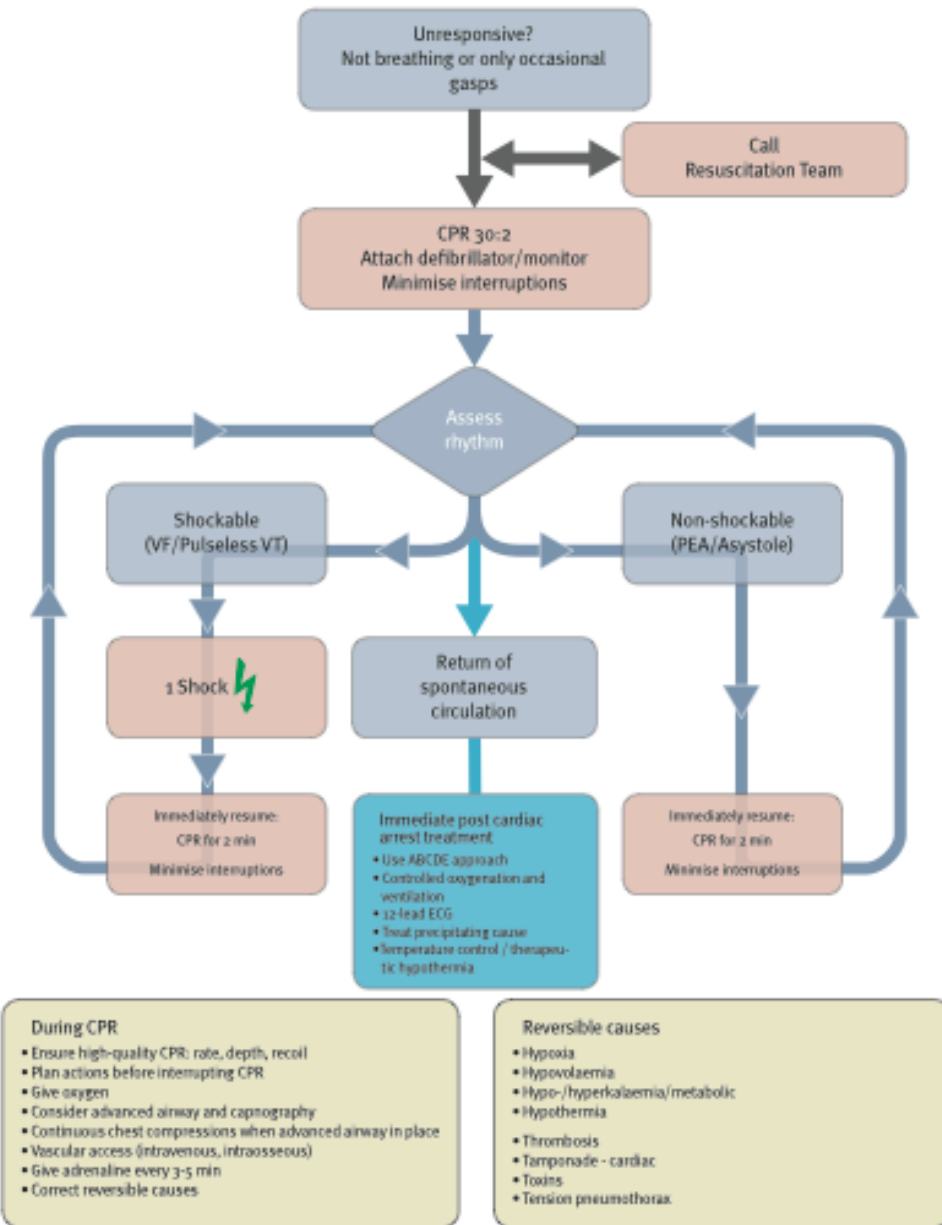
Amiodarone 300 mg

Thrombolysis in sus

„Lipid Resuscitation

➔ “Main Issue

Advanced Life Support






NNNT = 6

ILCOR Advisory Statement

Therapeutic Hypothermia After Cardiac Arrest

ERC 2010: „... many of the accepted predictors of poor outcome ... ***are unreliable*** ... if the patient has been treated with hypothermia.“



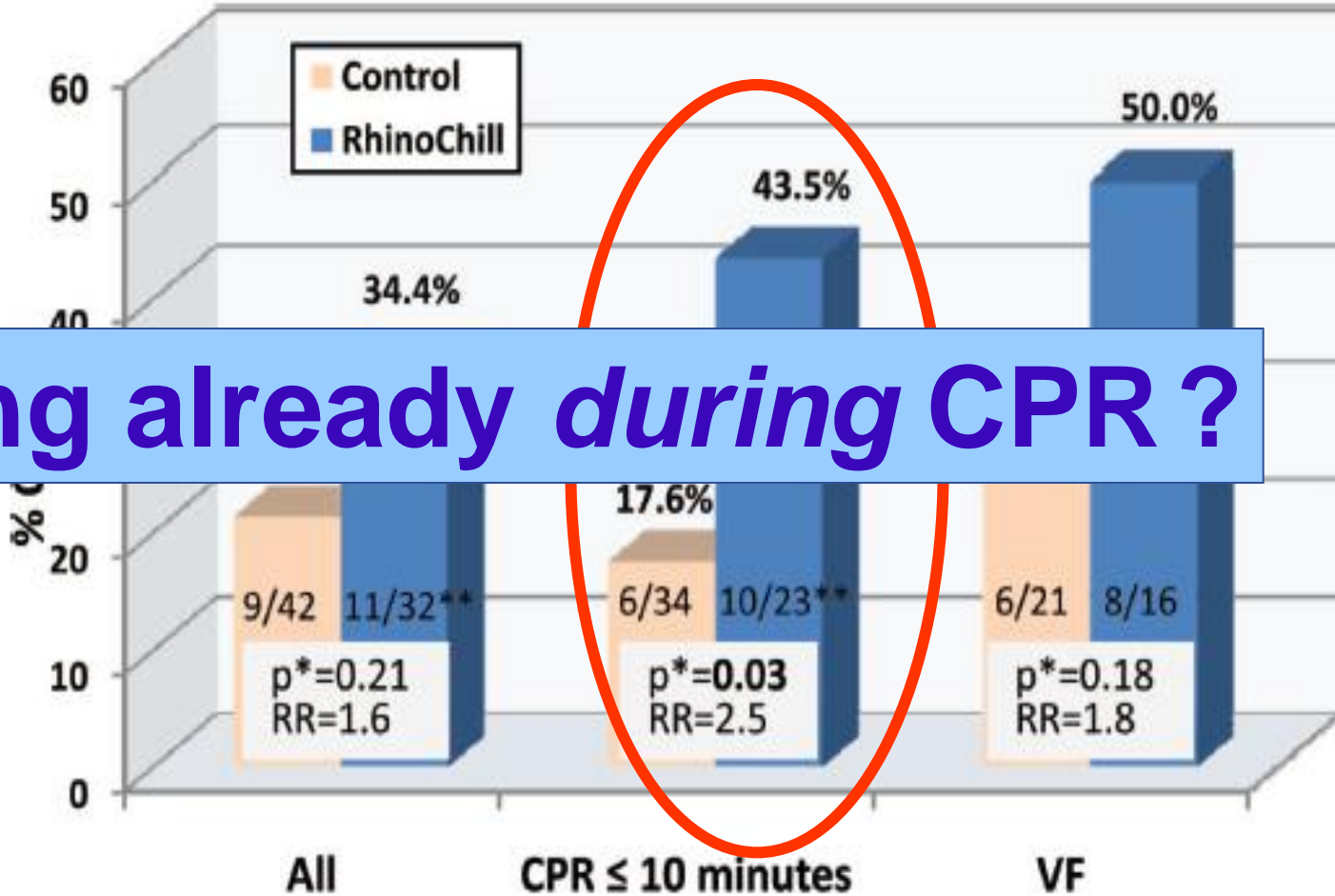
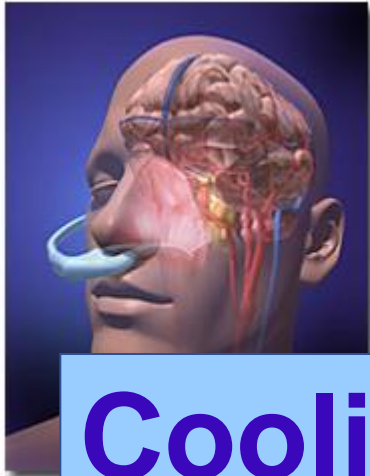
ERC 2005: „... and children ...“

ERC 2010: „... and newborns ...“



**The post-arrest treatment
*should start a.s.a.p.***





Cooling already during CPR ?

**Survival rate
Good neuro**

Target temperature with RhinoChill 207 min earlier ...

Prognostic Factor PCI

Table 5

Multivariate logistic regression analysis of prognostic factors for survival.

Prognostic factors	Adjusted odds ratio	95% CI	p-Value
Age (per additional year)	0.96	0.94, 0.98	0.000
Response time (per additional min)	0.90	0.82, 0.99	0.027
Angiography/PCI	10.07	5.17, 19.61	0.000
Ambulance witnessed	5.06	1.21, 21.15	0.026
Initial VF	4.25	2.01, 8.98	0.000
Therapeutic hypothermia	4.11	2.14, 7.88	0.000
Cardiac aetiology	3.24	0.92, 5.44	0.074
Bystander witnessed	2.05	0.71, 5.90	0.182
Implementation of 2005 Guidelines	1.42	0.79, 2.57	0.244
Public location	1.11	0.59, 2.07	0.751

Prognostic factors that were found to be significant in preliminary univariate and bivariate analyses were included in this multivariate logistic regression analysis to detect independent factors potentially affecting survival in the shockable vs. non-shockable group. 95% CI: confidence interval. PEA: pulseless electrical activity. PCI: percutaneous coronary intervention.

Hypothermia & PCI

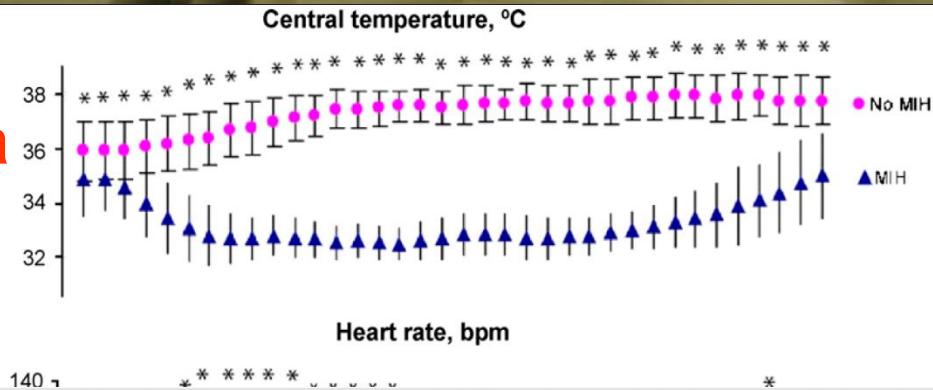
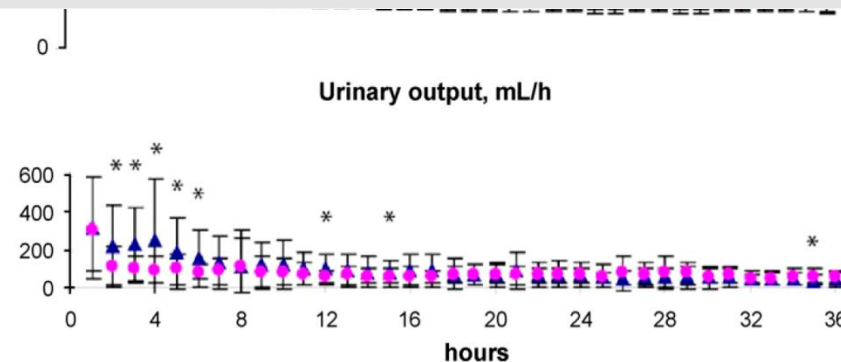


Table 4 Outcome and adverse events in hypothermia and no hypothermia groups of patients

	Hypothermia (n = 40)	No hypothermia (n = 32)	p
In-hospital Reinfarction	1	0	1.00
Survival with CPC 1 or 2 (%)	22 (55)	5 (16)	0.001
At 6 months			
Survival (%)	27 (68)	12 (38)	0.021
Survival with CPC 1 or 2 (%)	21 (53)	6 (19)	0.007

TVR = target vessel revascularisation; CPC = cerebral performance category.



72 Patienten
Knafelj et al.
Resus. 2007



Genoplivning med tryk uden pust

De nye retningslinjer for livreddende førstehjælp ved bevidstløshed lægger stor vægt på god hjertemassage. Kunstigt åndedræt kan du springe over, hvis du ikke tør eller vil.

Tre faktorer spiller ind for kvaliteten af hjertemassage:

ALS in Adults –

Compressions : ve

Compressions dep

Capnograph /

H H H H H H H H

♥ HURTIGT

Sekunderne tikker, mens du tøver. Hvis en person pludselig falder sammen, er uden for normal kontakt og ikke trækker vejret normalt, skal du gå i gang med hjertemassage med det samme. Det er ikke nødvendigt at tjekke puls.

Hvis du er alene skal du give 1-1-2 først

♥ HÅRDT

mindst 5 cm ned i brystet. Tryk og hæve sig. Den næste tryk i midt på brystet, tag dig så øje med placering. God hjertemassage er hårdt arbejde. Efter to minutter bør man være så udmattet, at man må holde pause eller afløses af en anden.

♥ HASTIGT

God hjertemassage skal foregå i hurtig rytme med 100 tryk i minuttet eller mere. Tempoet svarer til rask gang - eller til diskomusik. Et forsøg på University of Illinois har vist, at man giver bedre hjertemassage, hvis man lytter til Bee Gees »Staying Alive«.



KARDIOPULMONAL REANIMATION

Hauptsache ner

Die neuen Leitlinien des European Resuscitation Council betonen die Tiefe und die Frequenz der Herzmassagen ausschließlich intravenös oder intrao



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RESUSCITATION 2011

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**We can save 100,000 lives
per year in Europe**

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