

What is new in Resuscitation? Outside Hospital Cardiac Arrest New AHA Guidelines 2018

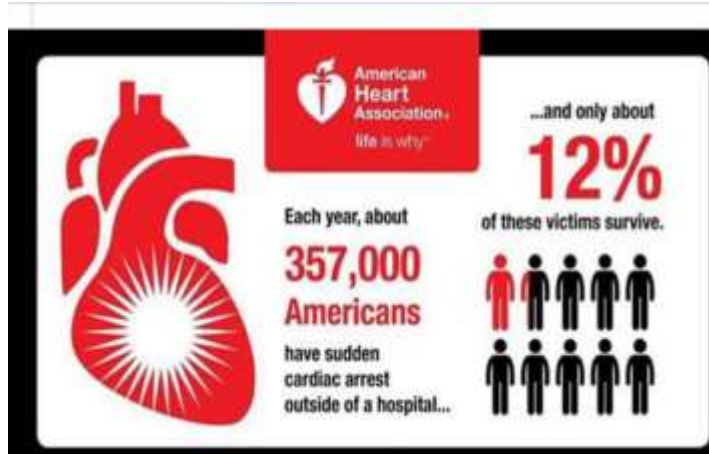
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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

مِنْ أَجْلِ ذَلِكَ كَتَبْنَا عَلَى بَنِي إِسْرَائِيلَ أَنَّهُ مَنْ قَتَلَ
نَفْسًا بِغَيْرِ نَفْسٍ أَوْ فَسَادٍ فِي الْأَرْضِ فَكَأَنَّمَا قَتَلَ
النَّاسَ جَمِيعًا وَمَنْ أَحْيَاهَا فَكَأَنَّمَا أَحْيَا النَّاسَ
جَمِيعًا


صدق الله العظيم



American Heart Association
Life is why™

Each year, about **357,000** Americans have sudden cardiac arrest outside of a hospital...

...and only about **12%** of these victims survive.




CPR can nearly **triple** these victims' survival rates by helping until the EMTs arrive.




If all Michigan high school students learn basic CPR prior to graduation, Michigan will gain **100,000 more** CPR-trained lifesavers each year.




3 out of every 4 cardiac arrests occur at home, so family members' lives are the ones students are most likely to save



27 states across the country have passed laws to ensure that every high school student to be CPR-trained before graduation, and it's saving lives.



Hands-Only CPR training can take **30 as little as minutes** and can be easily incorporated into existing curriculum.



Cardiac arrest occurs in a wide variety of settings, from the unanticipated event in the out-of-hospital to anticipated arrests in the intensive care unit.

Outcome from cardiac arrest is a function of many factors:

- **Willingness to perform cardiopulmonary resuscitation (CPR)**
 - * **Ability of rescuers to integrate knowledge and psychomotor skills**
 - * **Quality of CPR performance**
 - * **Efficiency and effectiveness of post-cardiac arrest care.**

The prehospital setting requires focus on:

- **Prevention**
- **Immediate recognition of cardiac arrest**
- **High quality CPR**
- **Use of AED**

Commonly cited reasons for reluctance to perform lifesaving maneuvers :

- **Concern for injuring the victim**
- **Fear of performing CPR incorrectly**
- **Physical limitations**
- **Fear of liability**
- **Fear of infection**

How can we overcome our problems

- **(1) people more recently trained in CPR techniques expressed greater willingness to attempt resuscitation than those without recent training.**

- **2) Educating the public that infection resulting from CPR performance is extremely rare may increase willingness to perform CPR and teaching them use of barrier device**

(3) Rescuers who are not willing to perform mouth-to-mouth ventilations may be willing to perform Hands-Only (chest compression-only)

(4)Rescuers should be taught to initiate CPR if the adult victim is unresponsive and is not breathing or not breathing normally (eg, only gasping)

Gasping is commonly misinterpreted as a sign of life that may prevent from initiating resuscitation. Despite gasping victim have a higher survival rate

(5)dispatchers should provide telephone CPR instructions to callers which will increase willingness to perform CPR

(6) Optimizing the links in the Chain of Survival improves outcomes and saves lives. The use of evidence-based education and implementation strategies will allow organizations and communities to strengthen these links in the most effective and efficient manner

ECC Guiding Philosophy

- Improve the Chain of Survival in every community
- Increase quality and timeliness of materials
- Identify and expand training
- Document effectiveness
- Improve efficiency

www.ilcor.org



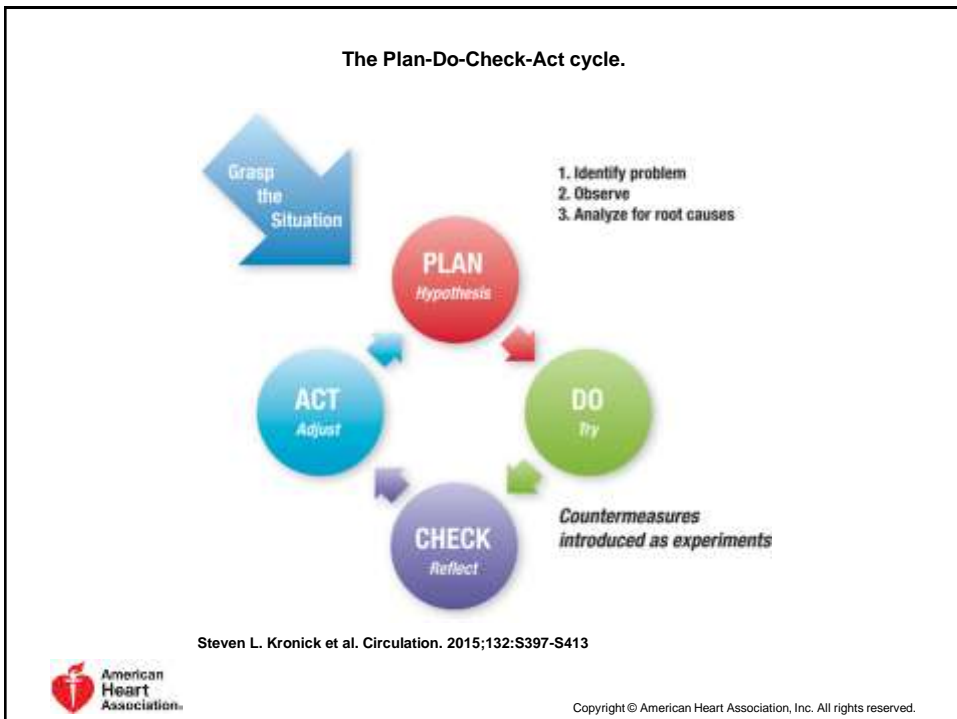
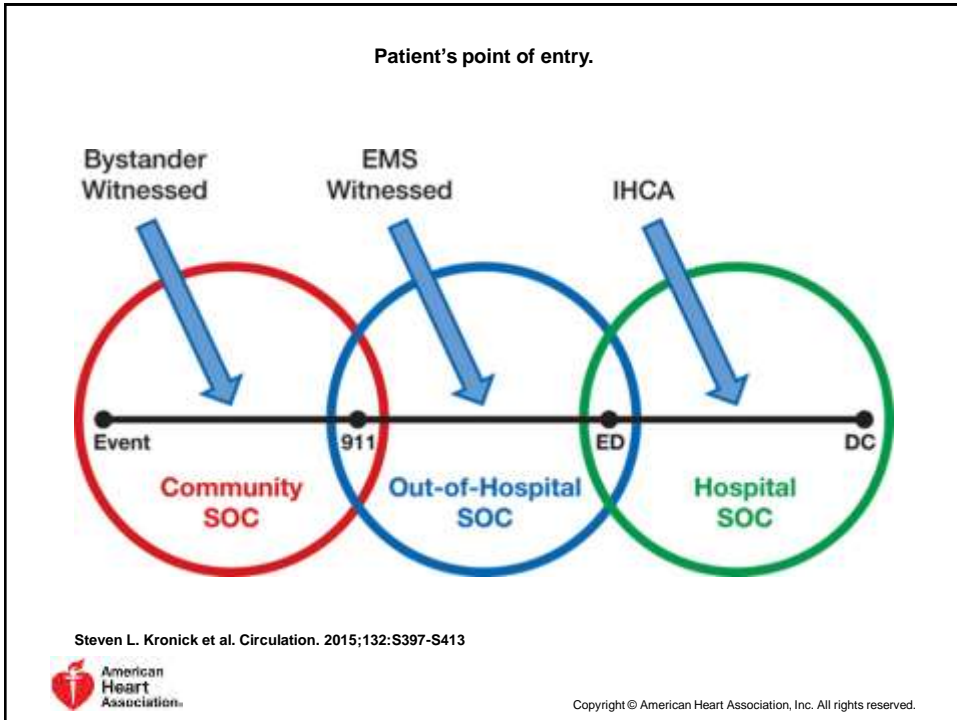
System-specific Chains of Survival.



Steven L. Kronick et al. *Circulation*. 2015;132:S397-S413



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Conclusion

- What about Egypt
 - It is time to make training in resuscitation mandatory for every health care providers
- But Are we ready ????

Conclusion

- Egyptian CPR League Eg SC
- The Egyptian Intuitive for Life Saving
- Training School Children Lay persons
- Aiming at ILCOR level to reduce differences in 2020 in all countries
- See you June 2018