

GUIDE LINE OF CPR

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**American
Heart
Association.**

CPR

- ***OBJECTIVES***
- ***WHAT IS CPR ?***
- ***ARE YOU PREPARED?***
- ***GUIDE LINE OF CPR ON 2018 (AHA)***

CPR

- When the breathing stop , the heart will soon stop beating
- 0 – 4 min



- Clinical death



- 4 – 6 min



- Brain damage possible

- 6 – 10 min



- Brain damage likely



- > 10 min



- Irreversible brain damage
- & biological death

DEFINITION

Cardiopulmonary resuscitation (CPR) consists of the use of chest compressions and artificial ventilation to maintain circulatory flow and oxygenation during cardiac arrest.

Cardio Pulmonary Resuscitation is technique of Basic Life Support for oxygenating the brain and heart until appropriate definitive medical treatment can restore normal heart and ventilator action.

Are you prepared ?

Cardio vascular disease are still no 1 of arrest

Heart attack

Stroke

2nd choking

Even so the **frist** response the ABC,S OF CPR

IS EMERGENCY ACTION PLAN

DRSABC

Cardiac rhythm:



- Sinus rhythm with pulse
- Ventricular fibrillation
- Ventricular tachycardia
- Asystole
- Pulseless electrical activity

Next step : Shock

00:45

DRSABC

- **D**=DANGER
- **R**=RESPONSE
- **S**=SHOUT
- **A**=AIR WAY
- **B**=BREATHING
- **C**=CIRCULATION

A

- Open air way
- Head tilt + chin lift method why ?
- In order to remove tongue away from the back of the throat and allow open pathway



B



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- Check for breathing by :-
- 1- looking at the chest
- 2- listening + feeling for air for up to 10 sec
- If the personae not breath keep the air way open seal the nose shut
- Place your mouth around the personae's mouth with tight seal
- Each breath last for 2 second & make sure the chest is raising breathing barrier

C

- Check sign of circulation by looking for
- 1- movement
- 2- effective breathing
- 3- coughing
- 4- appropriate color of the skin
- 5- presence of carotid pulse

Mechanism

- Compression
- Defibrillation
- Ventilation

Compression

- Push hard and fast in the center of the chest
- *lower half of the chest sternum
- *full recoil of the chest important
- *rate is 100 – 120 /min for all ages (STAYIN ALIVE)
- Before 30 : 2
- *depth is 1/3 rd. chest depth for pads , at least 2 for adult

- *limit interruption & never longer than 10 second



**Not too fast;
Not too hard**



**100-120/min
5-6cm deep**

Defibrillation

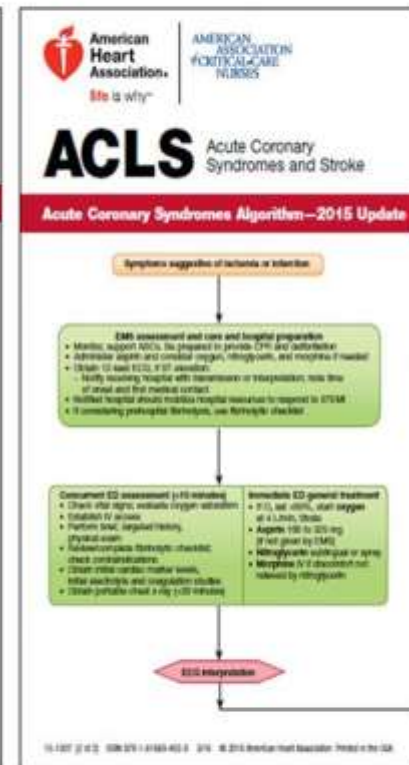
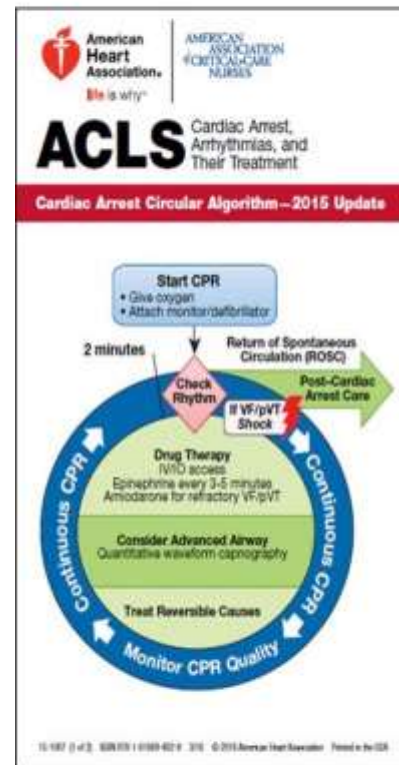
- Treat shockable rhythm / V fib & VT ,ach
- *AED analyzes the rhythm
- *AED picks the energy & charge
- *eyes on the patients – finger on the button
- *clear shocking on 3 one – two – shock

Ventilation

- Low pressure --- key just enough volume for normal chest risk
- Adult 30 :2
- **Child& infant 15 : 2**
- **Compression must be cont. & breath give every 6 – 8 sec**
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Highlights

- of the 2018 Focused
- Updates to the American
- Heart Association
- Guidelines for CPR



HQ CPR

- HIGH QUALITY CPR
- 30C :2 B



HIGHLIGHTS

of the 2018 Focused Updates to the American Heart Association Guidelines for CPR and ECC; Advanced Cardiovascular Life Support and Pediatric Advanced Life Support

The American Heart Association thanks the following people for their contributions to the development of this publication: Jonathan P. Duff, MD; Andrew S. Posen, MD, PhD; Mary Fran Heitnick, RN, MN, FAHA; and the AHA Guidelines Focused Updates Highlights Project Team.

In 2015, the International Liaison Committee on Resuscitation (ILCOR) began a continuous evidence evaluation (CEE) process. This process is designed to enable rapid analysis of peer-reviewed published resuscitation studies and development of International Consensus on Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) Science With Treatment Recommendations (CoSTR) statements. The goal of continuous evidence evaluation is to shorten the interval between publication of resuscitation evidence and translation into guideline recommendations by ILCOR member councils, such as the American Heart Association (AHA). On the basis of these annual ILCOR CoSTR summary statements, the AHA ECC Committee will publish annual guidelines focused updates on CPR and ECC. These Highlights summarize the changes included in the 2018 AHA Guidelines Focused Updates published by the advanced cardiovascular life support (ACLS) and pediatric advanced life support (PALS) writing groups.

The ILCOR systematic reviews are performed in manner specific resuscitation questions prioritized by the expert members of the ILCOR task forces. The questions prioritized for review this year addressed the use of antiarrhythmic drugs for the treatment of shock-refractory ventricular fibrillation (VF) or pulseless ventricular tachycardia (pVT) during or immediately after cardiac arrest. The ILCOR Advanced Life Support and Pediatric Task Forces then analyzed, discussed, and debated the studies identified and analyzed by the systematic reviewers. These task forces developed draft CoSTR statements that were posted online for public comment on the ILCOR website (www.ihcor.org), and the final joint ILCOR CoSTR summary was published simultaneously in *Circulation and Resuscitation*.

The AHA ACLS and PALS writing groups considered the ILCOR consensus recommendations very carefully to determine the appropriate recommendations in light of the structure and resources of the out-of-hospital and in-hospital resuscitation systems as well as the resources and training of lay rescuers and healthcare providers who use AHA guidelines. Each AHA ECC (clinical strategy, intervention, treatment, or device) recommendation was linked with a class of recommendation (Class) and a level of evidence (LOE), using the most recent language approved by the AHA and the American College of Cardiology. The content and language are depicted in Figure 1.

