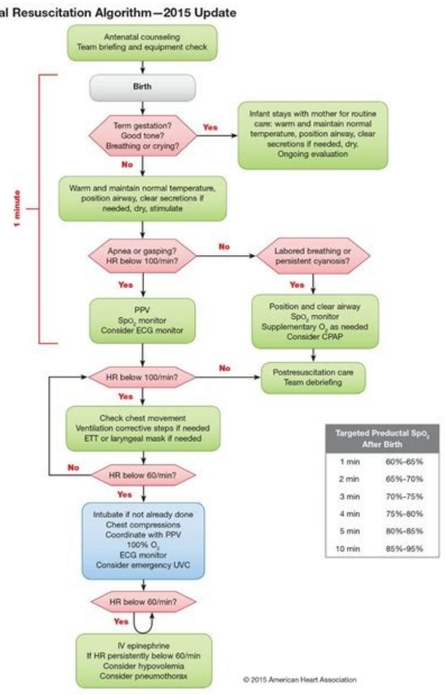
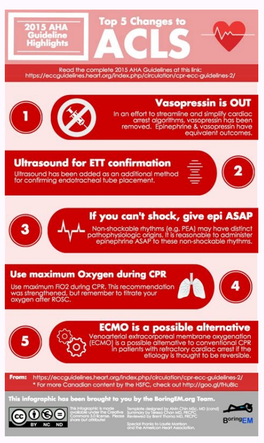
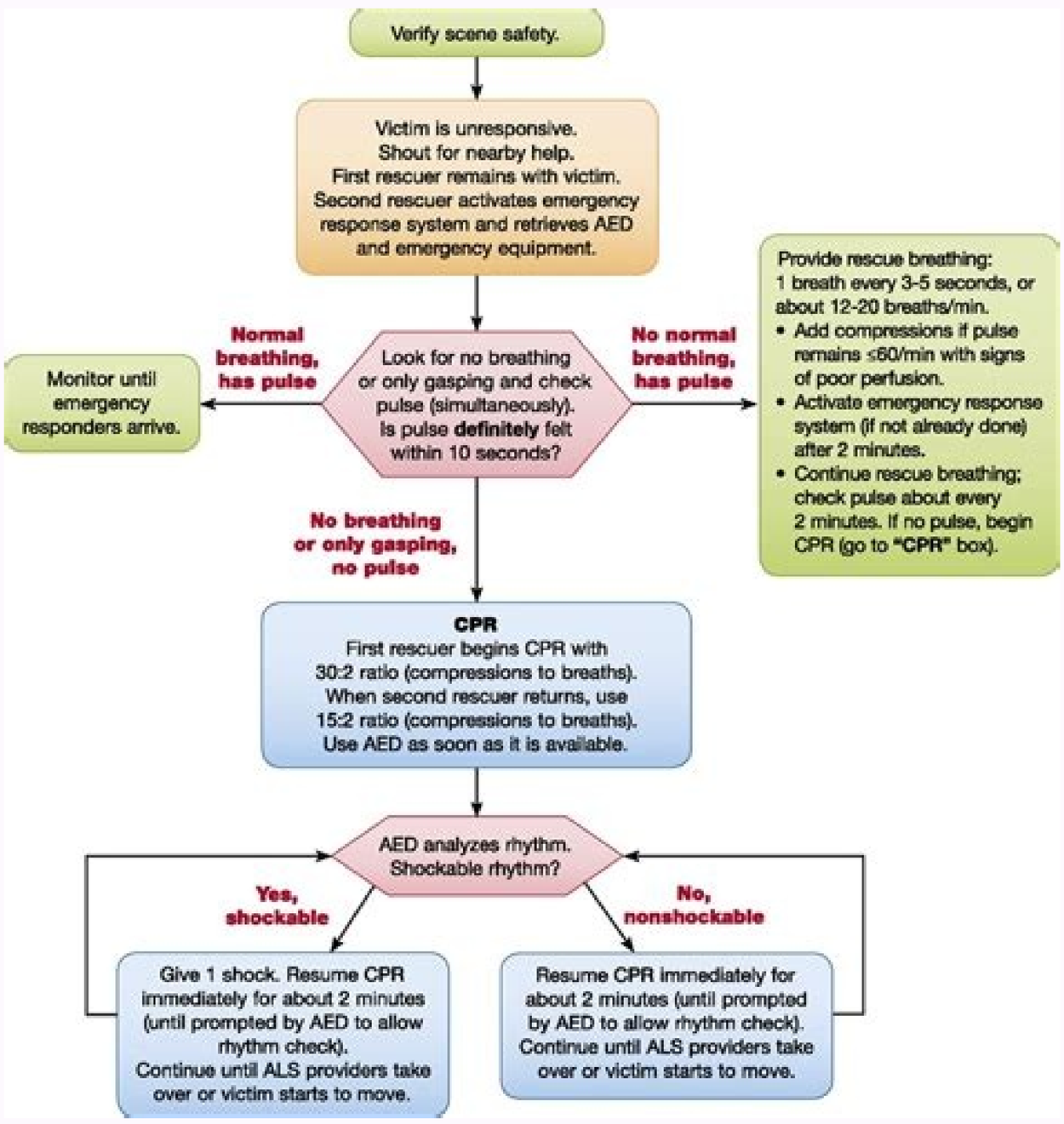
Aha cpr guidelines 2015 ppt

Neonatal Resuscitation Algorithm—2015 Update



Targeted Preductal SpO_2 After Birth	
1 min	60%-65%
2 min	65%-70%
3 min	70%-75%
4 min	75%-80%
5 min	80%-85%
10 min	85%-95%





American Heart Association These guidelines are based on the most current and comprehensive review of resuscitation science, systems, protocols, and education. Highlights of the 2020 AHA Guidelines Update for CPR and ECC The 2020 Guidelines Highlights provides a summary of the full 2020 resuscitation guidelines. View and download this document in 17 languages. English العربية (Arabic) Bahasa Malaysia (Bahasa Malay) 简体中文 (中国) (Chinese Simplified) 繁體中文 (臺灣) (Chinese Traditional) Deutsch (German) עברית (Hebrew) Indonesian Italiano (Italian) 日本語 (Japanese) Kazakh □□ (Korean) Polski (Polish) Português (Portuguese) Русский (Russian) Español (Spanish) □□□□□□□ (Thai) Tiếng (Vietnamese) The 2020 AHA Guidelines Science In-Service is an online course designed to provide healthcare providers information on new science and key changes published in the 2020 AA Guidelines for CPR and ECC. Get the Science In-Service! 1. 1 04/17/19 2. CARDIO-PULMONARY-CEREBRAL RESUSCITATION (AHA – CPR – 2015) Mansoor Masjedi Associate Prof. of Anaesthesia Fellowship of critical care medicine SUMS , 2017 3. OVERVIEW • New AHA CPR guidelines ; 2015 • Introduction • History of CPR • Diagnosis of arrest • CPR BLS sequences • Post resuscitation care • CPR – A team work • Foreign body airway obstruction • Summary 4. Beware of this Comply with this 2015 Guidelines are considered an update to 2010 Guidelines 5. American Heart Association CPR Training Basic Life support Advanced Cardiac Life Support Pediatric Advanced Life Support ECG & Pharmacology CPR in pregnancy, NCPR , Near drowning, Electrical inj., … 6. CPR Guidelines ; AHA 2015 The knowledge & skills you acquire will one day help to save a life 7. Introduction CPR is a very helpful way to save a human's life 7 easy steps CPR can be used on all ages Universal Clinical Approach 8. Historical Review 9. Attempting (maneuvers & techniques)to restore spontaneous circulation Providing oxygenated blood to brain & vital organsProviding oxygenated blood to brain & vital organs CPR – Definition & Goal 10. Causes of arrest Cardiac Extracardiac majority of SCA»VF All other causes (hypoxia, hypercap. ,elect. dist., acidosis, …) 11. Diagnosis of cardiac arrest Symptoms of cardiac arrest ?! Absence of pulse on carotid arteries – a pathognomonic symptom Respiration arrest – may be in 30 seconds after cardiac arrest Enlargement of pupils – may be in 90 seconds after cardiac arrest Blood pressure measurement Taking the pulse on peripheral arteries Auscultation of cardiac tones Loss of time !!! without CPR ↓ 8-10% /min. 12. Survey the scene (HCP) Responsiveness ; CallCall then shoutshout "Are you ok?" TapTap shoulder No breathing or only gasping & check pulse (ideally simultaneously) Basic Life Support Sequence Step Lay Rescuer Not Trained Lay Rescuer Trained Healthcare Provider 1 Ensure scene safety. Ensure scene safety. Ensure scene safety. 2 Check for response. Check for response. Check for response. 3 Shout for nearby help. Phone or ask someone to phone 9- 1-1 (the phone or caller with the phone remains at the victim's side, with the phone on speaker). Shout for nearby help and activate the emergency response system (9-1-1, emergency response). If someone responds, ensure that the phone is at the side of the victim if at all possible. Shout for nearby help/activate the resuscitation team; can activate the resuscitation team at this time or after checking breathing and pulse. 4 Follow the dispatcher's instructions. Check for no breathing or only gasping; if none, begin CPR with compressions. Check for no breathing or only gasping and check pulse (ideally simultaneously). Activation and retrieval of the AED/emergency equipment by either the lone healthcare provider or by the second person sent by the rescuer must occur no later than immediately after the check for no normal breathing and no pulse identifies cardiac arrest. 5 Look for no breathing or only gasping, at the direction of the dispatcher. Answer the dispatcher's questions, and follow the dispatcher's instructions. Immediately begin CPR, and use the AED/ defibrillator when available. Ensure scene safety & 13. Call for help & get AED Get an AED/emergency equipment by either the lone healthcare provider or by the second person sent by the rescuer Exceptions: asphyxial arrest & Pediatrics ; give 5 cycles (about 2 minutes) of CPR before leaving the victim to activate the EMS system 14. Appropriate positioning Position on back supine on a flat, firm surface with arms along the sides of the body Always be aware of head and spinal cord injuriesAlways be aware of head and spinal cord injuries 15. BASIC LIFE SUPPORT ; C-A-B 1. Scene safety 2. Assessment (responsiveness & resp . + pulse) 3. Activate EMS/RRT & get AED 4. Basic CPR I. Circulation II. Airway III. Breathing IV. Defibrillation 1504/17/19 16. CAB • Highly correlated to ROSC • When CPR is paused, CPP falls quickly • When CPR is restarted, it takes 3-6 compressions to previous CPP 17. CAB Circulation (HCP) Check for circulation (no longer than 10 sec.) – No advanced airway → 30 compressions and 2 breaths – Keep hand in contact with the chest at all times – Allow complete chest recoil – Depth of compressions: 5-6 cm – Compression rate should be 100 – 120 / min. Avoid leaning on the chest between compressions to allow full chest wall recoil 18. CAB Compressions is affected by 1. compression rate (frequency of chest compressions per minute) 2. compression fraction (portion of total compressions) High-quality CPR – Chest compressions of adequate rate – Chest compressions of adequate depth – Allowing complete chest recoil after each compression – Minimizing interruptions in compressions – Avoiding excessive ventilation 19. CAB proper hand positionproper hand position – Place heel of one hand on • center of chest between the nipples ? now • Feel up the rib cage • Place middle finger at the xiphoid process, index finger next to it • Over the lower half of the breast bone Hand position 1904/17/19 20. CAB Circulation Cont'd • 30 chest comp. 2 br. • Complete 5 cycles (30-2) • Re-check for circulation (after 2 min.) • Continue CPR (30:2), reassessing every 2 min. • Two hands, two inches 20 04/17/19 21. 2015 (Updated): chest compressions at a rate of 100 to 120/min 2010 (Old): It is reasonable for lay rescuers and HCPs to perform chest compressions at a rate of at least 100/min. 2015 (Updated): chest compression depth at least 2 inches (5 cm) , avoiding greater than 2.4 inches [6 cm] 2010 (Old): The adult sternum should be depressed at least 2 inches (5 cm). INTERRUPTIONS SHOULD ONLY BE DURING RHYTHM CHECK & VENTILATION 22. CAB • Avoid leaning on the chest between compressions, to allow full chest recoil • Immediately resume chest compressions after shock delivery 23. BLS Dos and Don'ts of Adult High-Quality CPR Rescuers Should Rescuers Should Not Perform chest compressions at a rate of 100-120/min Compress at a rate slower than 100/min or faster than 120/min Compress to a depth of at least 2 inches (5 cm) Compress to a depth of less than 2 inches (5 cm) or greater than 2.4 inches (6 cm) Allow full recoil after each compression Lean on the chest between compressions Minimize pauses in compressions Interrupt compressions for greater than 10 seconds Ventilate adequately (2 breaths after 30 compressions, each breath delivered over 1 second, each causing chest rise) Provide excessive ventilation (ie, too many breaths or breaths with excessive force) 2304/17/19 24. CAB A – Airway Open the airway Head tilt chin lift (lay rescuer-- for both injured and noninjured victims) Jaw thrust (no longer recommended for lay rescuers but for healthcare providers ,If suspicious of a cervical spine injury, jaw thrust without head extension) 2404/17/19 25. CAB If suspected spinal injury manual spinal motion restriction¬ because use of immobilization devices by lay rescuers may be harmful & Spinal immobilization devices may interfere with maintaining a patent airway 26. CAB Breathing After 30 compressions, Give 2 breaths, each over 1 second, with enough volumeto produce visible chest rise 2604/17/19 27. CAB Breathing Reassess after 2 min. (not > 10sec.) Loosen restrictive clothing around the neck No chest compressions when there are signs of circulation (if in doubt continue chest comp.) 2704/17/19 28. CAB A. No advanced airway : rescuer(s)rescuer(s) ; 30 compressions : 2 breaths A. With advanced airway (ETT) during 2-person CPR,1 breath every 6 sec. (10 br/min) without attempting to synchronizebreathsbetween compressions 29. CAB 30. CPR in Opioid overdose Opioid overdose + pulse + resp. arrest BLS + IM / IN naloxone In cardiac arrest, medication administration is ineffective without concomitant chest compressions for drug delivery to the tissues, so naloxone after initiation of CPR 31. 2015 Guidelines Update Recommendation Recommendation Comments For witnessed adult cardiac arrest when an AED is immediately available, it is reasonable that the defibrillator be used as soon as possible Class IIa, LOE C- LD updated For adults with unmonitored cardiac arrest or for whom an AED is not immediately available, CPR be initiated while the defibrillator equipment is being retrieved and applied Class IIa, LOE B- R) updated CPR Before Defibrillation Immediately resume chest compressions after shock delivery for adults in cardiac arrest in any setting 32. Sequence for Basic Life Support 2015 Consciousness & breath - pulse EMS & AED CIRCULATION AIRWAY: position the victim, open the airway BREATHING DEFIBRILLATION 33. Recovery position • Unresponsive adult victims with normal breathing and effective circulation • The position should be stable, near a true lateral position, with the head dependent and with no pressure on the chest to impair breathing 34. 3404/17/19 35. CPR – A team work Integrated team of trained rescuers Building of team Assigning work to every member Perform work simultaneously rather than sequentially 36. Monitoring during CPR • ECG monitoring is essential • Intra- arterial pressure monitoring SBP,DBP and MAP • Endotracheal CO2 monitoring • Lab. Data Most useful ; ABG , Htc, BS, Na, K, Ca 3604/17/19 37. Family presence during CPR IHCA ; contraversial OHCA ; an important dimension in the paradigm of resuscitation quality 3704/17/19 38. Continue CPR Until : • Victim revives • Trained help arrives • Too exhausted to continue • Unsafe scene (Patients not to be moved for CPR & while it is in progress) • Physician directed (do not resuscitate orders) 39. When to Stop CPR Optimal duration ? Who benefits prolonged CPR ? Extending the duration of resuscitation may be a means of improving survival in selected hospitalized patients 40. Why CPR May Fail ?! • Delay in starting • Improper procedures (ex. Forget to pinch nose) • Improper techniques (comp rate & depth. , vent rate) • Terminal or unmanageable dis.(massive heart attack) Vent. rate too high Depth too shallow Rate too slow 41. Cardiac arrest and cardiopulmonary resuscitation outcome reports Results: ROSC : 71% , HD :18% 27700 pts , During weekdays ; ROSC : 52% , HD : 26% During weekends ; ROSC : 47% , HD :19% ROSC : 45.1% , DR : 6.6% 4104/17/19 42. Foreign body airway obstruction (FBAO) Uncommon, but preventable, cause of death In adults , mostly while eating Choking is commonly witnessed, and the victim is still responsive Rx : usually successful, and survival rates˃95% 1st abd. Thrusts if ineffective 2nd chest thrusts 43. Summary 44. 4504/17/19 45. High quality CPR 46. The chain of survival" has 5links applied to all CPR settings • 1. Immediate recognition of card. arrest & activation ERS/RRT • 2. Early CPR (esp.chest compressions) • 3. Rapid defibrillation • 4. Effective advanced life support • 5. Integrated post–cardiac arrest care Early Early Early Early integrated In 1991 , American Heart Association has introduced

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