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News From ISICEM

The International Liaison Committee on Resuscitation (ILCOR) is presently in the process of revising its guidelines on CPR, the last set of which were published in 2005. This important topic was covered at an interactive Round Table session during the 30th International Symposium on Intensive Care and Emergency medicine. Five experts in the field of resuscitative medicine who are actively involved in this process spoke about the areas of controversy within this field and, without giving the game away (!), spoke about some of the possible changes. The panel started with the controversy related to hands-only CPR. The panel felt that hands-only CPR may be easier to apply, particularly for the layperson, but were concerned that the importance of ventilation should not be forgotten and that while hands-only CPR may be adequate initially in a young patient with a cardiac etiology rapid response arrest, in other patients with hypoxic etiology or longer response times, it may not be appropriate. Teaching laypersons to distinguish between such patients would be difficult, and there were also concerns that if the hands-only approach was taught, rescue breathing techniques would rapidly be forgotten and unable to be used if needed. The panel then moved on to issues of intubation and while some felt indeed that endotracheal intubation could be delayed and other techniques used for airway management, others stressed again the importance of considering the individual patient and the skills and training of the attending personnel. All the panel members stressed the need to limit as much as possible any interruption in chest compressions. The need for defibrillation was also discussed with an emphasis on careful timing and a more individualised approach.

The question of when and how to use hypothermia was raised by the audience with the panel suggesting that this would be one area where some flexibility could be incorporated into the new guidelines, but that all post-arrest centres should have facilities to offer hypothermia. Finally, the confusion between different algorithms for the paediatric and adult populations was raised with a suggestion that for simplicity and where possible these would be brought into alignment. In conclusion, the panel stressed that the guidelines had not yet been finalised and data were still being reviewed and discussed but that for many aspects the levels of evidence was still limited so that only low-grade recommendations would be offered. In principle, the aim is to keep things as simple as possible and limit changes as much as possible.

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