



NEWSLETTER

Australian Resuscitation Council

March 2008

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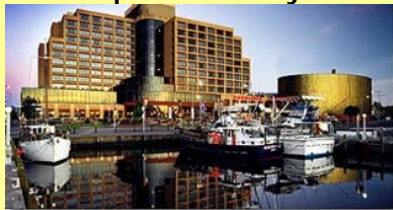
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7TH INTERNATIONAL SPARK OF LIFE CONFERENCE UPDATE

"ANY ATTEMPT AT RESUSCITATION IS BETTER THAN NO ATTEMPT"

Hotel Grand Chancellor, Hobart

30th April – 2nd May 2009



Located right on the waterfront in central Hobart, Hotel Grand Chancellor provides the ultimate in accommodation with majestic views over the Derwent River, Mt Wellington and the city.

International speakers:

David Zideman (UK)

Laurie Morrison (Canada)

Plus one other (*to be announced*)

Australian Visitor:

Dr Tony Smith – Medical Director

St John Ambulance, New Zealand

*Dr Smith will deliver the inaugural
"Don Harrison Perpetual Lecture"*

Registration Fee for the 2 day SOL Conference 1-2 May 2009

\$495.00 (inclusive of GST) – before 30th March 2009

\$528.00 (inclusive of GST) – after 31st March 2009

A pre-conference Satellite meeting may be held on Thursday 30th April 2009 (details to follow)

Further details:

Mrs Carol Carey, Conference Convenor, Tel: (03) 9249 1214 or Email: arc@surgeons.org

Updated information will be posted on the ARC website www.resus.org.au when available.

Registration material, including a preliminary program, will be available July/August 2008 and will be forwarded to all ARC subscribers and posted on the ARC website.

ADVISORY STATEMENT ON COMPRESSION ONLY CPR

The Australian Resuscitation Council (ARC) guidelines for CPR currently recommend:

- 2 ventilations followed by 30 chest compressions when performing CPR. Chest compressions should be delivered at a rate of 100 per minute ensuring adequate depth of compression and minimal interruption to compressions.
- Where a rescuer is either untrained or unwilling to perform CPR they should deliver continuous uninterrupted chest compressions only at a rate of 100 per minute.
- Untrained rescuers who seek basic life support instructions from Emergency Medical Services by telephone are advised to deliver continuous uninterrupted chest compressions only at a rate of 100 per minute.
- Any attempt at resuscitation is better than no attempt.

These recommendations were developed from an extensive international review of the resuscitation science undertaken under the auspices of the International Liaison Committee of Resuscitation (ILCOR) and published in November 2005.¹ Since then, a number of studies have been published which suggest that providing ventilations during CPR has no added benefit in terms of survival than providing chest compressions alone. These studies have received considerable coverage in the media with calls to change the guidelines to recommend compression only CPR.²⁻⁴

In March 2008 the American Heart Association issued a statement recommending that bystanders, trained or untrained in CPR, should at a minimum provide compression-only CPR. If the rescuer is trained and confident in performing CPR, then they should provide conventional CPR at a compression-ventilation ratio of 30:2. This statement also recognised the previously well documented reluctance of bystanders to perform any CPR and the poor survival following out-of-hospital cardiac arrest.⁵

The ARC has extensively reviewed the recently published evidence and does not consider it to be of sufficient magnitude to warrant a change in the current guidelines. In making this decision the ARC considered the following issues:

- The recently published studies are observational. These studies are widely accepted as being insufficient to determine if any CPR method is equivalent or superior to others.
- The data reported in these studies were collected before 2003. This is prior to the 2005 guideline changes recommending a compression / ventilation ratio of 30:2 and reducing interruptions to compressions.
- There have been no studies which compare the current CPR recommendations (ie 30:2) with compression-only CPR.
- Ventilation remains important in a significant proportion of cardiac arrests. These include cardiac arrests in children, those due to drowning or airway obstruction, in-hospital cardiac arrests and resuscitation attempts beyond the first 3 to 4 minutes. Compression-only CPR is insufficient in these circumstances.

Accordingly the ARC recommends no change to the current CPR guidelines. The ARC and other national resuscitation authorities will continue to evaluate new scientific data as it becomes available and issue guidelines supported by such evidence. The recommendations outlined in this advisory statement are consistent with those of the European Resuscitation Council.

In summary, the ARC recommends;

- A compression-ventilation ratio of 30:2 should be given when providing CPR.
- Compression-only CPR should be administered only if the rescuer is unable or unwilling to provide conventional CPR
- Any attempt at resuscitation is better than no attempt.



National Chairman

2nd April 2008

References

1. International Liaison Committee on Resuscitation. Consensus on Science and Treatment Recommendations. *Resuscitation* 2005;67:181-314.
2. Iwami T, Kawamura T, Hiraide A, et al. Effectiveness of bystander initiated cardiac only resuscitation for patients with out of hospital cardiac arrest. *Circulation* 2007;116:2900-7.
3. Nagao KK, Cardiopulmonary resuscitation by bystanders with chest compression only (SOS-KANTO): An observational study. *Lancet* 2007;369:920-6.
4. Bohm K, Rosenqvist M, Herlitz J, Hollenburg J, Svensson I. Survival is similar after standard treatment and chest compressions only in out of hospital bystander cardiopulmonary resuscitation. *Circulation* 2007;116:2908-12.
5. <http://circ.ahajournals.org/cgi/reprint/circulationaha.107.189380>

"ADDING CONFUSION TO FIRST AID FOR JELLYFISH STINGS"

An article recently published in the journal *Emergency Medicine Australasia* recommended hot water for all jellyfish stings. ¹ This was accompanied by a press release from the Australasian College for Emergency Medicine.

The ARC was concerned about the content and accuracy of the information contained in the article and has responded accordingly.

*The Editor
Emergency Medicine Australia*

*I write in response to the article published by Little in the February issue of *Emergency Medicine Australasia* regarding the first aid management of jellyfish stings ¹. Also concerning the subsequent press release from the Australasian College for Emergency Medicine (ACEM), as both are misleading, contain inaccurate information and are critical of the Australian Resuscitation Council (ARC). The ARC revised and re-issued its guideline for jellyfish stings in July 2007 ².*

*This was following a systematic review of the published data and extensive consultation with member organisations of the ARC, which included ACEM. This process was consistent with the NHMRC's recommendation for developing clinical practice guidelines. The revised guideline now recommends the use of hot water for *Physalia* sp. (Bluebottle), which is consistent with the evidence and has been available on the ARC website (www.resus.org.au) ².*

Accordingly, we are somewhat surprised that neither the article's author, nor reviewers were aware of the release of this updated ARC guideline, as there had been extensive consultation nationally. The article by Little presents no new information, and is opinion-based on a narrative review of published and unpublished data ¹. Furthermore, we suggest that the author may now have even added to this confusion by referring to studies on Box jellyfish in the same paragraph as the Loten study, which was solely on Bluebottle stings. The press release issued by ACEM has generated considerable interest from the media as the spectre of controversy is raised. The ARC encourages ongoing research by the author and others in this area, but is of the opinion that the information published in journals or by professional organisations needs to be contemporaneous and accurate.



*Associate Professor Ian Jacobs
National Chairman*

References

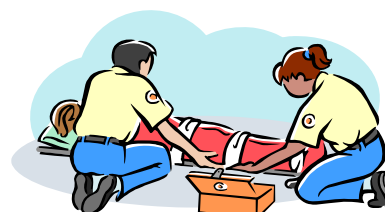
- 1/. Little M. First aid for jellyfish stings: Do we really know what we are doing? *Emerg. Med. Australas.* 2008;20:78-80.
- 2/. Australian Resuscitation Council. Guideline 8.9.6 Envenomation – Jellyfish Stings. July 2007, pp 1-5. www.resus.org.au/

ARC GUIDELINE 11.11 FIRST RESPONDER

Guideline 11.11 First Responder has been **deleted** from the ARC manual.

Please remove Guideline 11.11 from the red section (Adult Advanced Life Support) of your manual.

A definition for *First Responder* will be included in the revised Glossary of Terms to be circulated after the July 2008 Council meeting.



APPROVED ALS & ILS COURSE CENTRES

The Resuscitation Council (UK) ALS & ILS courses were modified in April 2006 in line with ARC Guidelines. The courses have been cobadged by the ARC and are running in a number of centres around Australia.

The courses are provided by course centres. The course centres are individual organisations undertaking the teaching of these courses and approved by the ARC. The ARC administers the running of these courses.

Please contact the relevant course centre direct for details and dates of these courses.

ALS COURSE CENTRES

- A & A Training Australia (Vic) - Danny O'Neill
Danny.oneill@aatl.com
- Ambulance Service of NSW - Paul Middleton
pmmiddleton@ambulance.nsw.gov.au
- CTEC (WA) - Amanda Grauze
Amanda.grauze@ctec.uwa.edu.au
- Dept of Emergency Medicine WA - Ian Jacobs
ian.jacobs@uwa.edu.au
- Fremantle Hospital (WA) - Darren Bailey
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- Royal Melbourne Hospital - Daryl Williams
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- Royal Perth Hospital (WA) - Maggie Briggs
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- Sir Charles Gairdner Hospital (WA) - Megan Hart
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ILS COURSE CENTRES

- A & A Training Australia (Vic) - Danny O'Neill
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- CTEC (WA) - Amanda Grauze
Amanda.grauze@ctec.uwa.edu.au
- Dept of Emergency Medicine WA - Ian Jacobs
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- Royal Perth Hospital (WA) - Maggie Briggs
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- Sir Charles Gairdner Hospital (WA) - Megan Hart
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"222 CODE BLUE" FOR TASMANIAN HOSPITALS

All Tasmanian Hospitals have adopted a uniform code blue number of "222".

What an excellent initiative by Tasmania!

ARC SUBSCRIBERS

Don't forget to check out the "Subscriber's Only" area of ARC Website which is being updated regularly. You will need your website access details to access this link

Latest additions:

- A presentation to Council by Dr Peter Morley on the Evidence Evaluation Process for C2010
- Updated ECC Endnote Master Library
- ALS & ILS course manuals.

www.resus.org.au

ARC GUIDELINE 5 – BREATHING

This guideline has been amended to simply correct an inconsistency between Guidelines 5 and 7.

A copy of the revised guideline is included with this newsletter.

DRAFT GUIDELINES CURRENTLY UNDER REVIEW

The following draft guidelines will be issued to member organisations and State Branches as committee working drafts and will be considered at the next meeting of Council.

Final Drafts

Glossary of Terms

- Guideline 3.3 Positioning an Unconscious Victim
- Guideline 8.1 Principles of Control of Bleeding for First Aiders
- Guideline 8.10 First aid Management of a Seizure
- Guideline 8.15 First Aid for Asthma
- Guideline 8.16 Heat Induced Illness (Hyperthermia): First Aid Management
- Guideline 8.19 The First Aid Management of Hyperventilation Syndrome

- Guideline 8.18 Management of Suspected Spinal Injury
- Guideline 10.1.2 The Use of Oxygen in Emergencies

First Drafts

- Guideline 8.5 Burns
- Guideline 8.6 Priorities at the Scene of a Road Accident
- Guideline 8.8 Hypothermia: First Aid and Management
- Guideline 8.23 Anaphylaxis – First Aid Management
- Guideline X Managing Peri-Arrest Arrhythmias

SAED FINDS ITS WAY TO IRELAND!

This case is still under investigation therefore names will not be included.

In September 2006 The Wesley Hospital in Brisbane purchased six Zoll Pro Semi Automatic External Defibrillators for use throughout the growing hospital.

The SAEDs were positioned in places most likely to see some action and as far away from the location of the Code Blue team. One machine was positioned on the wall directly outside the Security Office. This office is manned 24 hours a day and has video surveillance. This position was chosen to service any emergency events occurring in the main entrance of the hospital. The SAED was checked by the security office daily and also checked that it was operational by the Resuscitation Coordinator daily (except Friday-Sunday).

One day it just went missing! Both Security and the Resuscitation Coordinator could identify exactly the day it had gone missing and filed a police report. Almost two weeks later the Resuscitation Coordinator was contacted by the Zoll Head Office in Sydney to say that our SAED was in Ireland!

Apparently a kind hearted man in Ireland had decided to set up a healthy heart community group in a small village and they thought purchasing some SAEDs for the local sporting fields, entertainment venues and pubs would be a good idea. He did some searching on some online auction sites and saw one available from a liquidation sale. He bought it for a bargain only A\$1600 and after he got it shipped to Ireland he found no manual and contacted Zoll in the UK.

When they questioned why it didn't come with a manual he mentioned the 'liquidation sale' story and the serial number and the detective work began.

Once he was notified it was actually stolen goods he returned the unit to The Wesley Hospital as soon as he could. He has assisted with all the police reports and is extremely apologetic.

Never for a second did I think someone would steal something that might save someone else's life. Locking it onto the wall defeats the purpose really. At this stage it's still in my office awaiting the investigation to be finalised then it will be put 'inside' the Security office.

Aaron Armstrong
The Wesley Hospital
Brisbane

UPCOMING EVENTS

ARC VICTORIAN BRANCH

4th STATE CONFERENCE

Date: Saturday 2nd August 2008

Title: Hot Topics: Resuscitation and Emergency Care (to include a case/panel gun shot trauma presentation of pre-hospital/hospital resuscitation).

Venue: Charles LaTrobe Lecture Theatre Function and Convention Centre, Royal Melbourne Hospital Grattan St Parkville 3050.

Confirmed Presenters: Professor Loane Skene, Associate Professor of Surgery Russell Gruen.

Please refer to the ARC website

www.resus.org.au

to download a copy of the registration form.

**NEWSLETTER EDITOR
MRS CAROL CAREY**