



# NEWSLETTER

## Australian Resuscitation Council

March 2011

Vol 35 No. 1

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### 8<sup>TH</sup> INTERNATIONAL SPARK OF LIFE CONFERENCE

#### *RESUSCITATION GUIDELINES 2011 - WHAT WHY & HOW*

*PAN PACIFIC PERTH 7-9 April 2011*  
(formally the Sheraton Hotel, Perth)

**Neonatal Satellite Meeting – Thursday 7 April 2011**

**2 Day SOL Conference 8-9 April 2011**

The conference will be officially opened on 8 April by:  
Dr Simon Towler – Chief Medical Officer for WA Health

**~ LAST CHANCE TO REGISTER ~**

Conference registration details: [www.resus.org.au](http://www.resus.org.au)

Further details: Mrs Carol Carey  
Conference Convenor Tel: (03) 9249 1214 Email: [arc@surgeons.org](mailto:arc@surgeons.org)



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## ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS (RACGP)

**T**he Royal Australian College of General Practitioners (RACGP) requires all General practitioners train in CPR every three years to update and refresh their CPR skills. In the current triennium (2011-2013) the requirement is for the training to be at least one hour duration. CPR training is allocated five points in the College's Quality Improvement & Continuing Professional Development (QI&CPD) program.

**C**ompulsory requirement for CPR training started in the last triennium (2008-2010) after general practitioner surveys and focus groups strongly favoured inclusion of CPR in the CPD program, which started more than 20 years ago. The College is conscious that one of the determinants of survival from sudden cardiac arrest is the presence of trained responders who are ready, willing, and equipped to act. This is facilitated by its requirement that general practices be equipped for comprehensive primary care and resuscitation. This will help GPs maintain the competency to perform basic CPR procedures on a patient or member of the community as and when it is needed.

**R**ACGP standards recommend the undertaking of refresher courses in basic CPR competency every three years and the course should meet the Australian Resuscitation Council (ARC) guidelines. Completion of advanced life support skills training or completion of an emergency medicine training course that requires basic CPR competency will be accepted as meeting the basic CPR requirement. A list of CPR training providers is available at their website ([www.racgp.org.au](http://www.racgp.org.au)).

**R**ACGP standards for general practices 4th edition stipulates that administrative staff of general practices also have CPR training every three years but many general practice professionals believe CPR training should be conducted on a more frequent basis, preferably annually.

(Source: QI&CPD program and Standards for General practices 4<sup>th</sup> edition of RACGP)

## NEW ENGLAND JOURNAL OF MEDICINE ARTICLE

**A** recent article Published in the New England Journal of Medicine Weisfeldt and colleagues reported the occurrence of ventricular fibrillation in cardiac arrests occurring in the home was decreasing.(1) As such, the potential benefits of AEDs in the home may be limited. Of particular interest was the accompanying editorial by Bardy. In this Bardy points out that there are a number of possible explanations for this observation but importantly one should recognise defibrillation is the definitive therapy in these cases and time to defibrillation is an important determinant of survival.(2) He follows on to say that CPR remains an unproven therapy, is not without risk and should be reassessed.

**T**here is little doubt that both these interventions have an important role in saving lives following cardiac arrest and serves to highlight the importance of all the components in the chain of survival. While there have been no clinical trials of CPR versus no CPR, there are observational studies which show that CPR is better than no CPR and quality CPR improves neurological outcome of survivors. It has always been recognised that CPR may cause injury however this remains a minor issue when the alternative is no CPR leading to death.

**C**learly the chain will only be as strong as the weakest link and when each of the links are optimised – so is survival. At this stage we have still a way to go in optimising all the links in the Chain of Survival. Accordingly we need to continue our research efforts in understanding the underlying the pathophysiology of cardiac arrest, what interventions work and enhancing the implementation of evidence based guidelines within the resuscitation community.

1. *Weisfeldt ML, Everson-Stewart S, Sittani C, Rea T, Aufderheide TP, Atkins DL, et al. Ventricular tachyarrhythmias after cardiac arrest in public versus at home. N Engl J Med. 2011 Jan 27;364(4):313-21.*
2. *Bardy GH. A critic's assessment of our approach to cardiac arrest. N Engl J Med. 2011 Jan 27;364(4):374-5.*

## NEW ARC GUIDELINES

Feedback from the various member organisations regarding the revised ARC resuscitation guidelines has been positive. In particular many like the new flow charts and simplified processes. The ARC will continue to monitor such feedback as this provides important information as to acceptance of guideline changes now and in the future.

## "NEW" ACUTE CORONARY SYNDROMES (ACS) GUIDELINES

The ARC has introduced a new section to the ARC manual: Section 14 Acute Coronary Syndromes (ACS). Council would like to express thanks to A/Professor Darren Walters for all his hard work in producing these guidelines. The guidelines will be posted on the ARC website which like other guidelines will be freely available to all visitors.

## CLARIFICATION OF THE USAGE OF "CYCLE" IN THE ARC GUIDELINES

The term "cycle" has been deleted from the advanced life support guidelines (11.2 and 12.3) because it conflicted with its proper meaning in Guideline 8 where it signified, and still does, one bracket of chest compression and ventilation, that is, 30 compressions followed by 2 ventilations. Now, treatment described in algorithms of guidelines 11.2 and 12.3 is referred to not as a "cycle" of treatment but rather as a "loop" of treatment where it signifies a single sequence of events including assessment of the cardiac rhythm, determination whether the rhythm is "shockable" or not, 2 minutes of CPR, assessment of return of spontaneous circulation and re-assessment of the cardiac rhythm.

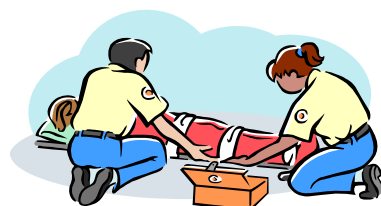
## SUMMARY OF CHANGES TO ARC GUIDELINES

Following the release of the revised ARC guidelines in December 2010, a summary of all major changes for Basic Life Support, Adult Advanced Life Support, Paediatric Advanced Life Support and Neonatal guidelines has been posted on the home page of the ARC website [www.resus.org.au](http://www.resus.org.au).

## LONG STANDING MEMBER



At the February Council meeting, the ARC bid farewell to one of its members. Jennifer Dennett had represented the Australian College of Critical Care Nurses (ACCCN) and been a huge part of Council for sixteen years. Jennifer has contributed to Council in many ways. She has been the scientific convenor for the Spark of Life Conferences; she has attended ILCOR meetings as a representative of the ARC and has been the Convenor of the BLS Sub-Committee. The Chairman expressed Council's most sincere appreciation to Jennifer for the wonderful way she had always carried the ARC flag and for being such a loyal and fair representative for ACCCN. Jennifer will be sorely missed.



## ANAESTHETICS ICON STEPS DOWN



**E**xtract from the Townsville Health Service District e-Newsletter, 31 January 2011:

*The Townsville Hospital's warhorse of anaesthetics, Dr Vic Callanan, has stepped down from the directorship of the anaesthetics department after 36 years to return to full-time clinical work. "I felt it was time to let someone else step up to the plate," Vic said. "I've had a wonderful, fulfilling 36 years but for the anaesthetics department to continue to grow and improve changes need to be made by those who'll be around," he said. Vic said he welcomed a return to full-time clinical work. "Treating patients one-on-one is a very pleasurable thing to do," he said. Vic, who started work at the Townsville General Hospital in North Ward in 1975, said many things had made him proud over the past 36 years. "I'm proud that for all that time I ran a harmonious department of committed and competent staff," he said.*

*"This department has trained more than 200 registrars since I started, some of whom have gone on to be eminent specialists who are today running their own departments in the country's most prestigious hospitals," he said.*

*Vic said he wanted to particularly thank his wife, Doreen. She has been the most tremendous support to me.*

*Executive director of medical services Dr Andrew Johnson described Vic as 'the personification of the committed professional clinician and leader'. "He has established one of the best anaesthetic departments in the state, led the development of pain medicine, intensive care and hyperbaric medicine and chaired the Australian Resuscitation Council," he said.*

**V**ic Chaired the Australian Resuscitation Council from 1993-2000 and is presently an Honorary Emeritus Consultant to Council.

**A**t the most recent meeting of Council, it was unanimously agreed that Vic be awarded the inaugural ARC Medal. The medal will be presented to Vic at the SOL Conference in Perth in April 2011.

## ARC INSTRUCTOR COURSES

2011

Lyell McEwin Hospital SA	19/20 May
Royal Perth Hospital WA	4/5 August
ARC NSW Branch	5/6 November
Royal Melbourne Hospital	5/6 December

If you have successfully completed the cobadged ARC/RC(UK) ALS Provider course and were IP'd (Instructor Potential) by the course Faculty, you are eligible to sit an ARC Instructor Course. Registration forms for all the above courses are on the ARC website [www.resus.org.au](http://www.resus.org.au) via the ARC Instructor Course link.

**NEWSLETTER EDITOR  
MRS CAROL CAREY**

## *UPCOMING EVENTS*

### **8<sup>TH</sup> INTERNATIONAL SPARK OF LIFE CONFERENCE**

*PAN PACIFIC PERTH 7-9 April 2011*



Overlooking the Swan River and foreshore parks, the Pan Pacific Perth Hotel offers a great location.

Full details and registration forms via the ARC website [www.resus.org.au](http://www.resus.org.au)

**Further details:**

Mrs Carol Carey, Conference Convenor:

Tel: (03) 9249 1214 or Email: [arc@surgeons.org](mailto:arc@surgeons.org)

### **ARC VICTORIAN BRANCH CONFERENCE**

June 2011

(Date and venue to be advised)

**Further Details:**

Email: [tony.walker@ambulance.vic.gov.au](mailto:tony.walker@ambulance.vic.gov.au)