

CLINICAL "SNIPPETS"

Rationale for Continuous Chest Compression Cardiopulmonary Resuscitation.

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Every year more than a million cardiac arrests are documented in the industrialized nations of the world, with the majority occurring in settings outside of the hospital. A major factor in survival after out-of-hospital cardiac arrest (OHCA) is early institution of bystander resuscitation efforts. Sadly, the majority of OHCA do not receive bystander resuscitation for a variety of reasons. One of them is the requirement for mouth-to-mouth (MTM) ventilation. The 2008 American Heart Association recommendation for "Hands Only" or continuous chest compression cardio pulmonary resuscitation (CPR) for untrained lay individuals was a welcome change. However, there is evidence to indicate that mouth-to-mouth and other forms of positive pressure ventilation should be eliminated for all bystanders responding to primary cardiac arrest (unexpected witnessed collapse in an unresponsive person).

The requirement for MTM ventilation may well be indicated for patients with respiratory arrest but is detrimental during early resuscitation efforts by anyone providing CPR to patients with primary cardiac arrest. This article provides rationale for continuous chest compression CPR by all bystanders.