
May 18, 2021

PRINTEMPS DES URGENCES

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BLS: WHAT'S NEW?





HOT TOPICS



CPR during transport?



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The question of whether to transport a cardiac arrest victim to the hospital or complete CPR on the scene continues to be **controversial**

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CPR during transport?



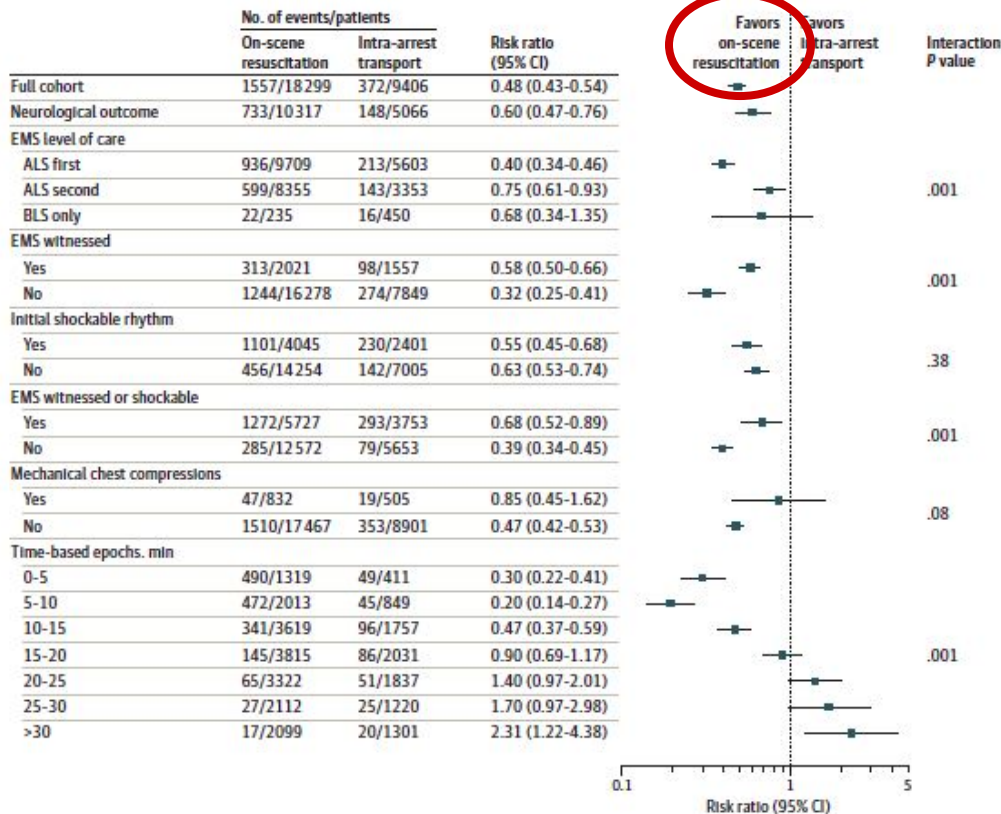
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The question of whether to transport a cardiac arrest victim to the hospital or complete CPR on the scene continues to be **controversial**

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- Unclear benefit on CPR quality / outcomes
 - Mechanical CPR = constant quality
 - Manual CPR = potentially dangerous
 - Distance not associated with outcomes
 - Further research needed
-

Figure 3. Adjusted Analyses Examining the Association of Intra-arrest Transport and Survival Among the Full Propensity-Matched Cohort and Subgroups



JAMA | Original Investigation

Association of Intra-arrest Transport vs Continued On-Scene Resuscitation With Survival to Hospital Discharge Among Patients With Out-of-Hospital Cardiac Arrest

Brian Grunau, MD, MHS; Noah Kime, BS; Brian Laroux, PhD; Thomas Rea, MD, MPH; Gerald Van Belle, PhD; James J. Meleguzzi, PhD; Peter J. Kudenchuk, MD; Christian Vaillancourt, MD, MSc; Laurie J. Morrison, MD, MSc; Jonathan Elmer, MD; Dana M. Zive, MPH; Nancy M. Lee, BA; Michael Austin, MD; Neal J. Richmond, MD; Heather Herren, MPH; Jim Christenson, MD

The primary outcome for all analyses is survival to hospital discharge, with the exception of the “neurological outcome” subgroup, for which the outcome variable is survival with favorable neurological outcome, defined as Modified Rankin Scale score <3. The P value for interaction is between intra-arrest transport and a subgroup. Time-based epochs include intra-arrest transport

patients who were transported during that time interval (measured from the onset of EMS-commenced resuscitation) and the on-scene resuscitation patients whom they were matched to. The right end points are included in the time interval. ALS indicates advanced life support; BLS, basic life support; EMS, emergency medical systems.

CPR before calling for help?



01

02

CPR before calling for help?



01

Call.

02

CPR.

“A lone bystander with a mobile phone should **phone EMS, activate the speaker or other hands-free option on the mobile phone, and immediately begin CPR.** The priority should be prompt activation of EMS before returning to the victim to initiate CPR as soon as possible”

Analysis of rhythm during chest compressions?



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The task force suggested **against** the routine use of artifact-filtering algorithms for analysis of ECG rhythms during CPR

”

Analysis of rhythm during chest compressions?



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The task force suggested **against** the routine use of artifact-filtering algorithms for analysis of ECG rhythms during CPR

”

- No benefit on outcomes
 - Further research needed
-

But also...

01

CPR feedback devices

- May be considered (weak)
- No effect on outcomes



02

Opioid intoxication

- CPR started without delay
- Naloxone if opioid-related CA





NEW REVIEWS

New reviews



Dispatch diagnosis of CA

Dispatch centers should implement a **standardized algorithm** and/or standardized criteria to determine CA.

New reviews



Dispatch diagnosis of CA

Dispatch centers should implement a **standardized algorithm** and/or standardized criteria to determine CA.



Firm surface for CPR

Perform CPR on a **firm surface if possible**. The task force suggests **against moving a patient from a bed to the floor** to improve chest compression depth

New reviews



Dispatch diagnosis of CA

Dispatch centers should implement a **standardized algorithm** and/or standardized criteria to determine CA.



Fist pacing

May be considered as a temporizing measure in the exceptional circumstance (witnessed, monitored, in-hospital arrest with bradycardia, if recognized promptly, **before loss of consciousness.**



Firm surface for CPR

Perform CPR on a **firm surface if possible.** The task force suggests **against moving a patient from a bed to the floor** to improve chest compression depth

FBAO



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Consider manual extraction of visible items in the mouth but **[don't] perform blind finger sweeps** in patients with an FBAO ; appropriately skilled healthcare providers [should] use Magill forceps to remove an FBAO in patients with OHCA caused by FBAO

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FBAO

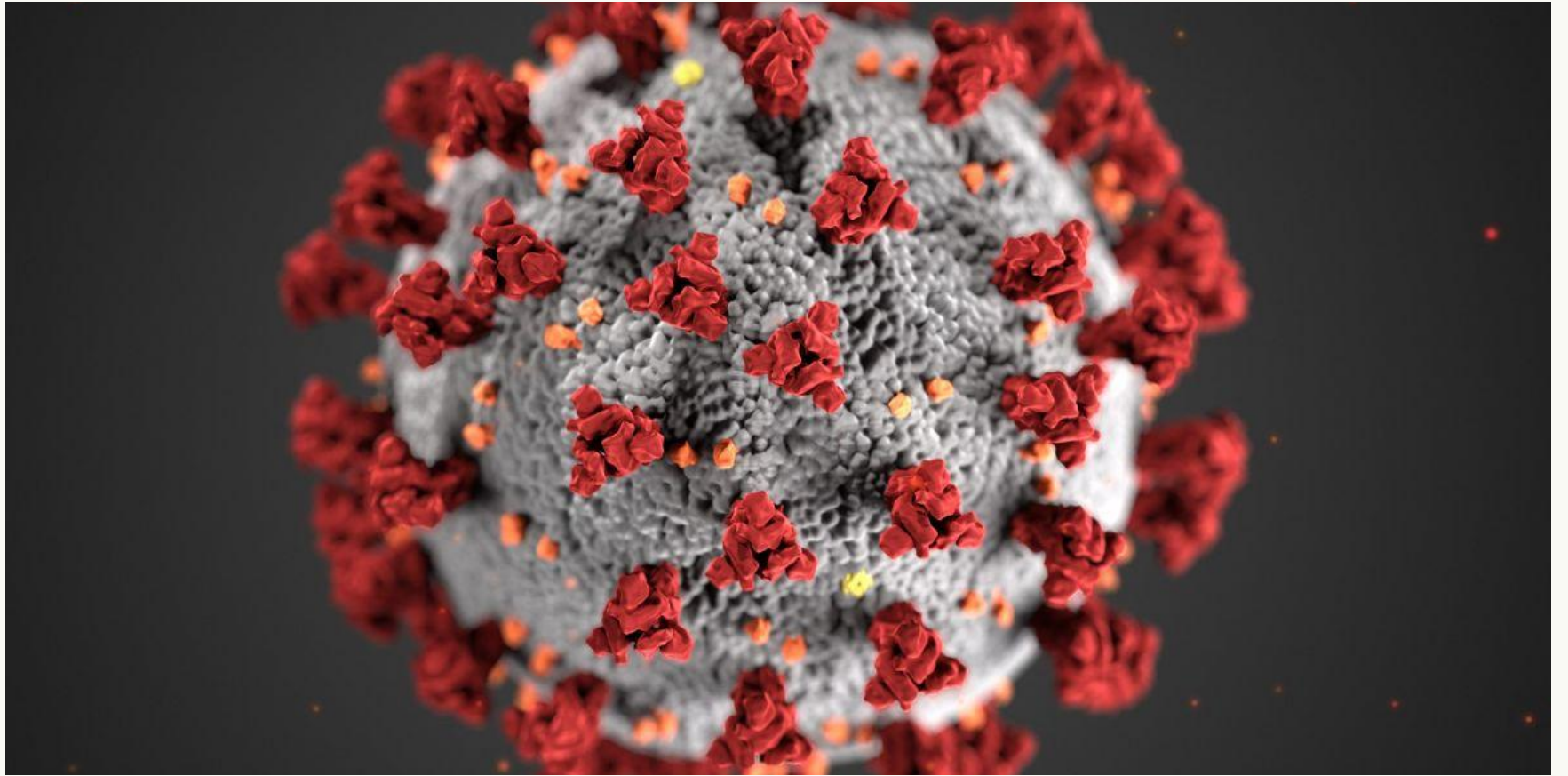


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Consider manual extraction of visible items in the mouth but **[don't] perform blind finger sweeps** in patients with an FBAO ; appropriately skilled healthcare providers [should] use Magill forceps to remove an FBAO in patients with OHCA caused by FBAO

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- No benefit of suction devices
 - Further research needed
-





PPE (airborne).

Assess breathing **without getting close to the nose and mouth.**

Droplet PPE only = **no chest compressions.**

Thank you!

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