#GK2026

Er indblæsninger nødvendige?

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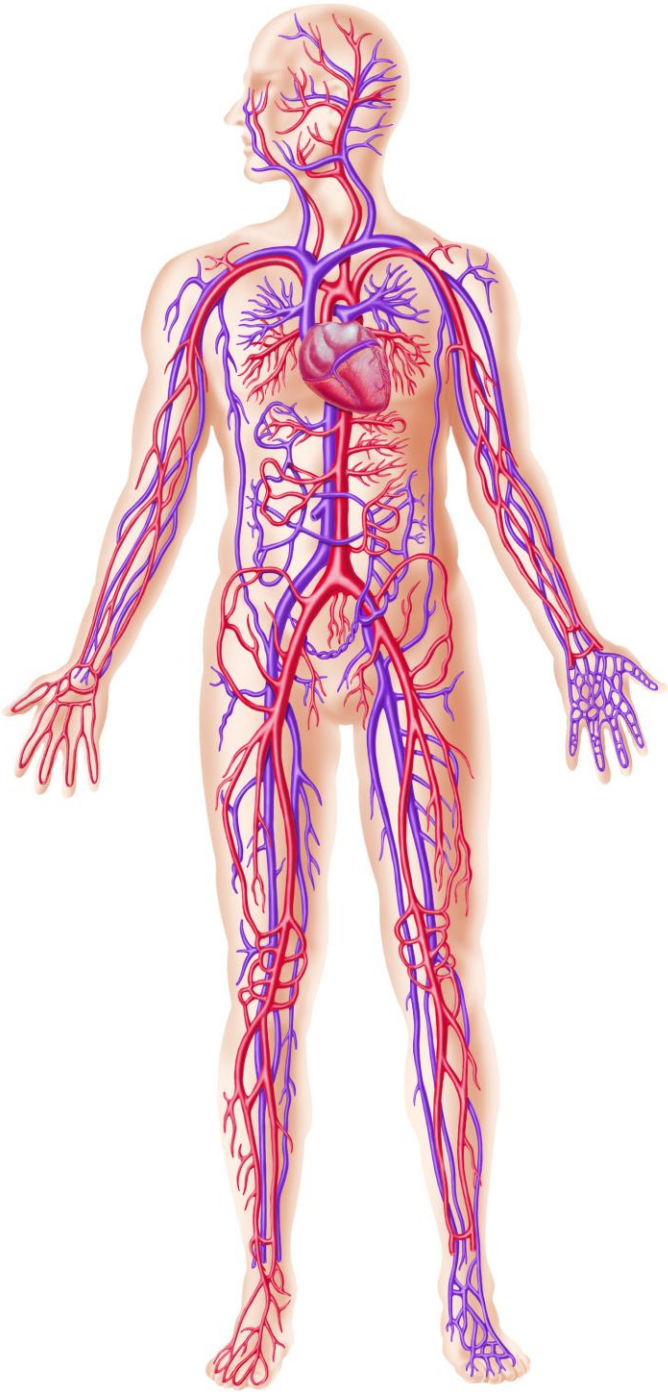
Formålet med hjertelungeredning

Levere ilt til hjernen og andre vitale organer

Cirkulation + ilt i blodet

Hjertemassage + indblæsninger



Nødvendige

????

Mindre nødvendige

Børn

Ofte udløst af iltmangel

Omsætter ilt hurtigt

Mindre ilt reserve

Hjertestop udløst af iltmangel

Ingen iltreserve

Drukning, fremmedlegme, overdosis ...

Bevidnet hjertstop med kardiel årsag

Fuld ilt reserve

Indblæsning pauserer cirkulationen

Ubevidnede hjertestop

Usikker udløsende årsag

Et kig på evidensen

Chest Compression–Only CPR by Lay Rescuers and Survival From Out-of-Hospital Cardiac Arrest

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Context Chest compression–only bystander cardiopulmonary resuscitation (CPR) may be as effective as conventional CPR with rescue breathing for out-of-hospital cardiac arrest.

Objective To investigate the survival of patients with out-of-hospital cardiac arrest using compression-only CPR (COCPR) compared with conventional CPR.

Design, Setting, and Patients A 5-year prospective observational cohort study of survival in patients at least 18 years old with out-of-hospital cardiac arrest between January 1, 2005, and December 31, 2009, in Arizona. The relationship between layperson bystander CPR and survival to hospital discharge was evaluated using multivariable logistic regression.

Main Outcome Measure Survival to hospital discharge.

Results Among 5272 adults with out-of-hospital cardiac arrest of cardiac etiology not observed by responding emergency medical personnel, 779 were excluded because bystander CPR was provided by a health care professional or the arrest occurred in a medical facility. A total of 4415 met all inclusion criteria for analysis, including 2900 who received no bystander CPR, 666 who received conventional CPR, and 849 who received COCPR. Rates of survival to hospital discharge were 5.2% (95% confidence interval [CI], 4.4%-6.0%) for the no bystander CPR group, 7.8% (95% CI, 5.8%-9.8%) for conventional CPR, and 13.3% (95% CI, 11.0%-15.6%) for COCPR. The adjusted odds ratio (AOR) for survival for conventional CPR vs no CPR was 0.99 (95% CI, 0.69-1.43), for COCPR vs no CPR, 1.59 (95% CI, 1.18-2.13), and for COCPR vs conventional CPR, 1.60 (95% CI, 1.08-2.35). From 2005 to 2009, lay rescuer CPR increased from 28.2% (95% CI, 24.6%-31.8%) to 39.9% (95% CI, 36.8%-42.9%; $P<.001$); the proportion of CPR that was COCPR increased from 19.6% (95% CI, 13.6%-25.7%) to 75.9% (95% CI, 71.7%-80.1%; $P<.001$). Overall survival increased from 3.7% (95% CI, 2.2%-5.2%) to 9.8% (95% CI, 8.0%-11.6%; $P<.001$).

Conclusion Among patients with out-of-hospital cardiac arrest, layperson compression-only CPR was associated with increased survival compared with conventional CPR and no bystander CPR in this setting with public endorsement of chest compression–only CPR.

JAMA. 2010;304(13):1447-1454 www.jama.com

OUT-OF-HOSPITAL CARDIAC arrest is a major public health problem, affecting approximately 300 000 individuals in the United States annually.[1] Although survival rates vary considerably, overall survival is generally less than 10% among those in whom resuscitation is attempted.[2] The provision of bystander cardiopulmonary resuscitation (CPR) significantly improves outcome[3] but is generally per-

Øget overlevelse uden indblæsninger

Observationelt studie

Kun voksne

Øget overlevelse med indblæsninger

Observationelle studier

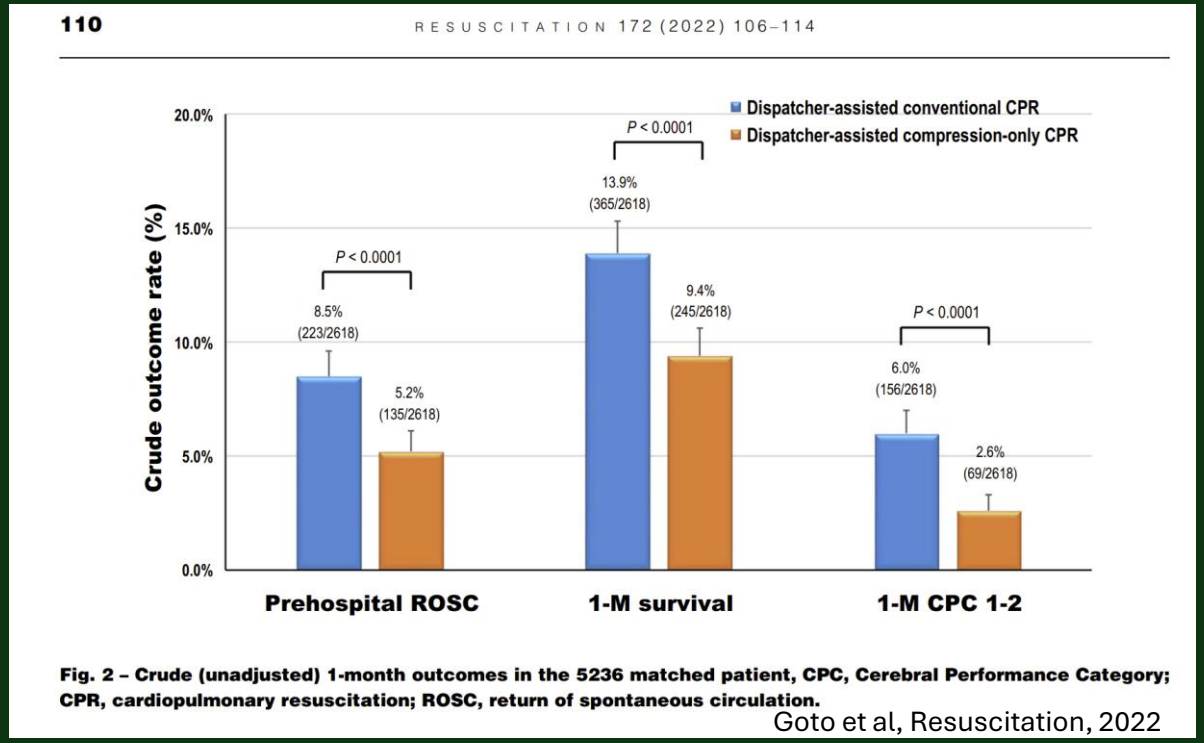
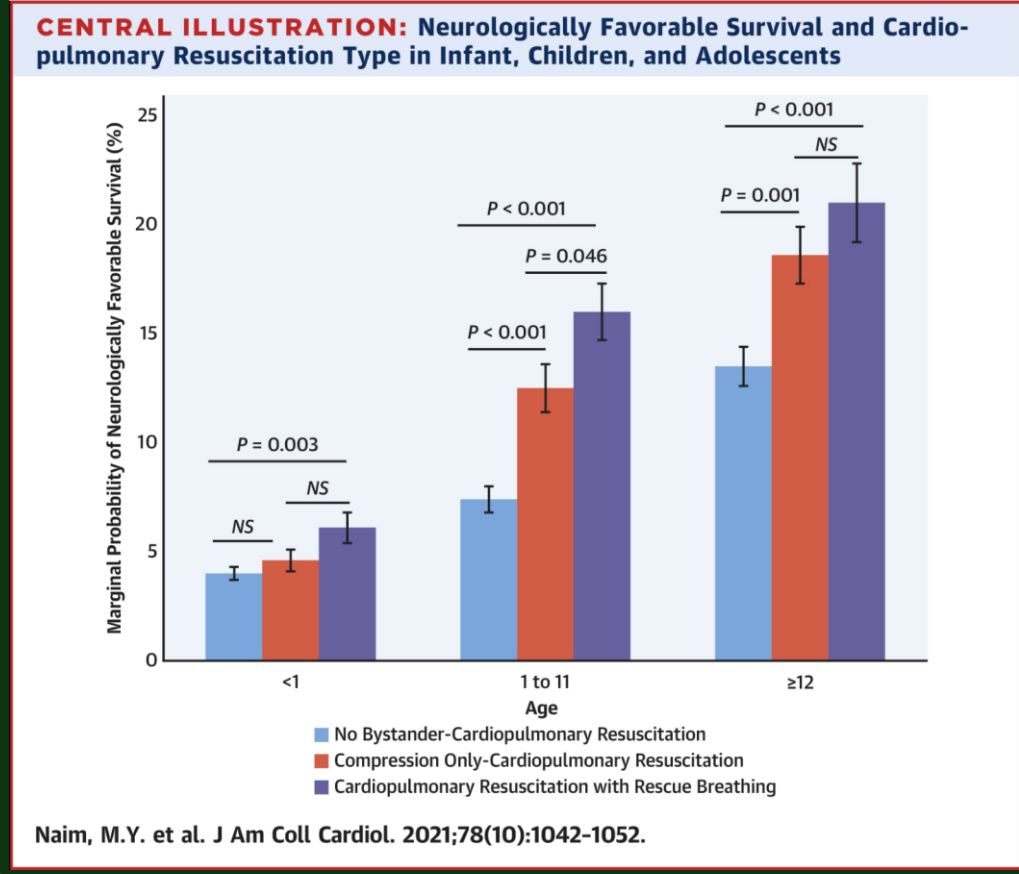


Fig. 2 – Crude (unadjusted) 1-month outcomes in the 5236 matched patient, CPC, Cerebral Performance Category; CPR, cardiopulmonary resuscitation; ROSC, return of spontaneous circulation.

Goto et al, Resuscitation, 2022



Naim, M.Y. et al. J Am Coll Cardiol. 2021;78(10):1042-1052.

Er indblæsninger nødvendige?

Ja til børn

Måske til voksne