

Things I Have Learned: The Rules of CPR

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At a recent CE seminar, the instructor made a comment that "the rules" have changed for CPR. Certainly the protocols are different now compared to what I learned back in school - masks are no longer part of the standard curriculum, and you also now need to be trained on using a defibrillator. One point that was brought up by the presenter concerned me: If you are uncomfortable doing breaths, you can get away with only doing chest compressions and still be OK. This actually is *not* true. At minimum, it requires clarification. It's important to know the current rules for performing CPR in case you might need to help someone in distress.

First, let's begin by defining exactly what this new "hands-only" CPR is about. Hands-only CPR is CPR without mouth-to-mouth breaths. It's recommended for use on adults who suddenly collapse in an "out-of-hospital setting." Conventional CPR (a combination of breaths and compressions) still is recommended for all infants and children, for adult victims found already unconscious and not breathing normally, and for any victims of drowning or collapse due to breathing problems. Hands-only CPR is only as effective as conventional CPR in just the first few minutes of an out-of-hospital, sudden cardiac arrest.

At this point, the American Heart Association is not changing its recommendation for health care providers while at work. If you encounter an adult victim of cardiac arrest at work, you should follow the protocol stipulated by your health care provider life-support training. This usually includes: calling 911, getting and using an AED immediately and, if no AED is available, performing CPR as you were trained to perform it (usually breaths and compressions).

Hands-only CPR was designed to promote early bystander intervention in a case of sudden cardiac arrest. Any form of CPR is better than no CPR at all. The goal was to develop an effective technique the public could remember and perform. The hope is that by simplifying the recommendations, more bystanders will be encouraged to take action. If an adult collapses suddenly and is not responsive, it is likely they are experiencing cardiac arrest and their chances of survival are low unless some form of CPR is administered. Also, if you have been trained in CPR but aren't confident in your ability to provide breaths and compressions with minimal interruption, hands-only CPR is an acceptable alternative. You should perform the method with which you can deliver effective chest compressions with minimal interruptions.

As a final note, many insurance companies now ask if your certification for CPR is up to date as part of the credentialing process. Letting your CPR certification lapse can be grounds for denial of payment, as you are not "up to date" or "meeting provider requirements." Keep your certification current; it's simple, it's important and it's the right thing to do. Call your local American Heart Association chapter or visit www.americanheart.org for more information.

JULY 2008