

Special article

European Resuscitation Council Guidelines for Resuscitation 2015: Key Points



Guías de resucitación cardiopulmonar 2015 del Consejo Europeo de Resucitación: puntos clave

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Abbreviations

AED: automated external defibrillator

BLS: basic life support

CA: cardiac arrest

CPR: cardiopulmonary resuscitation

ERC: European Resuscitation Council

INTRODUCTION

This article reviews the updated European Resuscitation Council (ERC) Guidelines for Resuscitation 2015.¹ These guidelines do not define the only way to perform resuscitation, but only offer an opinion based on an extensive review of the limited literature in this field.

ORGANIZATIONAL ISSUES

For the first time, emphasis has been placed on the importance of the contribution of the emergency medical dispatcher (112/061) to facilitate the early initiation of basic life support (BLS) maneuvers by bystanders who are trained in dealing with cardiac arrest (CA) (Figure 1 and Figure 2).

BASIC LIFE SUPPORT AND AUTOMATED EXTERNAL DEFIBRILLATION IN ADULTS

The BLS sequence in adults remains unchanged. The smallest change introduced in the adult BLS algorithm is the removal of the

“Asking for help” step, which followed the confirmation of the state of unconsciousness in previous guidelines, and the merging of two questions into one: “Unresponsive and not breathing normally?” (Figure 3). This reflects the trend to simplify the guidelines and the need to minimize as much as possible the time spent on identifying a sudden death situation.² The guidelines also highlight the need to suspect CA in any patient presenting with seizures.

In the absence of sufficient scientific evidence, they continue to stress the desirability of teaching rescue breaths and performing them in combination with chest compressions, whenever possible.

In addition to the early activation of all the links in the chain of survival, high-quality cardiopulmonary resuscitation (CPR)

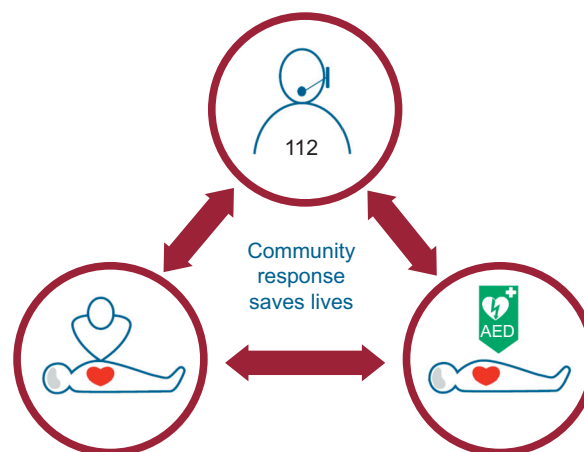


Figure 1. The new 2015 guidelines include a new section that emphasizes the importance of an integrated community response. AED, automated external defibrillator.

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DISPATCHER-ASSISTED CPR


112/061

Street and number - Best access - Facilitate arrival

Unconscious!


Not breathing! (or gasing): CPR 30:2

If an AED is nearby,
send for it and follow the instructions



a

"The ambulance is on its way"
"We're with you until it arrives"
"Activate speaker function if available"



b


I'm going to explain some maneuvers that could save the victim's life without causing harm"

1. Place the victim face up on the ground
2. Kneel by the side of the victim next to the chest
3. Place one hand on top of the other in the center of the chest, interlock the fingers, keep your arms straight
4. Press the chest down firmly and rapidly
5. If someone is with you, switch over every 2 minutes

c


Pace the rhythm: 1 and 2 and 3...9
100 compressions per minute

Give periodic encouragement:
"You're doing well"
"Don't stop, keep going"



FBAO

Foreign body
airway
obstruction



Conscious: Instruct the victim to cough. If ineffective, give back blows

Unconscious: CPR 30:2

Design: Communication Area EPES-061 of Andalusia



Figure 2. Dispatcher-assisted bystander cardiopulmonary resuscitation. Poster prepared by the Spanish Council of Cardiopulmonary Resuscitation. AED, automated external defibrillator; CPR, cardiopulmonary resuscitation.

remains a key objective to improve survival in sudden death. In this regard, the current guidelines establish chest compressions of optimal depth in adults at 5 to 6 cm with a rate of 100 to 120 compressions per minute, allowing the chest to rise

completely after each compression and minimizing interruptions.

Regarding the implications of these new guidelines for clinical practice in Spain, special attention should be paid to

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