

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 than they were when I learned CPR back in school; masks are no longer part of the standard curriculum, and you now need to be trained on using a defibrillator. One point of concern that was brought up by the presenter was that if you are uncomfortable doing breaths, you can get away with only doing chest compressions and still be OK. This is actually not true. It is important to know the current rules for performing CPR, in case you may 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 is recommended for use on adults who suddenly collapse in an "out-of-hospital setting." Conventional CPR (a combination of breaths and compressions) is still recommended for all infants and children, adult victims who are 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 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 of your health-care-provider basic life support training. This usually includes calling 911, getting and using an AED immediately, and performing CPR as you were trained to perform it (usually breaths and compressions) if no AED is available.

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 that the public would 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, then hands-only CPR is an acceptable alternative. You should perform the method by 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." Make sure you are up to date on your CPR certification - it's simple, it's important, and it's the right thing to do. Call your local American Heart Association or visit www.americanheart.org for more information.

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