

AED Fast Facts

December 15, 2010 - #26

An E-mail Promoting Awareness of Automated External Defibrillators

Information presented to complement an established AED Program

Excerpts from Executive Summary: 2010 American Heart Association Guidelines for Cardiac Resuscitation and Emergency Cardiovascular Care

“Integration of AEDs into a system of care is critical in the Chain of Survival in public places outside of hospitals. To give the victim the best chance of survival, 3 actions must occur within the first moments of a cardiac arrest: Activation of the EMS system, provision of CPR, and operation of a defibrillator.”

“Early recognition of sudden cardiac arrest in adults is based on assessing responsiveness and the absence of normal breathing. Victims of cardiac arrest may initially have gasping respirations or even appear to be having a seizure. These atypical presentations may confuse a rescuer, causing a delay in calling for help or beginning CPR. Training should focus on alerting potential rescuers to the unusual presentations of sudden cardiac arrest.”

“Encourage Hands-Only (compression only) CPR for the untrained lay rescuer. Hands-Only CPR is easier to perform by those with no training and can be more readily guided by dispatchers over the telephone.” *“Editor’s note: Rescue breaths should be included for infants, children under the age of 8, and for cardiac arrests caused by drowning, asphyxiation or drug overdose.”*

“Initiate (30) chest compressions before giving rescue breaths (C-A-B rather than A-B-C). Chest compressions can be started immediately, whereas positioning the head, attaining a seal for mouth-to-mouth rescue breathing, or obtaining or assembling a bag-mask device for rescue breathing all take time.

“Training should focus on ensuring that chest compressions are performed correctly. The recommended depth of compression for adult victims has increased from a depth of 1 ½ to 2 inches to a depth of at least 2 inches.”

“The 1-shock protocol for VF has not been changed. Evidence has accumulated that even short interruptions in CPR are harmful. Thus, rescuers should minimize the interval between stopping compressions and delivering shocks and should resume CPR immediately after shock delivery.”

Circulation 2010; 122;S640-S656

Responders should continue to perform CPR the way they were last taught in a CPR class. The release of the new Guidelines DOES NOT imply that treatment involving the use of earlier Guidelines is either unsafe or ineffective. This includes providing CPR using the A-B-C sequence. (American Heart Association Instructor Network)

Signs of Sudden Cardiac Arrest:

- Unconscious
- Not Responding
- Not Breathing or Not Breathing Normally
- Agonal Breathing or Gasping is Not Normal Breathing
- Seizures/Convulsions may occur when patient collapses



Combat Sudden Cardiac Arrest with

- Early 911
- Early CPR
- Early Defibrillation
- Early Advanced Life Support



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