

# AED Fast Facts

April 7, 2008 - #15

## An E-mail Promoting Awareness of Automated External Defibrillators

Information presented to complement an established AED Program

**Hands-Only (Compressions-Only) Cardiopulmonary Resuscitation:** Recent news articles have reported on the American Heart Association (AHA) statement involving Hands-Only (Compressions-Only) CPR. Some of the details of a seven page report may not have been emphasized when condensed to a half page news article or one minute news segment. Below are excerpts from the AHA statement. While these excerpts are also limited, we hope it clarifies some of the information previously reported. Visit <http://circ.ahajournals.org/cgi/search?journalcode=circulationaha&fulltext=hands-only+%28compression-only%29+cpr> for a complete copy of this statement.

### **Hands-Only (Compressions-Only) Cardiopulmonary Resuscitation**

#### **A Call to Action for Bystander Response to Adults Who Experience Out-of-Hospital Sudden Cardiac Arrest**

#### **A Science Advisory for the Public From the American Heart Association Emergency Care Committee**

March 31, 2008; DOI: 10.1161/CIRCULATIONAHA.107.189380

“...This ‘call to action’ for bystanders does NOT apply to unwitnessed cardiac arrest, cardiac arrest in children, or cardiac arrest presumed to be of noncardiac origin. ...

“...some cardiac arrest victims (eg, pediatric victims and victims of drowning, trauma, airway obstruction, acute respiratory diseases, and apnea (such as that associated with drug overdose)) may benefit from additional interventions taught in a conventional CPR course. Therefore, the Committee continues to encourage the public to obtain training in CPR to learn the psychomotor skills required to care for a wide range of cardiovascular and respiratory related medical emergencies.”

“...All victims of cardiac arrest should receive, at a minimum, high-quality chest compressions (ie, chest compressions of adequate rate and depth with minimal interruptions). To support that goal and save more lives, the AHA ECC Committee recommends the following.

- When an adult suddenly collapses, trained or untrained bystanders should – at a minimum – activate their community emergency medical response system (eg, call 911) and provide high-quality chest compressions by pushing hard and fast in the center of the chest, minimizing interruptions (Class I).
- If a bystander is not trained in CPR, then the bystander should provide hands-only CPR (Class IIa). The rescuer should continue hands-only CPR until an automated external defibrillator arrives and is ready for use or EMS providers take over care of the victim.
- If a bystander was previously trained in CPR and is confident in his or her ability to provide rescue breaths with minimal interruptions in chest compressions, then the bystander should provide either conventional CPR using a 30:2 compression-to-ventilation ratio (Class Iia) or hands only CPR (Class IIa). The rescuer should continue CPR until an automated external defibrillator arrives and is ready for use or EMS providers take over care of the victim.
- If the bystander was previously trained in CPR but is not confident in his or her ability to provide conventional CPR including high-quality chest compressions (iee, compressions of adequate rate and depth with minimal interruption) with rescue breaths, then the bystander should give hands-only CPR (Class IIa). The rescuer should continue hands-only CPR until an automated external defibrillator arrives and is ready for use or EMS providers take over the care of the victim.”

*(Editors notes: Hands Only (Compression Only) CPR is in addition to not instead of conventional CPR. Also please remember that your AED will prompt you to perform two minutes of CPR after delivery of a shock or no shock prompt.)*

### **American Heart Association Chain of Survival:**

1. Early 911
2. Early CPR
3. Early Defibrillation
4. Early Advance Life Support



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