CONGRESSO NAZIONALE

BOLOGNA 13-14 DICEMBRE 2024

IRC | Italian Resuscitation Council

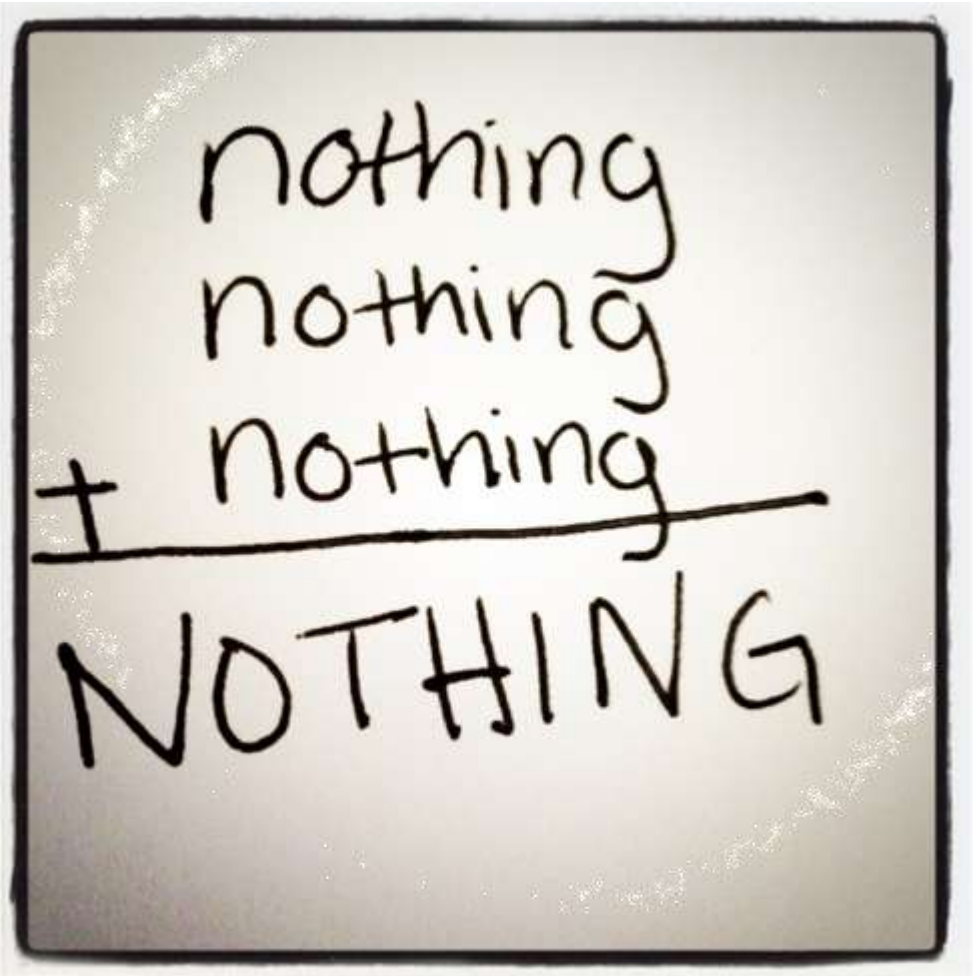
ISTRUZIONI PRE-ARRIVO:

EVIDENZE, STRATEGIE, PROSPETTIVE

Guglielmo Imbrìaco

118 CENTRALE OPERATIVA EMILIA EST
BOLOGNA FERRARA MODENA

Conflitti di interesse



Comitato Scientifico
Italian Resuscitation Council

Comitato Direttivo
Aniarti, associazione nazionale infermieri di area critica

Dottorando di ricerca
Dipartimento di Biomedicina e Prevenzione
Università di Tor Vergata, Roma

Istruzioni pre-arrivo… perchè?

Metti il telefono in vivavoce…
ti dico io come fare!

Dispatcher-assisted CPR

Bystander CPR
21-26%

↓ NO-FLOW

↑ OUTCOME

Istruzioni pre-arrivo… una novità?

Emergency CPR Instruction via Telephone

MICKEY S. EISENBERG, MD, PHD, ALFRED P. HALLSTROM, PHD, WILLIAM B. CARTER, PHD,
RICHARD O. CUMMINS, MD, MPH, LAWRENCE BERGNER, MD, MPH, AND JUDITH PIERCE, MA

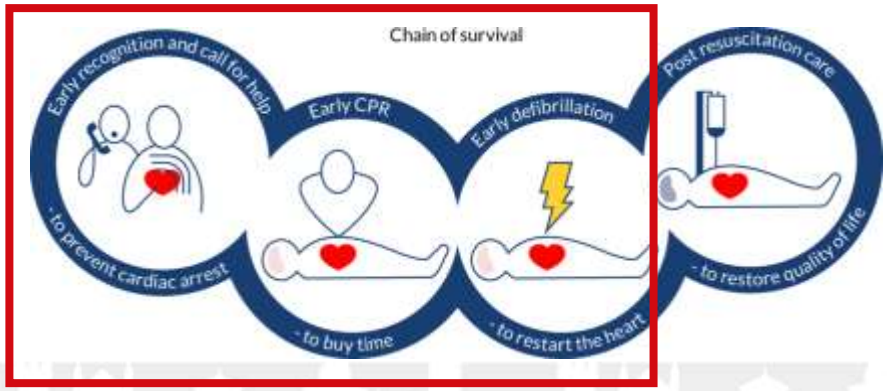
Abstract: We initiated a program of telephone CPR (cardiopulmonary resuscitation) instruction provided by emergency dispatchers to increase the percentage of bystander-initiated CPR for out-of-hospital cardiac arrest. Cardiac arrests in King County, Washington were studied for 20 months before and after the telephone CPR program began. Bystander-initiated CPR increased from 86 of 191 (45 per cent) cardiac arrests before the program to 143 of 255 (56 per cent) cardiac arrests after the program. During the after period, 58 patients received CPR as a result of telephone instruction, 12 of whom were discharged. We estimate that four lives may have been saved by the program. A review of hospital records revealed no excess morbidity in the group of patients receiving dispatcher-assisted CPR. (*Am J Public Health* 1985; 75:47–50.)

Istruzioni pre-arrivo… oltre gli outcome «clinici»

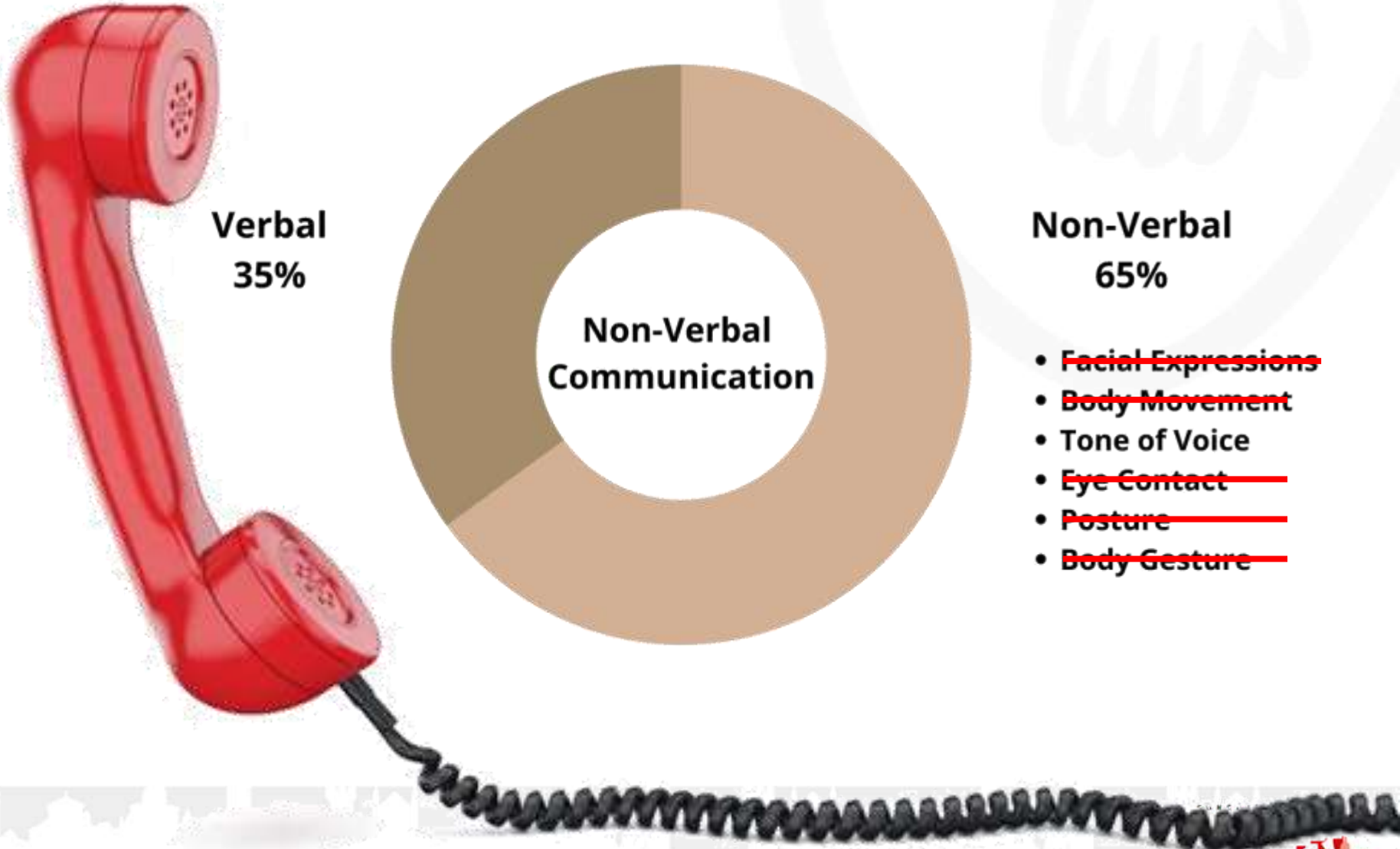
*…una **relazione** reciproca e produttiva tra due individui*

*…si sviluppa intorno a un **obiettivo comune***

*…un contesto di **supporto**, fatto di rispetto, empatia, sensibilità e comunicazione efficace*



Istruzioni pre-arrivo… oltre gli outcome «clinici»



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Review

A scoping review to determine the barriers and facilitators to initiation and performance of bystander cardiopulmonary resuscitation during emergency calls

Emogene S. Aldridge[a,*], *Nirukshi Perera*[a], *Stephen Ball*[a,b], *Judith Finn*[a,b,c], *Janet Bray*[a,c]

Table 3 – Barriers identified, main themes are in bold.

	Psychological barriers	Physical barriers	Communication barriers
Providing instructions and initiating CPR	**Reluctance**[25,29-31,33-38,43,46,47]	**Bystanders' physical limitations**[25,28-31,33,34,36-40,43-46]	**Caller hung up**[32–34,36,38–40]
	Caller repulsed		**Caller refused**[28,32–34,37,39]
	Patient has terminal illness	Physically unable to perform CPR	**Deviations from protocol**[26,27,32,33,35,37,52]
	Perception of patient wishes	Unable to move patient	Poor/inadequate instructions
	Perceived appropriateness	**Patient difficult to access**[25,27,28,32,36,41,55]	Instructions not offered
	Perceived benefit		**Wording**[38,49,53,54]
	Performing ventilations	**Caller not present on scene**[26,28-32,35,36,39,41,44]	Technical language
	Perceived alive		How directions are worded
	Perceived death	**Bystander calling from landline**[55]	**Communication failure**[37,52]
	Patient age		Lack of understanding
	Patient sex (male)		Language barrier
	Obvious death		**Caller providing inadequate information**[35]
	Unwitnessed OHCA		
	Relationship to patient		**Caller relaying instructions to other bystanders**[27,35]
	Emotional distress[25–30,32–37,40,41]		
	Hysteria		**Caller asked to perform another task**[35]
	Panic		**Caller required persuasion**[27]
	Caller confidence[25,35,36,38,48]		**Establishing location**[27]
	Lack of skills		**Late identification**[25]
	Perceived ability		**Telecommunication issues**[25,32,33,36]
	Fear[25,29,33,36,38]		**Dispatcher hung up**[35]
	Fear of contact		**Call-taker lack of responsibility over resuscitation**[35]
	Fear of dead patient		
	Fear of hurting patient		
	Medicolegal concerns		
	Apprehension		
Continuing CPR	-	-	-
CPR quality	-	**Single bystander**[42]	-
		Phone call (audio)[50]	

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Review

Interventions to optimize dispatcher-assisted CPR instructions: A scoping review

K.N. Dainty[a,b,], G. Debaty[c,d], J. Waddick[a], C. Vaillancourt[e], C. Malta Hansen[f,g,h,i], T. Olasveengen[j], J. Bray[k], on behalf of the International Liaison Committee on Resuscitation Basic Life Support Task Force*

- Video Vs audio DA-CPR (9+1ped)
- Changes in terminology (7)
- Novel or standardized DA-CPR protocols (4)
- Advanced dispatcher training (3)
- Centralized dispatch centre (2)
- Use of metronome (2)
- Change in CPR sequence and ratio (1)
- Animated audiovisual instruction (1)
- Pre-recorded instructions Vs live instructions (1)
- Inclusion of «undress the patient» instruction (1)
- Verbal encouragement (1)

…the studies we reviewed were largely in simulated environments; almost half of the studies comparing video to audio were in **simulated situations** and the majority of the interventions have not been tested in real OHCA situations.

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Review

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K.N. Dainty [a,b,], G. Debaty [c,d], J. Waddick [a], C. Vaillancourt [e], C. Malta Hansen [f,g,h,i], T. Olasveengen [j], J. Bray [k], on behalf of the International Liaison Committee on Resuscitation Basic Life Support Task Force*

This review also highlights the lack of sufficient high-quality clinical research on any of the tested interventions to make concrete recommendations about their impact. Further research conducted in **real-life situations** is needed to fully examine their effectiveness in optimizing DA-CPR and bystander CPR.

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ILCOR Summary Statement

2024 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations: Summary From the Basic Life Support; Advanced Life Support; Pediatric Life Support; Neonatal Life Support; Education, Implementation, and Teams; and First Aid Task Forces

Optimization of Dispatcher-Assisted CPR

Task Force Insights

The task force discussed the review findings and noted the following:

- The lack of high-quality evidence, studies in humans, and the significant heterogeneity between studies of the various interventions.
- Terminology changes in instructions may not be generalizable to other languages.
- Almost half of the studies comparing video to audio were simulation studies.
- Based on this ScopRev, there is insufficient evidence to pursue a new SysRev on this topic.

Knowledge Gaps

- High-quality prospective research in humans, including assessment of patient outcomes
- Data on optimizing DA-CPR in pediatric cases

RESUSCITATION PLUS 18 (2024) 100634

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journal homepage: www.elsevier.com/locate/resuscitation-plus

Review

Challenges and best practices of dispatcher-assisted cardiopulmonary resuscitation: A scoping review protocol

Guglielmo Imbriaco[a,b,*], *Nicola Ramacciati*[c]

Exclusion criteria

Studies not related to dispatcher-assisted CPR.

Studies performed in simulated settings.

Studies without an English abstract.