

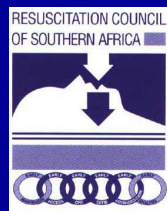


# ***ILCOR 2010***

**RECOMMANDATIONS INTERNATIONALES**



# International Liaison Committee on Resuscitation





# ***BASIC LIFE SUPPORT***



# RCP par téléphone



## Protocoles reconnaissance ACR

- Inconscience
- Respiration absente ou anormale

- Compressions thoraciques si non entraîné
- RCP 30/2 si entraîné

Problème du gasp +++++



?

# Compressions thoraciques



2005 : taux survie mort subite < 6 % dans le monde



# Compressions thoraciques

**Table 3.** Performance of CPR During the First 5 Minutes and Entire Episode of CPR\*

	First 5 Minutes of CPR	Entire Episode of CPR
No flow (n = 176)		
NFR, %	49 (21)	48 (18)
NFR <sub>adj</sub> , %	42 (19)	38 (17)
Compression (n = 176)†		
Compressions/min	60 (25)	64 (23)
Compression rate, /min	120 (20)	121 (18)
Depth per episode, mm	35 (10)	34 (9)
38-51 mm with complete release	27 (30)	28 (25)
Too deep (>51 mm), median (IQR)	0 (0-3)	0 (0-5)
Too shallow (<38 mm)	59 (37)	62 (33)
Incomplete release, median (IQR), %	0 (0-1)	0 (0-2)
Duty cycle, %	41 (5)	42 (4)
Ventilation (n = 163)		
Ventilations/min	8 (4.6)	11 (4.7)

Abbreviations: CPR, cardiopulmonary resuscitation; IQR, interquartile range; NFR, no-flow ratio, the time without CPR as a percentage of the time without spontaneous circulation; NFR<sub>adj</sub>, no-flow ratio, adjusted by subtracting time allowed for electrocardiographic analysis, possible defibrillation, and required pulse checks in the numerator.

\*All data are expressed as mean (SD) unless otherwise noted.

†Compressions per minute refer to the actual number of compressions delivered per minute whereas compression rate refers to the mean rate of compressions, ie, the reciprocal of intervals between compressions in compression sequences.

*No-flow time : 48%*

*Prof. moyenne : 34 mm*

Quality of Cardiopulmonary Resuscitation During Out-of-Hospital Cardiac Arrest  
 Wik, Kramer-Johansen, Myklebust et al. JAMA 2005

# Compressions thoraciques

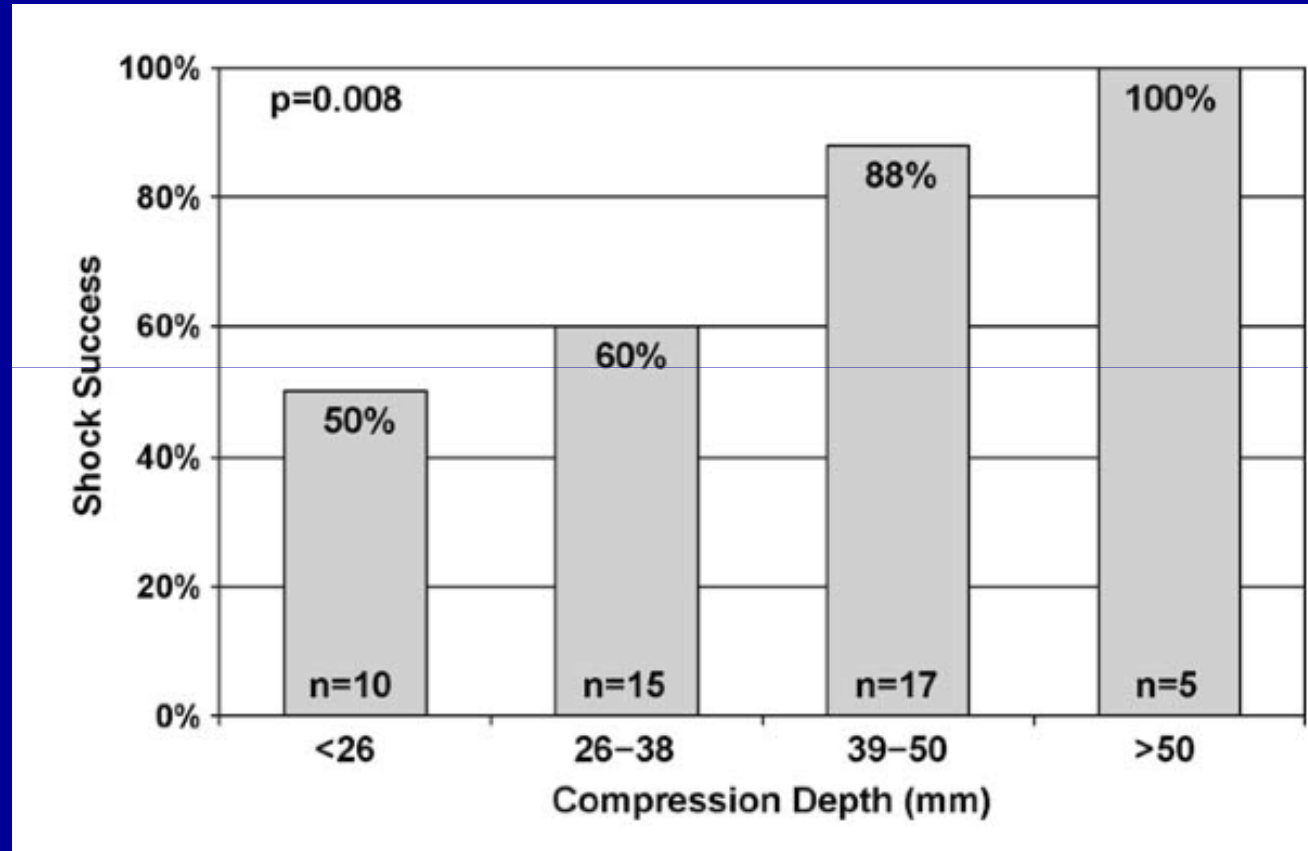
- CT pour tout le monde
- CT de haute qualité
- Au moins 5 cm (max 6 cm)
- Au moins 100/min (max 120)

« Push hard  
push fast »





# Compressions thoraciques «Profondeur : min. 5 cm»



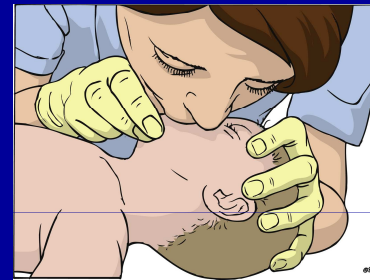
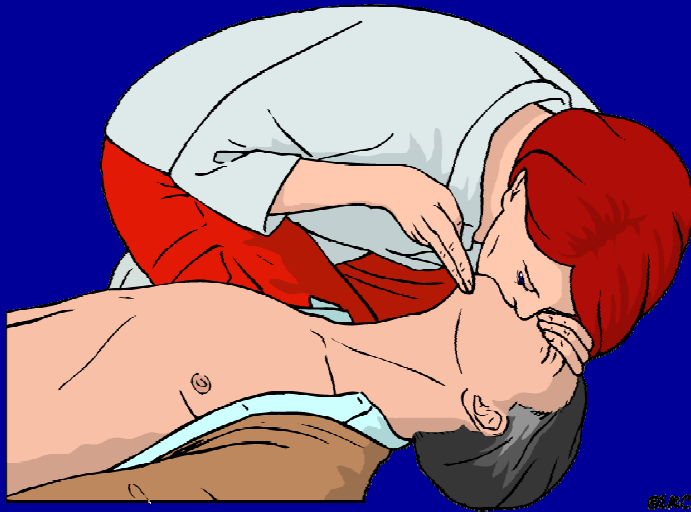
Effects of compression depth and pre-shock pauses predict defibrillation failure during cardiac arrest. *Edelson, Abella, Kramer-Johansen, Wik et al. Resuscitation 2006*



# Ventilation



# Ventilation



- **Reste utile !!**
- **Les sauveteurs entraînés doivent pratiquer les ventilations**
- **Interruption CT : 5 sec**
- **Rapport 30 / 2**



# Dispositifs feedback immédiat

- Feedback pendant RCP est encouragé
- Données peuvent servir à monitorer RCP et/ou pour débriefing.





# Dispositifs feedback immédiat

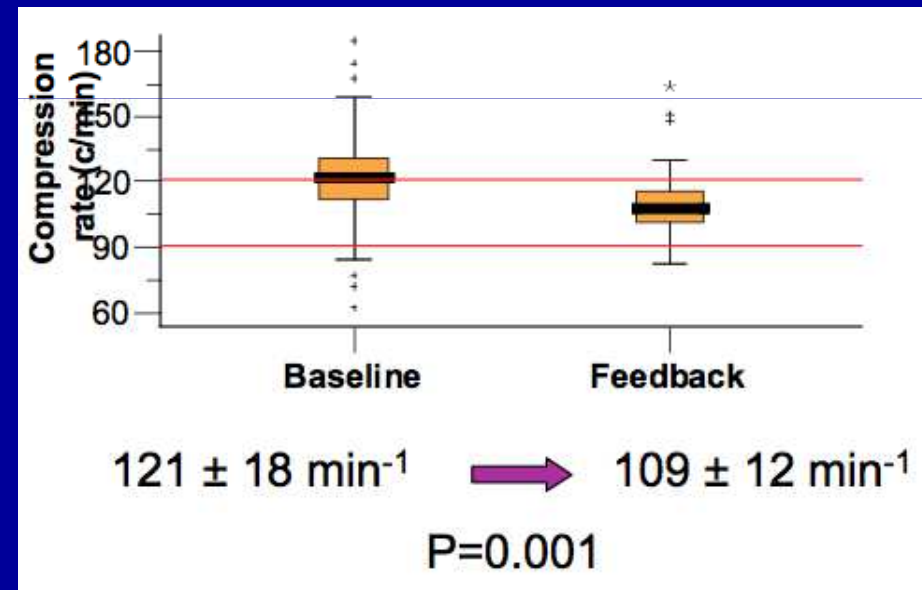
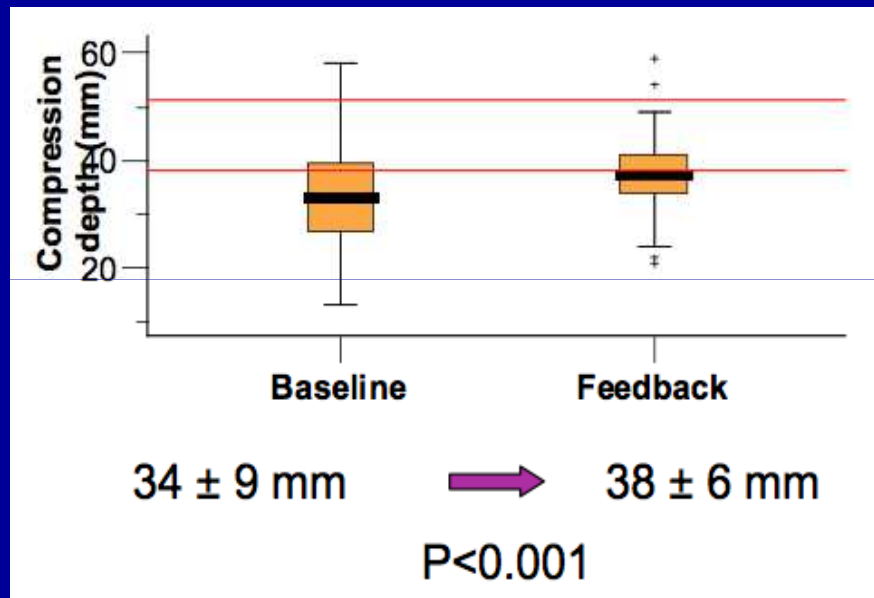






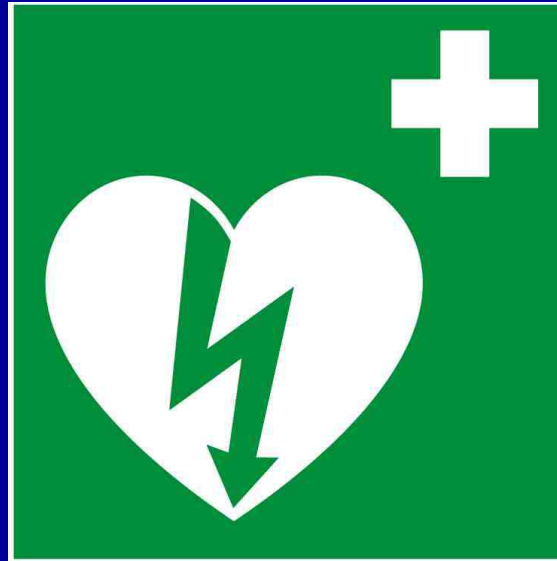
# Compressions thoraciques

Utilisation de dispositifs d'évaluation et de feedback pour guider l'intervenant



Quality of out-of-hospital cardiopulmonary resuscitation with real time automated feedback :  
a prospective interventional study

*Kramer-Johansen, Myklebust, Wik, et al. Resuscitation 2006*



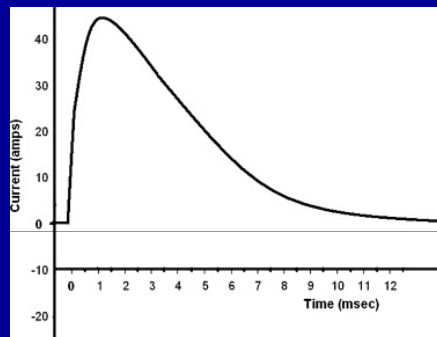
# ***ELECTRICAL THERAPIES***

AED, defibrillation, cardioversion,  
pacing

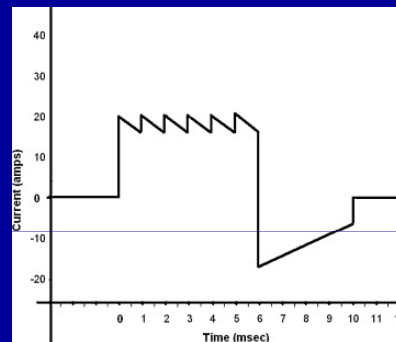


# Défibrillation

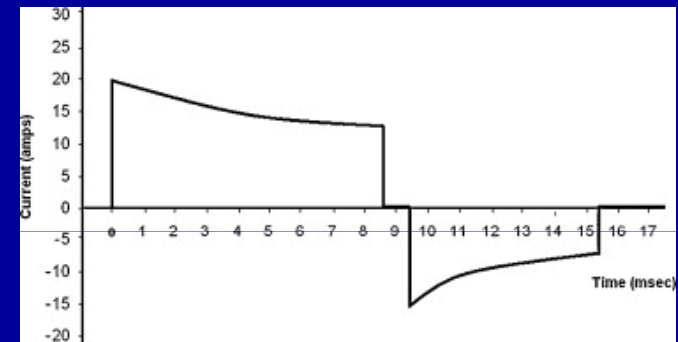
## Ondes de défibrillation



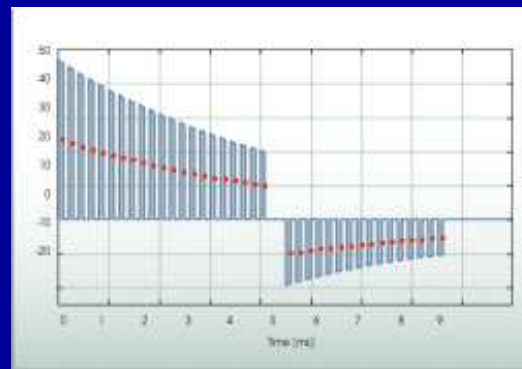
Monophasique sinusoïdale



Biphasique rectiligne



Biphasique exponentielle tronquée

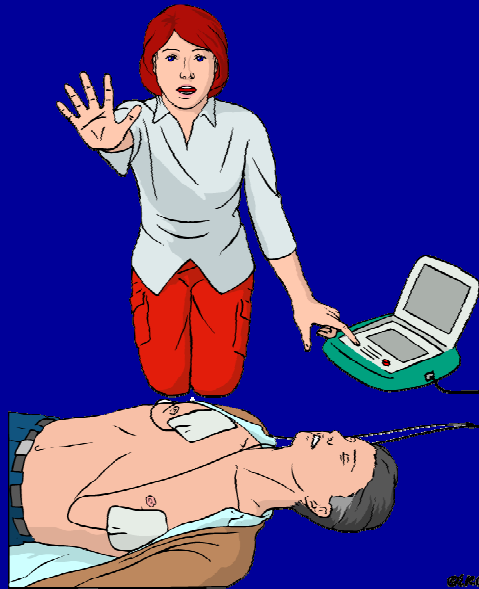


Biphasique pulsée

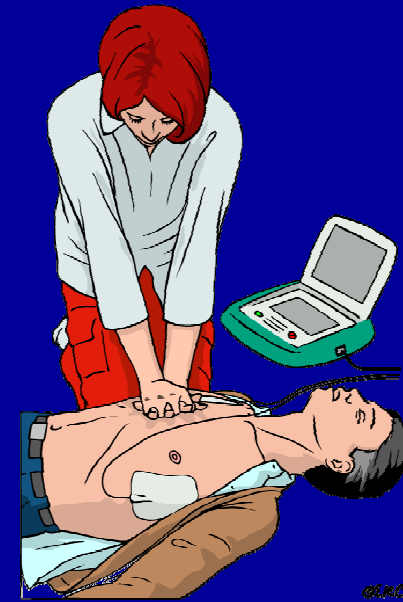
# Défibrillation



© ILCOR



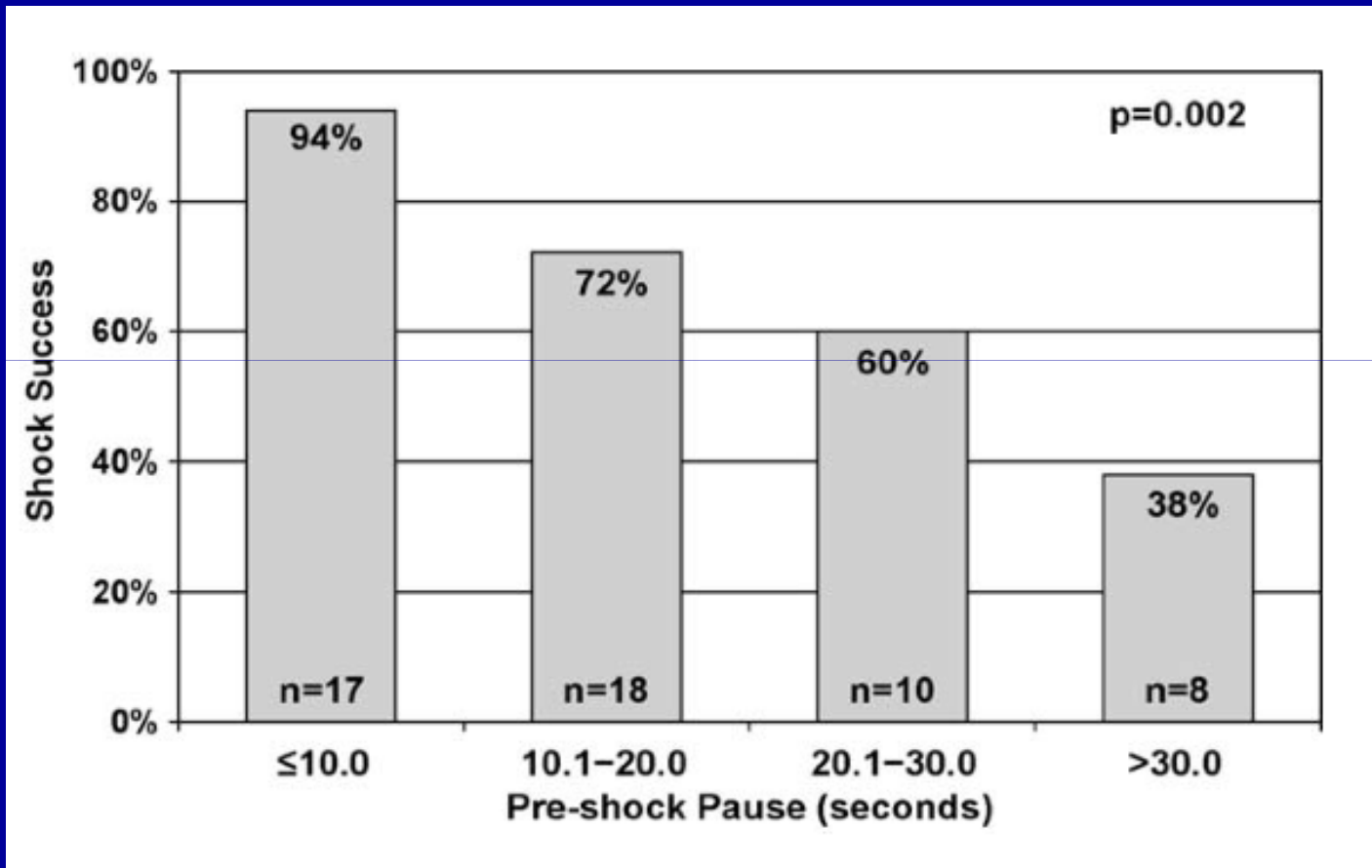
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# Défibrillation Automatisée Externe



Effects of compression depth and pre-shock pauses predict defibrillation failure during cardiac arrest  
*Edelson, Abella, Kramer-Johansen, Wik et al. Resuscitation 2006*



# Defibrillation





# Défibrillation

- **RCP avant défibrillation : si DAE dispo, choc immédiat**
- **Preuves indiscutables importance DAE pour survie  
>> invitation collectivité à installer des DAE dans les zones résidentielles (60 à 70 % AC)**



# Défibrillation Automatisée Externe





# ***EDUCATION***



# Education

- **Idéalement enseignement complet RCP à tous les citoyens**
- **Si formation courte, ou formation de masse, centrer sur CT seules, mais proposer apprentissage ventilation**



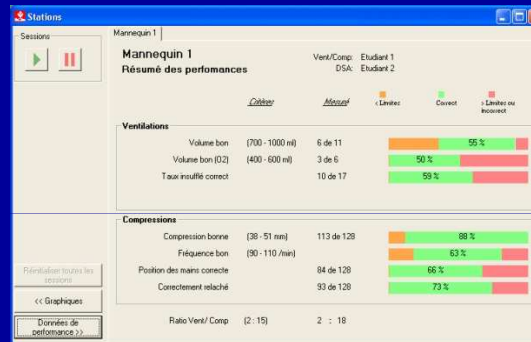
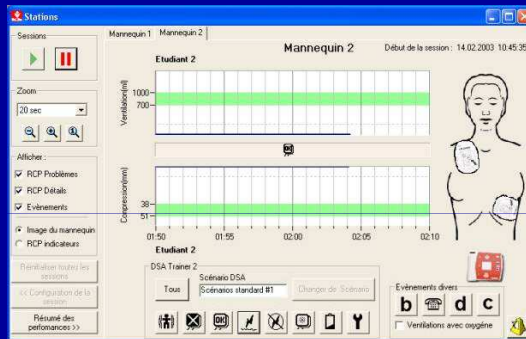
# Education

- **Méthodes de formation :**
  - Traditionnelle
  - Self-instruction (vidéo, DVD, ordinateur) : nécessité pratique
  - Utilisation DSA sans formation formelle peut sauver des vies
- **Durée idéale formation : non déterminée**
- **Recyclage bref tous les 3 à 6 mois**



# Education

## Utilisation de dispositifs de feedback





# Recommandations 2010

