NEW GUIDELINES FOR RESUSCITATION (CPR) PUBLISHED BY THE EUROPEAN RESUSCITATION COUNCIL

Oxford UK, 28 November 2005. New guidelines for the resuscitation of adults and children have been published today (28th November) in the international journal Resuscitation, announce the European Resuscitation Council (ERC) and Elsevier Ltd.

The guidelines are aimed at all healthcare workers; a section on basic life support also provides information for laypeople and first responders. The recommendations made by the ERC are based on a comprehensive, evidence-based review of resuscitation science that was undertaken over the last two years by experts from all over the world. These experts debated their findings in a Consensus meeting held in Dallas in January 2005 and their conclusions, also published today, form the basis for establishing best practice worldwide.

The last CPR guidelines were published in 2000; since then, science has moved forward and our understanding of the evidence has improved. The new CPR guidelines focus on a ‘back-to-basics’ approach and are easier for laypeople and healthcare professionals to learn. The steps to successful resuscitation are described by the links in the revised Chain of Survival. Early recognition of the patient who is very ill will enable medical assistance to be called immediately, providing an opportunity for early treatment and the prevention of cardiac arrest. In the event of cardiac arrest, early chest compressions and breathing may keep enough blood going to the heart and brain to buy time until the heart can be restarted by an electric shock (defibrillation). Once the heart has been restarted new treatments aim to improve the chances of the patient making a full recovery.

In comparison with the 2000 guidelines, the 2005 guidelines recommend giving more chest compressions (30 compressions for every 2 breaths instead of the traditional 15 compressions for every 2 breaths). The ratio of 30:2 applies to all adults and children (except for newborn babies) — this should make it easier for everyone to learn and remember. Advances in defibrillator technology (the device that gives an electric shock to restart the heart) enables healthcare workers and trained laypeople to give an electric shock earlier and more effectively to a person in cardiac arrest.

For many years, it has been known that cooling of the body (hypothermia) provides temporary protection for the brain when the heart stops beating. Recent evidence indicates that mild cooling of a person whose heart has been restarted after cardiac arrest, may increase the chance of a full recovery. The new guidelines recommend that this cooling treatment (therapeutic hypothermia) is used for some patients admitted to intensive care units after cardiac arrest.

“The ERC Guidelines 2005 provide comprehensive recommendations on all aspects of cardiopulmonary resuscitation for healthcare professionals working in Europe and beyond. The guidelines are based on an extensive review of all relevant research studies undertaken by experts from all over the world. It is hoped that adoption of this state-of-the-art practice will increase the numbers of survivors from cardiac arrest”

said Dr Jerry Nolan, Co-Chair of the International Liaison Committee on Resuscitation.
“The ERC Guidelines 2005 provide an up-to-date link between the science of resuscitation and improved survival from cardiac arrest. The International Consensus on Science developed and published in 2005 has provided the foundation for our European experts to write these latest recommendations. These guidelines will form the basis of resuscitation teaching and practice throughout Europe for both the healthcare professional and the lay person.”

Said Dr David Zideman, Chairman of the European Resuscitation Council

The Guidelines will also be published in a condensed version as a Pocket Book.

To order copies of the Full Guidelines or Pocket Book please refer to one of the following websites:

www.erc.edu

About the ERC

The European Resuscitation Council is a multidisciplinary advisory body for coordinating the activities of European organisations with a legitimate interest in cardiopulmonary resuscitation and for improving the standards of resuscitation throughout Europe. The Council has official collaboration agreements with the National Resuscitation Councils of 25 European countries.

For detailed information about the European Resuscitation Council and the forthcoming Congress, Resuscitation 2006, please refer to the Council’s website www.erc.edu

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Media Contacts at the European Resuscitation Council

Dr Jerry Nolan +44 1225 825057
Dr David Zideman +44 7720 400337
Dr Peter Baskett +44 1865 843620
Dr Bernd Boettiger +49 171 755 1739 or +49 6221 566351
ERC Executive Office +32 3 821 3616