



HLR2016

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ST-läkare AnopIVA SU/S

TIDIG A-HLR

Vad vet vi och vad vill vi veta?

A-HLR

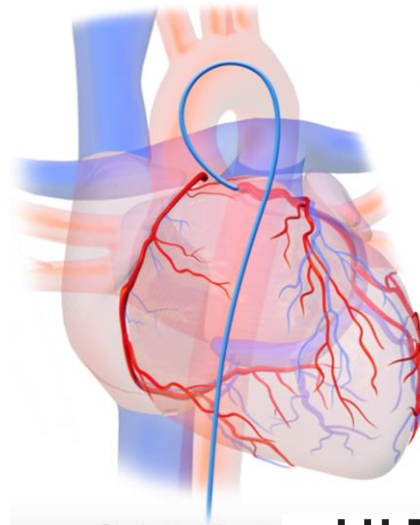
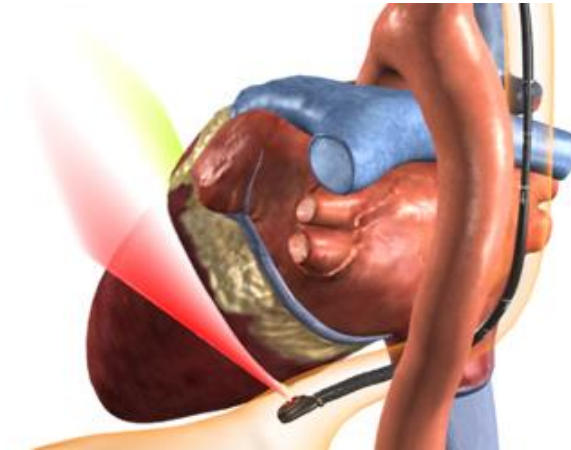
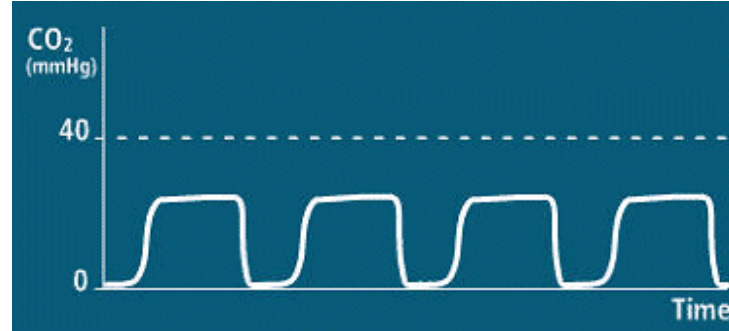


wiseGEEK



A-HLR

- FÖR VEM?



STUDIESTORLEK



FÖRE OCH EFTER (A-HLR)

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Advanced Cardiac Life Support in Out-of-Hospital Cardiac Arrest

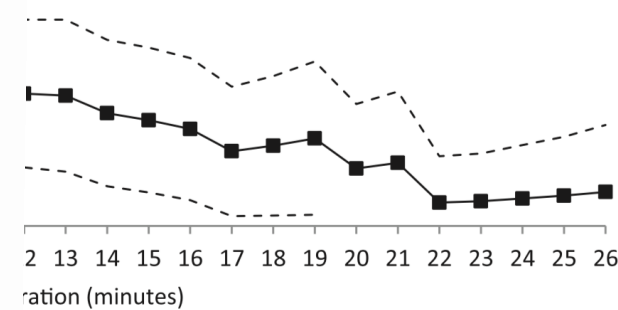
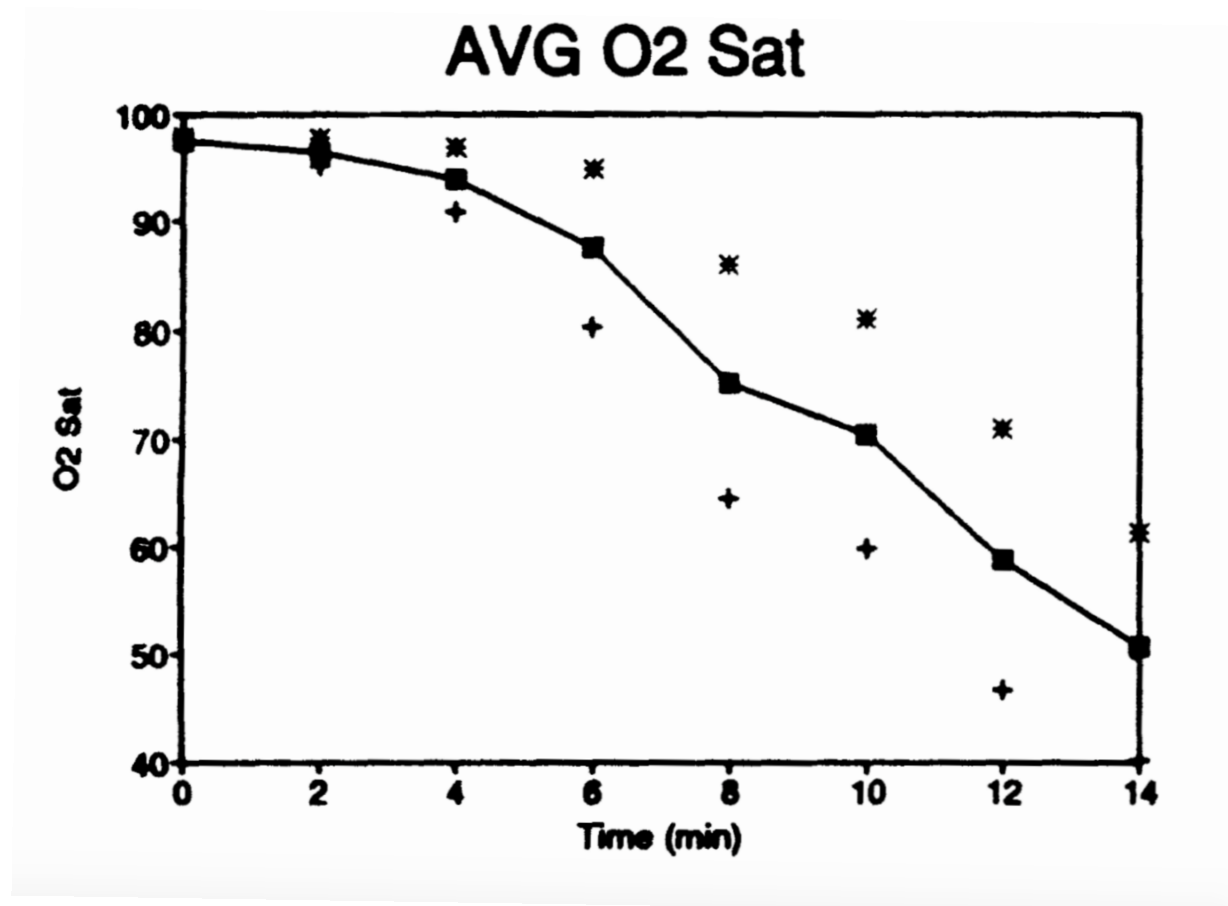
- BLS : 1400 patienter vs ACLS: 4000 patienter
- ACLS: 90 % intubation, 90 % läkemedel
- ROSC: 18 % vs 12 %
- **Överlevnad till utskrivning: 5,1 % vs 5,0 %**

Stiell et al. N Engl J Med 2004;351:647-56.

LUFTVÄG



TIDIG...

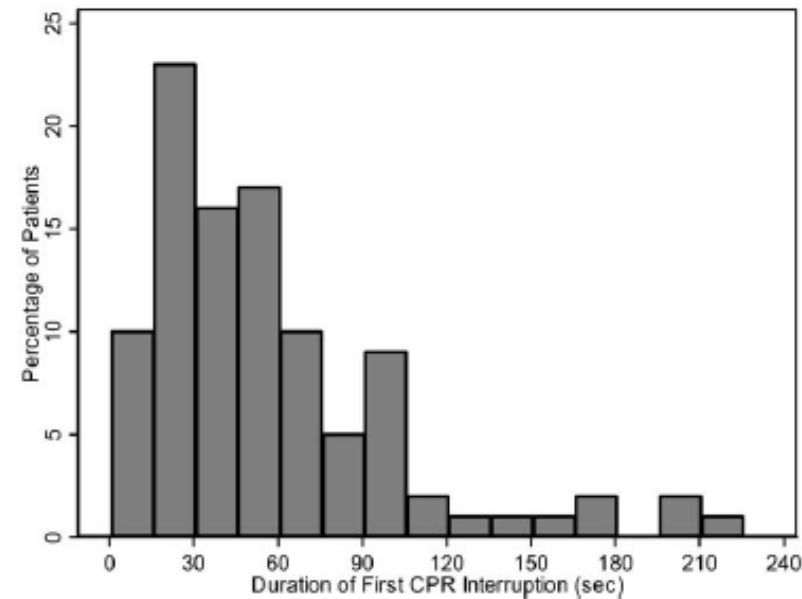
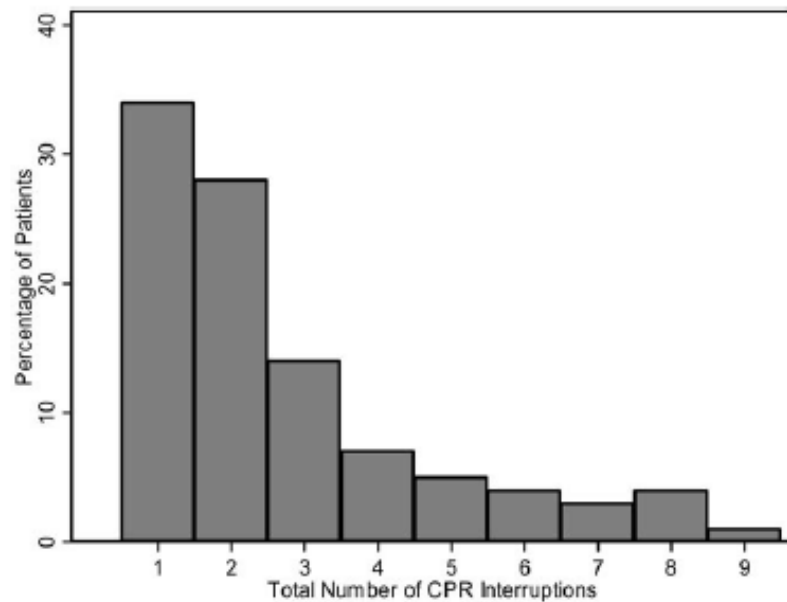


Chandra et al. *Circulation*. 1994 Dec;90(6):3070-5.

Reynolds et al. *Circulation*. 2013 Dec 3;128(23):2488-94

...INTUBATION

- INTE ALLTID ENKELT OCH SNABBT



Wang et al. Ann Emerg Med. 2009 Nov;54(5):645-652

KOMPRESSIONER

- MINSKAD PERFUSION VID UPPEHÅLL

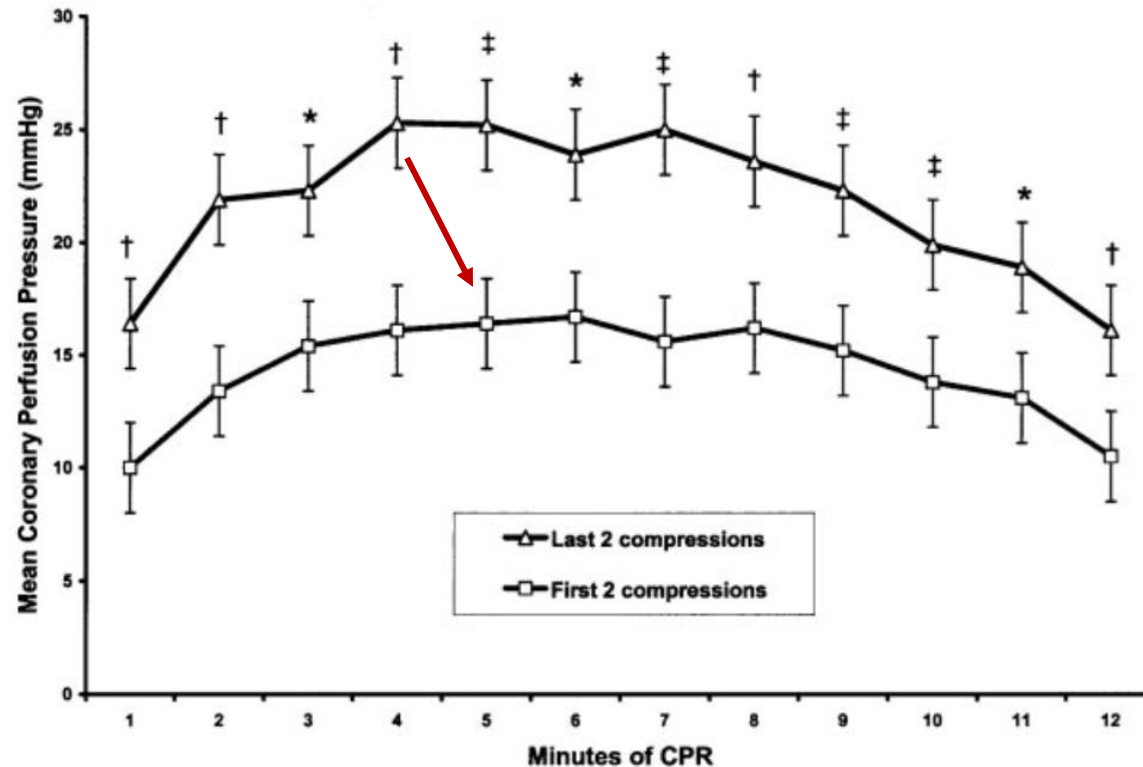
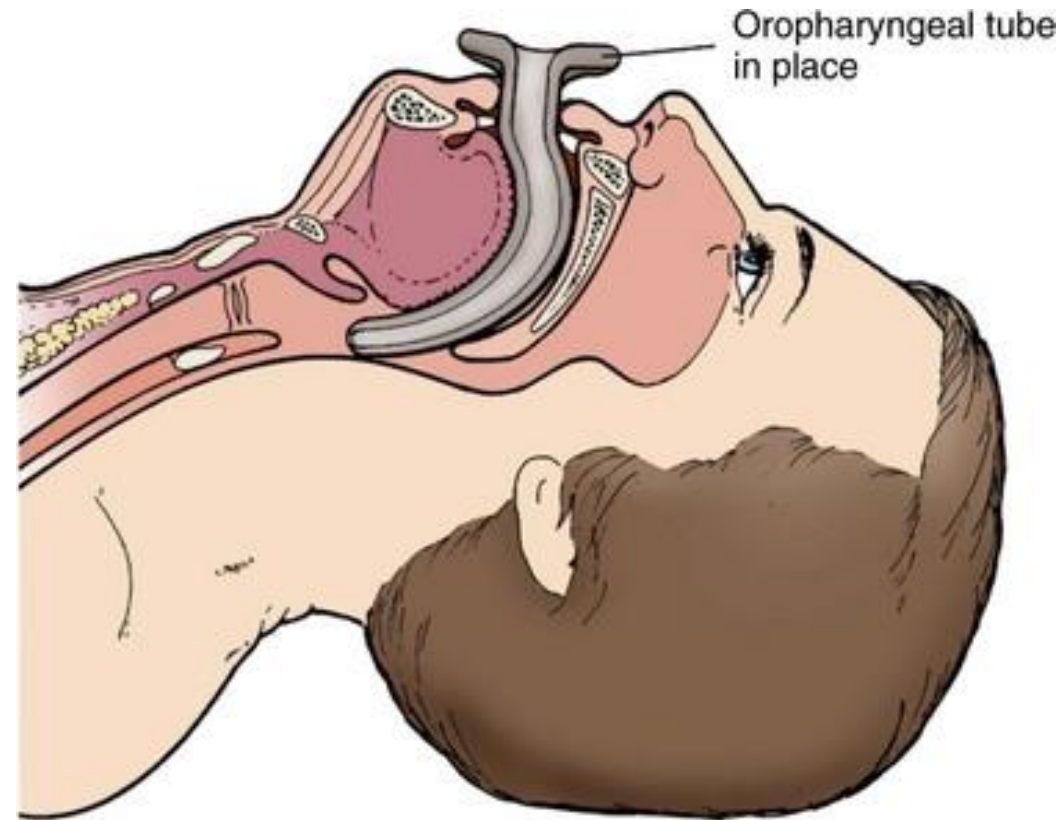


Figure 2. Mean CPP of first 2 compressions (bottom line) and last 2 compressions (top line) of each 15-compression cycle during CPR with CC+RB at a compression:ventilation ratio of 15:2. Mean CPP difference: * $P < 0.05$; † $P < 0.01$; ‡ $P < 0.001$.

Berg RA et al. *Circulation*. 2001 Nov 13;104(20):2465-70.

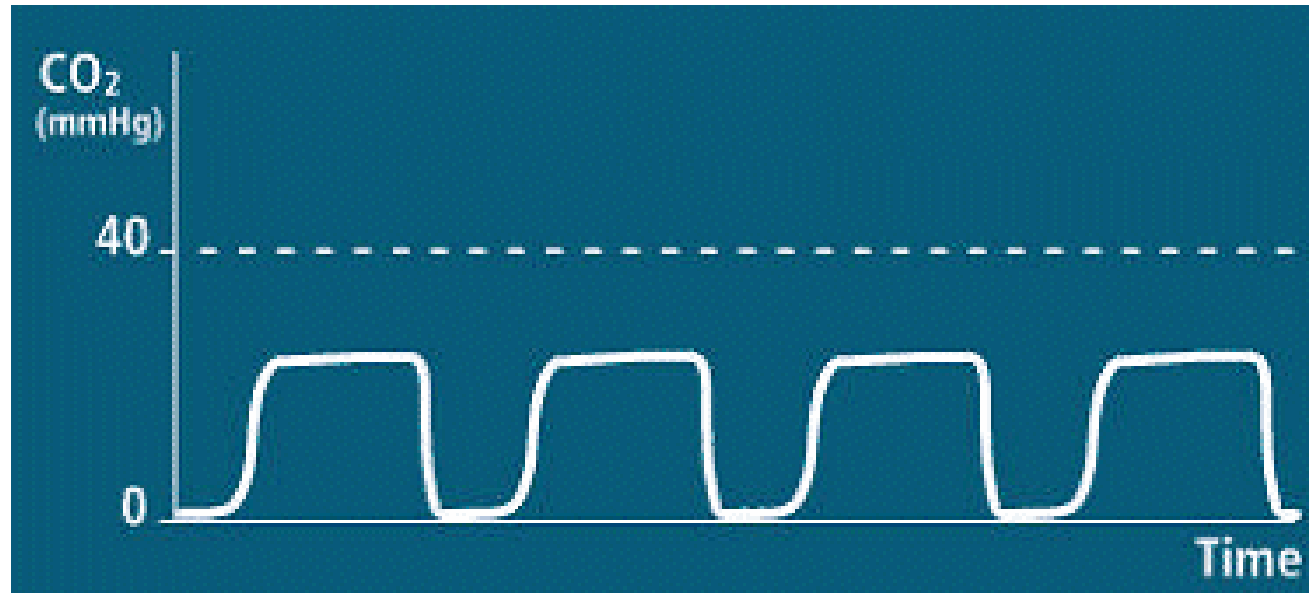
FRI LUFTVÄG

- BÄTTRE ÄN INTUBATION



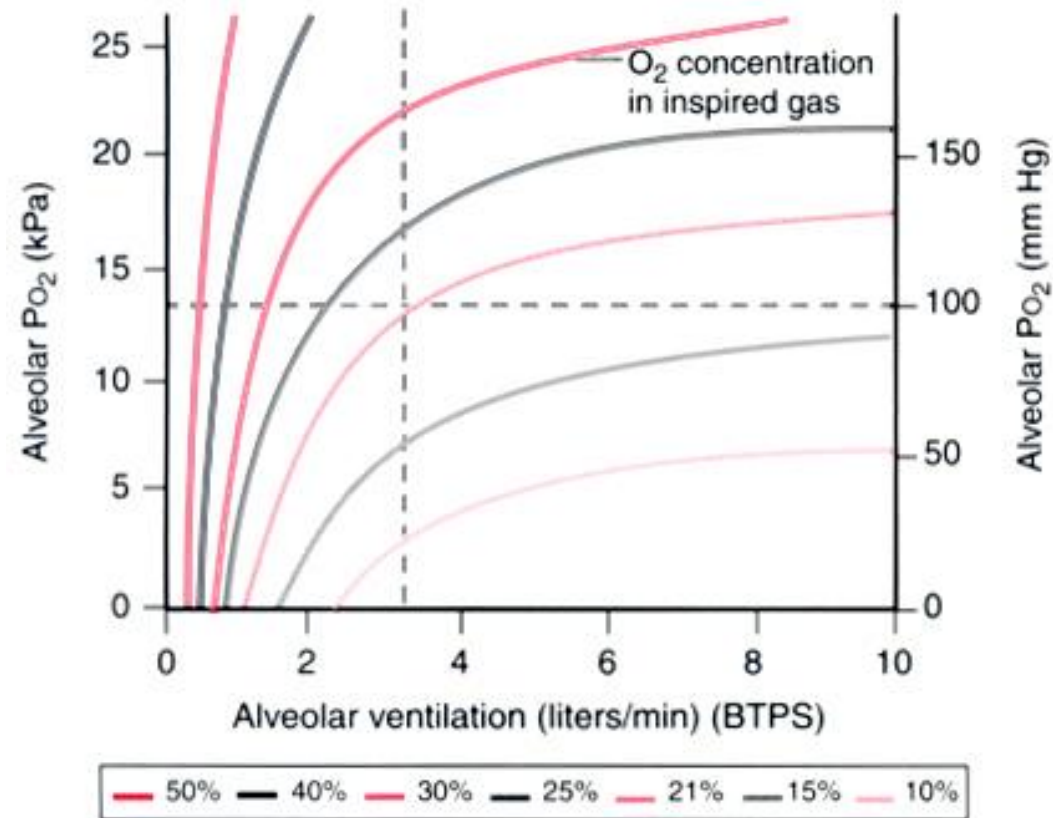
MONITORERING

- ALLTID MED KAPNOMETRI



VENTILATION

- HYPERVENTILERA INTE



GUIDELINES

There are no data supporting the routine use of any specific approach to airway management during cardiac arrest. The best technique is dependent on the precise circumstances of the cardiac arrest and the competence of the rescuer.

AIRWAYS-2

- Pat med OHCA
- Intubation vs. i-gel
- Primär outcome: mRS 0-2 vid 30 d
- 9000 patienter (8 vs 10 %)



IV-ACCESS



IV-ACCESS

Intravenous Drug Administration During Out-of-Hospital Cardiac Arrest A Randomized Trial

Theresa M. Olasveengen, MD

Context Intravenous access and drug administration are included in advanced car-

- 850 pat med OHCA
- iv med vs no iv med
- Adrenalin: 79 % vs 9 %
- ROSC: 40 % vs. 25 %
- **Överlevnad: 10,5 % vs 9,2 %**

Olasveengen TM et al. JAMA. 2009 Nov 25;302(20):2222-9.

LÄKEMEDEL



PERFUSIONSTRYCK

- NÖDVÄNDIGT FÖR ROSC?

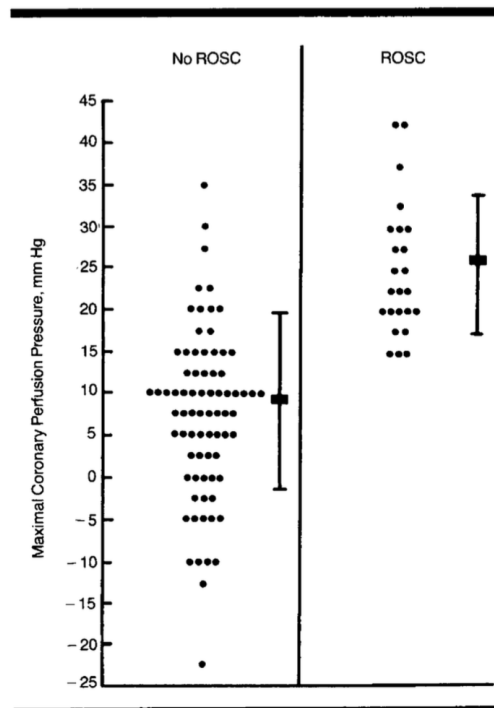
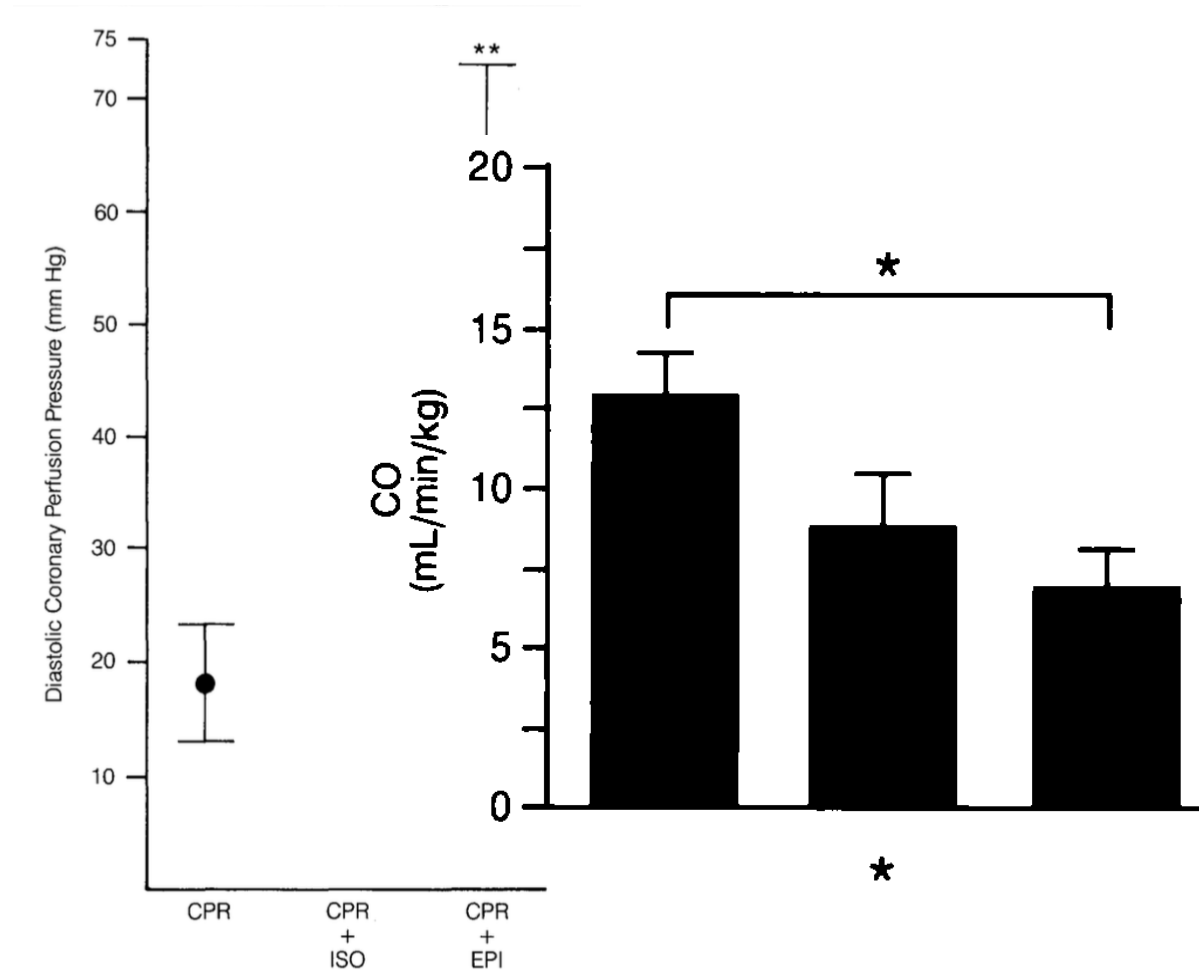


Fig 2.—Distribution of maximal coronary perfusion pressures among patients without and with return of spontaneous circulation (ROSC). Each dot represents a patient. The bar is the mean $\pm$ SD.

Paradis NA et al. JAMA. 1990;263:1106–1113.

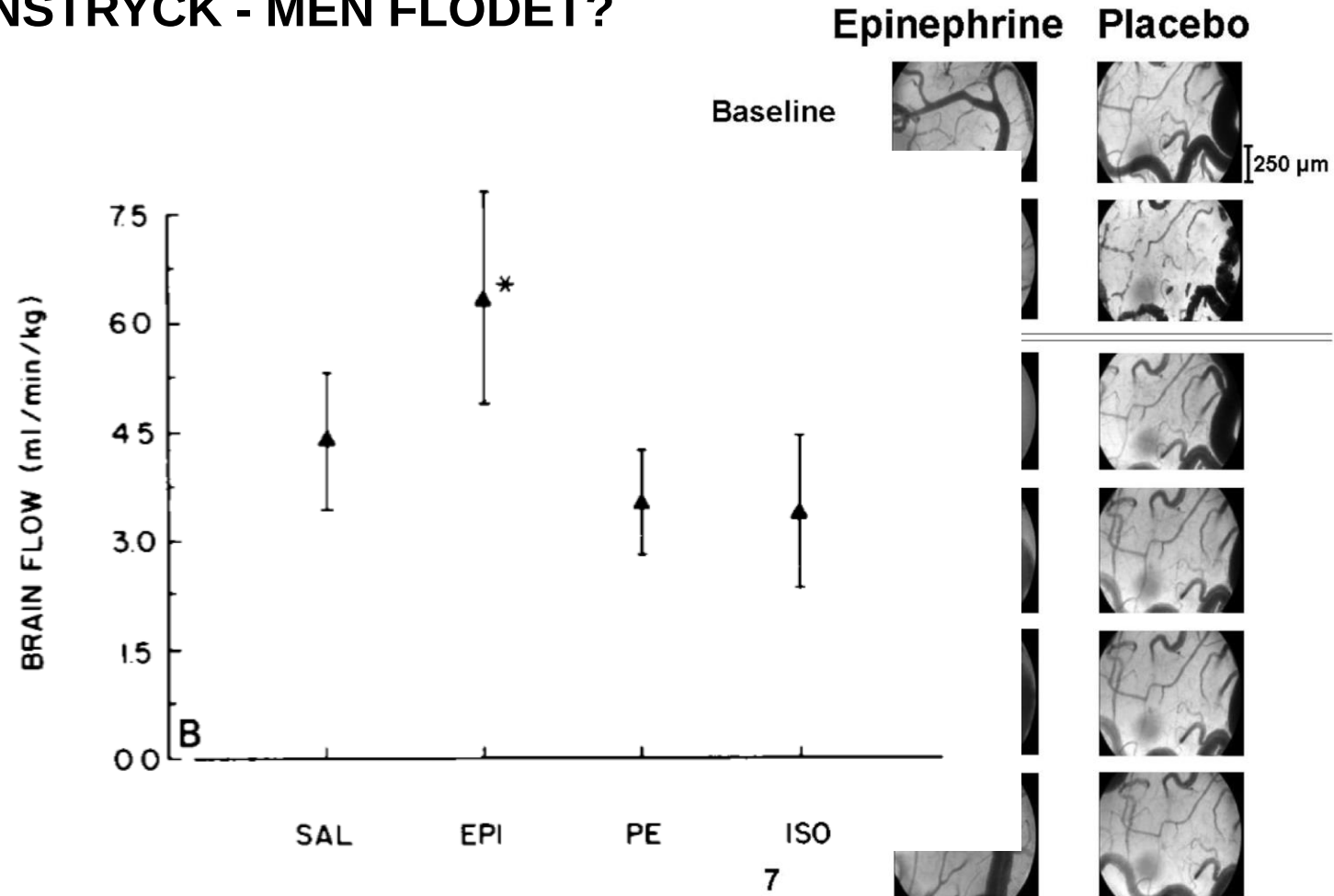
KARDIOVASKULÄRA EFFEKTER

- ADRENALIN ÖKAR KORONART PERFUSIONSTRYCK



CEREBRALA EFFEKTER

- ÖKAT PERFUSIONSTRYCK - MEN FLÖDET?

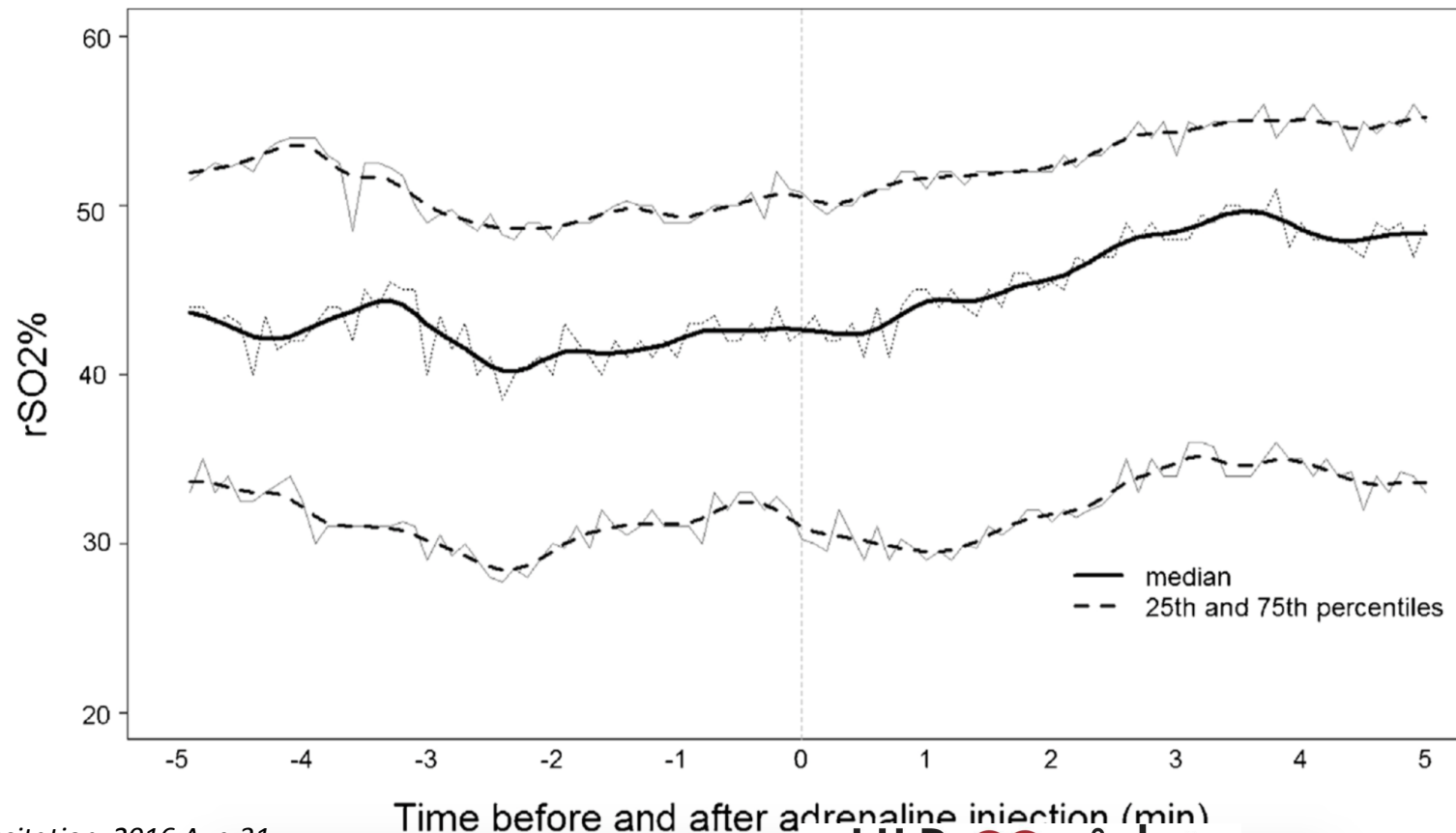


Holmes HR et al. Crit Care Med. 1980 Mar;8(3):137-40.

Ristagno et al. Crit Care Med. 2009 Apr;37(4):1408-15

CEREBRALA EFFEKTER II

- ADRENALIN MÄTT MED CEREBRAL OXIMETRI



Deakin CD. et al. Resuscitation. 2016 Aug 31

ADRENALIN RCT

- ÖKAR ROSC MEN EJ ÖVERLEVNAD

Clinical paper

Effect of adrenaline on survival in out-of-hospital cardiac arrest: A randomised double-blind placebo-controlled trial[☆]

Ian G. Jacobs^{a,b,*}, Judith C. Finn^{a,b}, George A. Jelinek^c, Harry F. Oxer^d, Peter L. Thompson^{e,f}

- 530 pat med OHCA (45 % VT/VF)
- ROSC: 23, 5% vs 8,4 %
- Sjukhusinläggning: 25 % vs 13 %
- **Överlevnad: 4 % vs 1,9 % (P=0.31)**

Jacobs et al. Resuscitation. 2011 Sep;82(9):1138-43

GUIDELINES

Our current recommendation is to continue the use of adrenaline during CPR as for Guidelines 2010. We have considered the benefit in short-term outcomes (ROSC and admission to hospital) and our uncertainty about the benefit or harm on survival to discharge and neurological outcome given the limitations of the observational studies.

PARAMEDIC2

-

- Engelsk studie
- Adrenalin mot placebo vid OHCA
- 8000 pat skall inkluderas
- 30 % skillnad i överlevnad
- Beräknas vara klar 2018

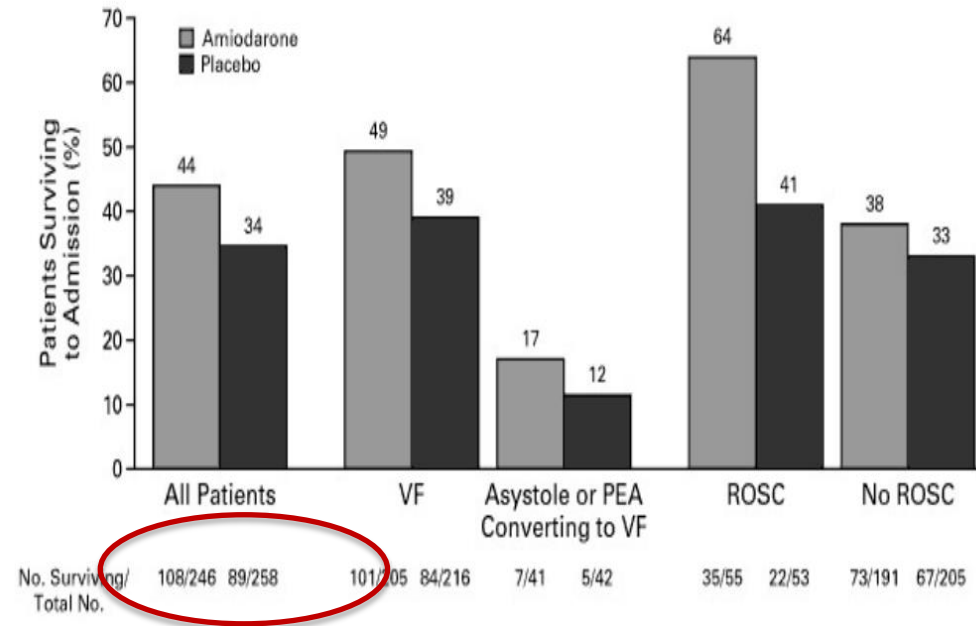
Don't Want To Be Involved?

We respect the wishes of members of the public who do not wish to take part in the PARAMEDIC 2 trial. If you would not wish to take part in the PARAMEDIC 2 trial, in the event that you have a cardiac arrest, you can request a stainless steel no study bracelet.



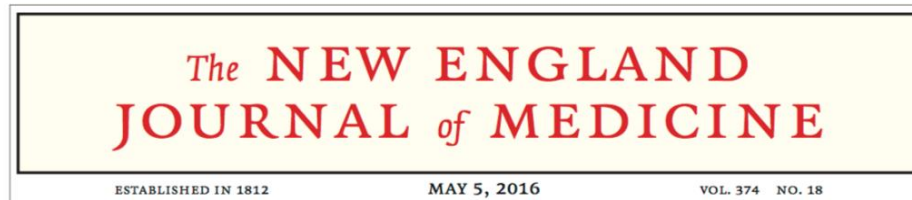
ANTIARRYTMIKA

- FÖRBÄTTRAD KORTTIDSÖVERLEVNAD



ANTIARRYTMIKA II

-LÅNGTIDSÖVERLEVNADEN DÅ..?



Amiodarone, Lidocaine, or Placebo in Out-of-Hospital
Cardiac Arrest

- 3000 patienter med VT/VF
- Amiodarone vs lidokain vs placebo
- Färre defib med amiodarone
- **Överlevnad: 24,4 % vs 23,7 vs 21 %**

Kudenchuck et al. N Engl J Med 2016;374:1711-22.

GUIDELINES

In VF/pVT, a single dose of amiodarone 300 mg is indicated after a total of three shocks and a further dose of 150 mg can be considered after five shocks.

COCKTAIL?

- KANSKE!

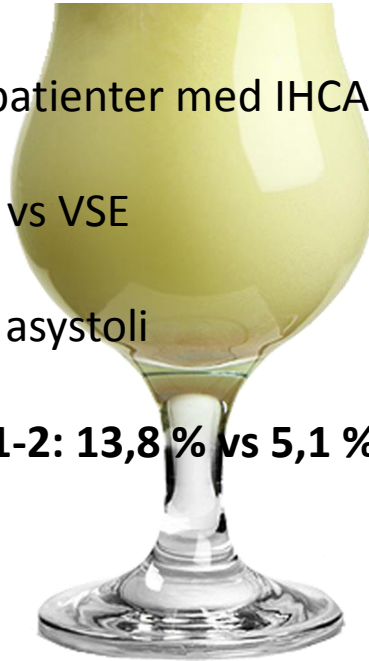


Research

Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

Vasopressin, Steroids, and Epinephrine and Neurologically
Favorable Survival After In-Hospital Cardiac Arrest
A Randomized Clinical Trial

- 300 patienter med IHCA
- ACLS vs VSE
- 80 % asystoli
- **CPC 1-2: 13,8 % vs 5,1 %**



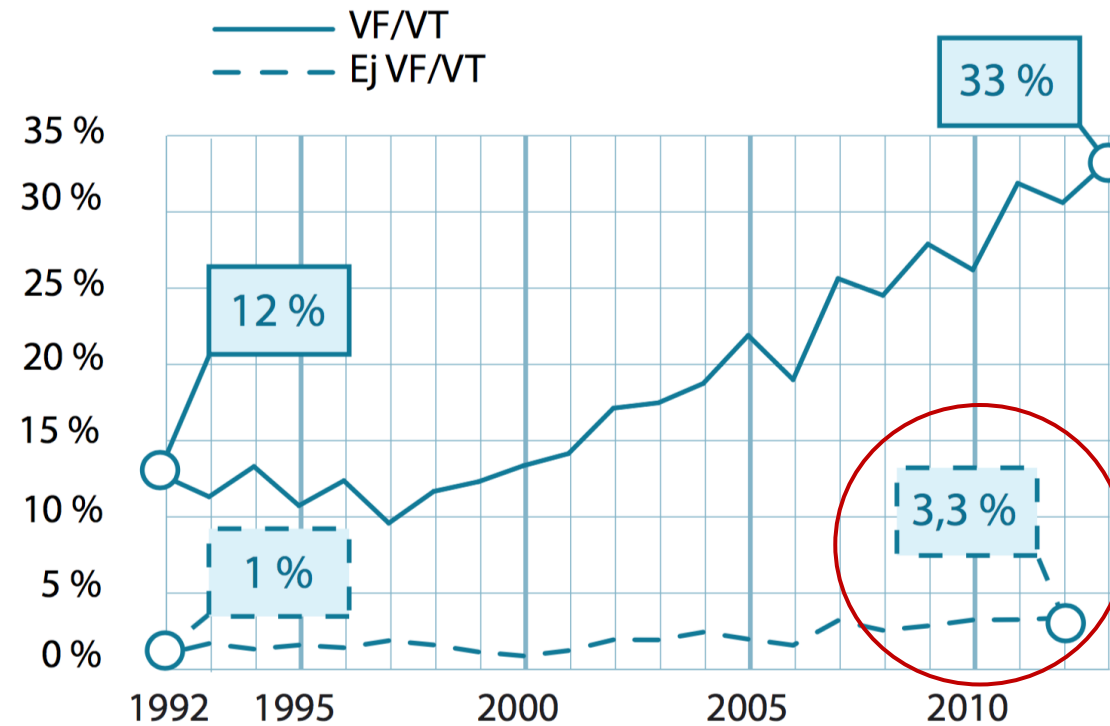
Mentzelopoulos SD et al. JAMA. 2013 Jul 17;310(3):270-9.

SAMMANFATTNING

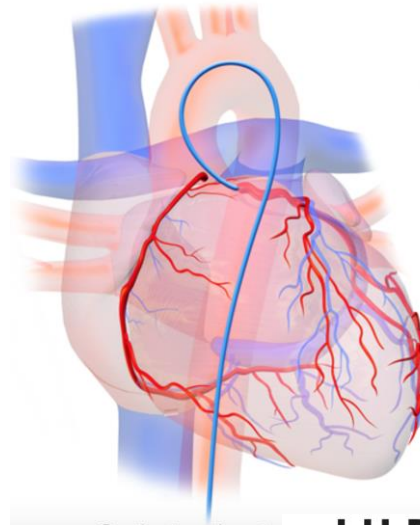
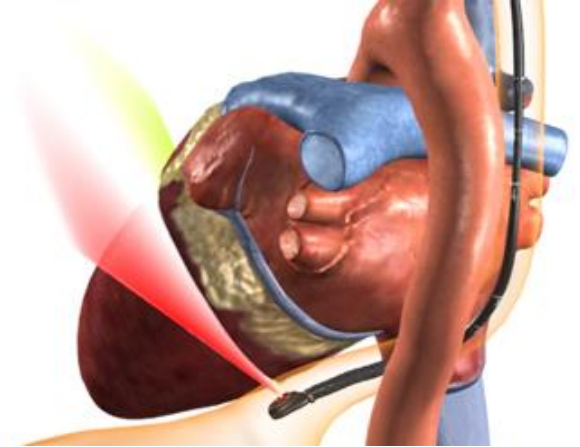
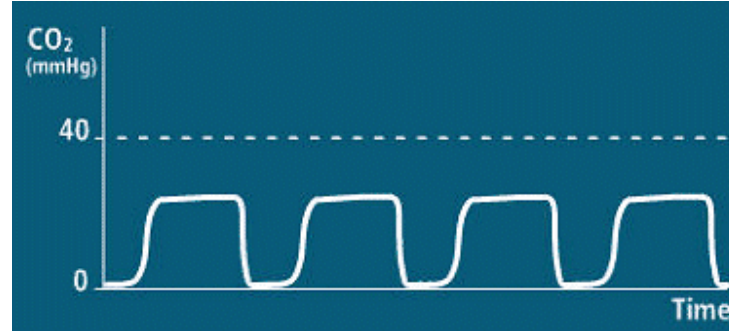
- A-HLR ökar ROSC och möjligen korttidsöverlevnad
- Adrenalin ökar ROSC och korttidsöverlevnad oklar effekt på långtidsöverlevnad
- Amiodarone ökar korttidsöverlevnad och möjligen långtidsöverlevnad
- Inget stöd för att en viss sorts luftvägshantering är bättre

A-HLR - FÖR VEM?

Figur 17. Andel patienter som levde efter en månad i relation till om kammarflimmer förelåg eller ej.



A-HLR - FÖR VEM?



TACK!

För frågor, referenser, kommenterar: Andreas.lundin@vgregion.se