



TIDIG HLR

Mattias Ringh, MD, PhD. MIVA Södersjukhuset
Center for Resuscitation Science, Karolinska Institutet

E-mail: mattias.ringh@ki.se

Tidig HLR

Varför ska vi göra HLR?

Varför fungerar HLR?

Hur ska vi göra HLR?

Hur ska vi få fler att göra HLR?

VARFÖR SKA VI GÖRA HLR?



Enkel, omedelbar åtgärd

Kan göras av alla

Upprätthåller viss cirkulation till hjärnan

Ökar chansen för lyckad defibrillering

HLR RÄDDAR LIV!!

Hur bra är HLR?

Jämför 5 års blodtryckssänkande behandling.

Numbers needed to treat (NNT):

125 för att förebygga ett dödsfall

100 för att förebygga 1 hjärtinfarkt

67 för att förebygga 1 stroke

HLR RÄDDAR LIV!

Table 3. Survival Rates and Number Needed to Treat by Clinical Criteria

Variable	Pooled Percentage of Cardiac Arrests With Attribute	Low Baseline Survival		High Baseline Survival	
		Pooled Survival Rate, %	NNT	Pooled Survival Rate, %	NNT
Witnessed by bystander	53% (45.0–59.9)	6.4 (3.5–9.3)	17	13.5 (5.6–21.5)	71
Witnessed by EMS	10% (8.0–11.3)	4.9 (1.3–8.4)	23	18.2 (3.7–32.8)	16
Not witnessed	36% (30.4–40.8)	0.5 (0.2–0.9)		12.1 (7.5–16.7)	
Bystander CPR	32% (26.7–37.8)	3.9 (1.8–6.0)	36	16.1 (11.5–20.7)	24
No bystander CPR	68% (62.6–74.8)	1.1 (0.5–1.8)		12.0 (10.0–14.0)	
Ventricular fibrillation/tachycardia	40% (36.6–43.3)	14.8 (9.4–20.2)		23.0 (13.8–32.2)	
No ventricular fibrillation/tachycardia	60% (56.2–62.9)	0.4 (0.2–0.6)		7.4 (6.1–8.7)	
Asystole	42% (36.0–46.8)	0.2 (0–0.3)		4.7 (1.0–8.4)	
No asystole	58% (52.9–63.8)	4.4 (2.1–6.6)		30.1 (23.8–36.4)	
Return of spontaneous circulation	22% (17.7–25.5)	15.5 (0.0–33.3)		33.6 (24.9–42.2)	
No return of spontaneous circulation	78% (74.5–82.3)	0.1 (0.0–0.2)		1.8 (1.5–2.1)	

NNT indicates number needed to treat to save 1 life.

ORIGINAL ARTICLE

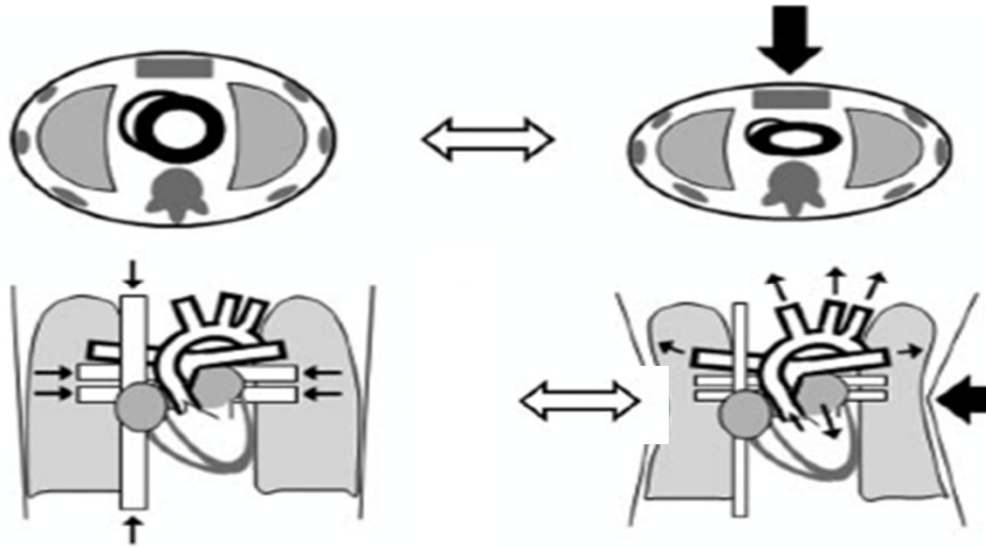
Early Cardiopulmonary Resuscitation
in Out-of-Hospital Cardiac Arrest**Table 3.** Odds of 30-Day Survival among Patients Who Underwent CPR before EMS Arrival.*

Group and Propensity Score Adjustment	No. of Patients with Data	Odds Ratio for 30-Day Survival†	95% Confidence Interval	99% Confidence Interval
All patients	30,381	2.80	2.55–3.09	2.47–3.18
Propensity score	19,153			
Unadjusted		2.95	2.60–3.34	2.50–3.47
Adjusted		2.15	1.88–2.45	1.80–2.56

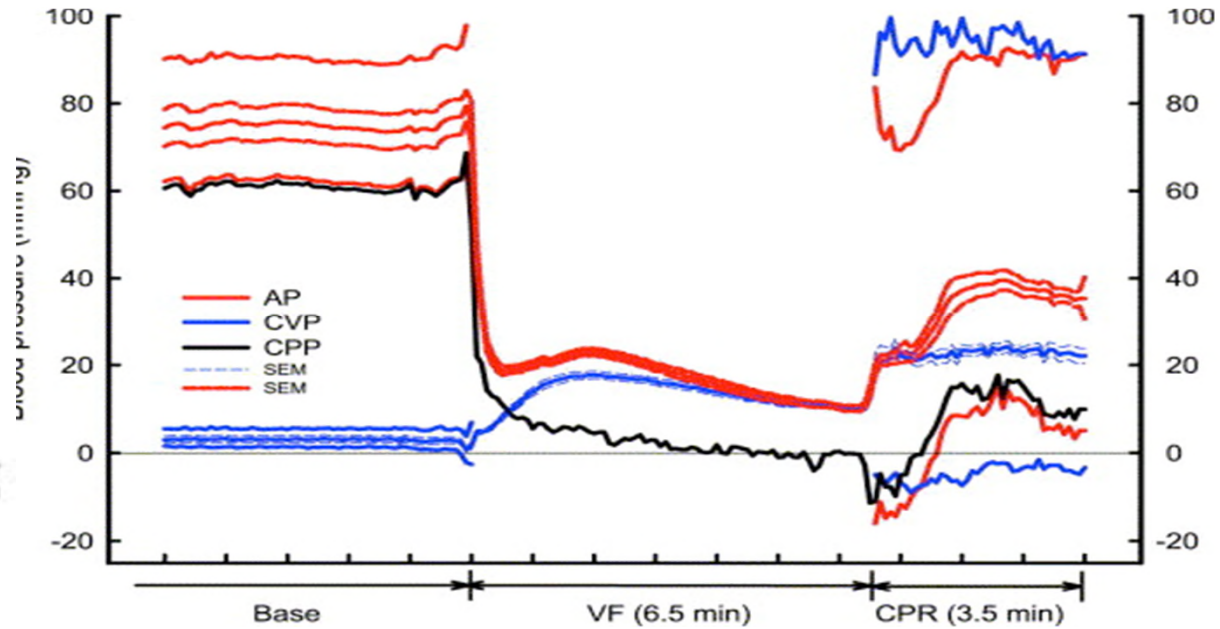
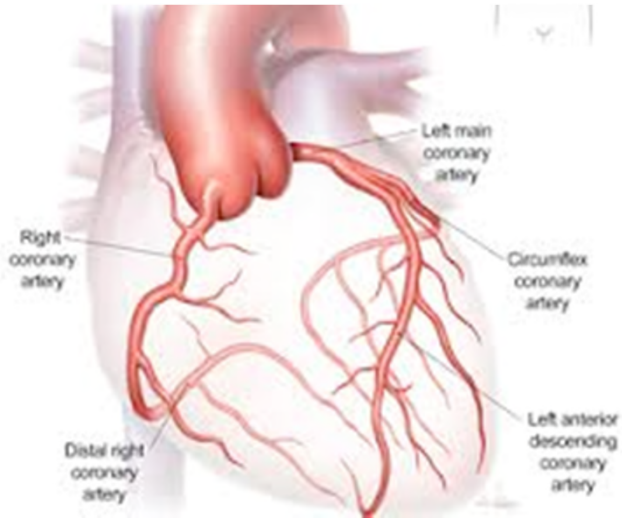
VARFÖR FUNGERAR HLR?



Bröstpumpen



Trycket i kranskärnen



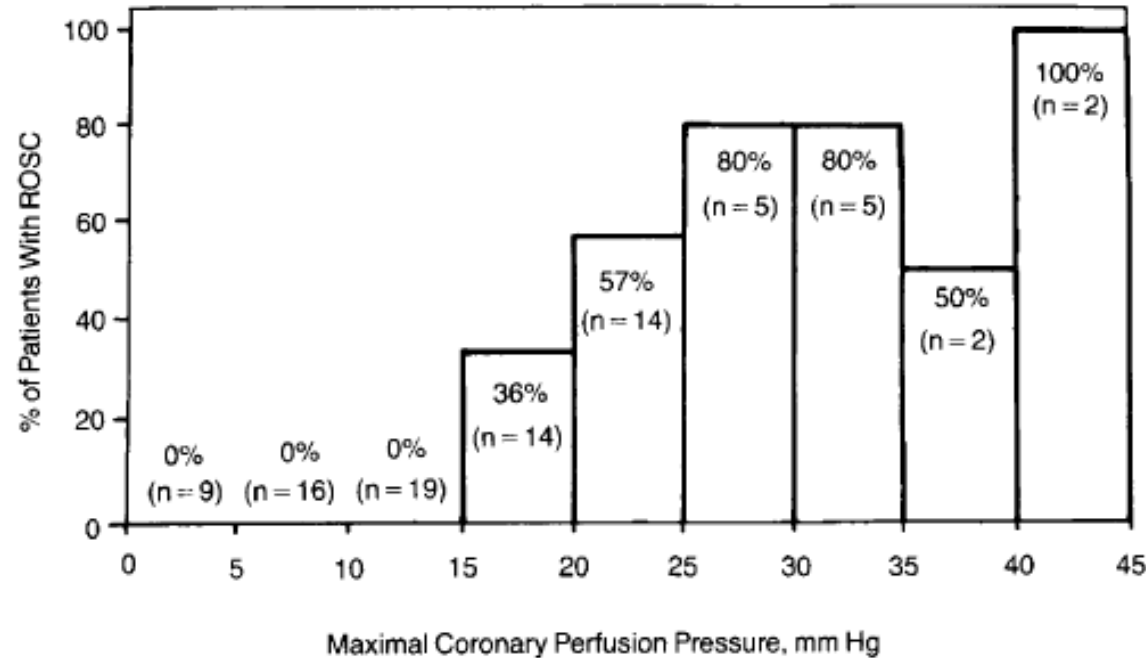
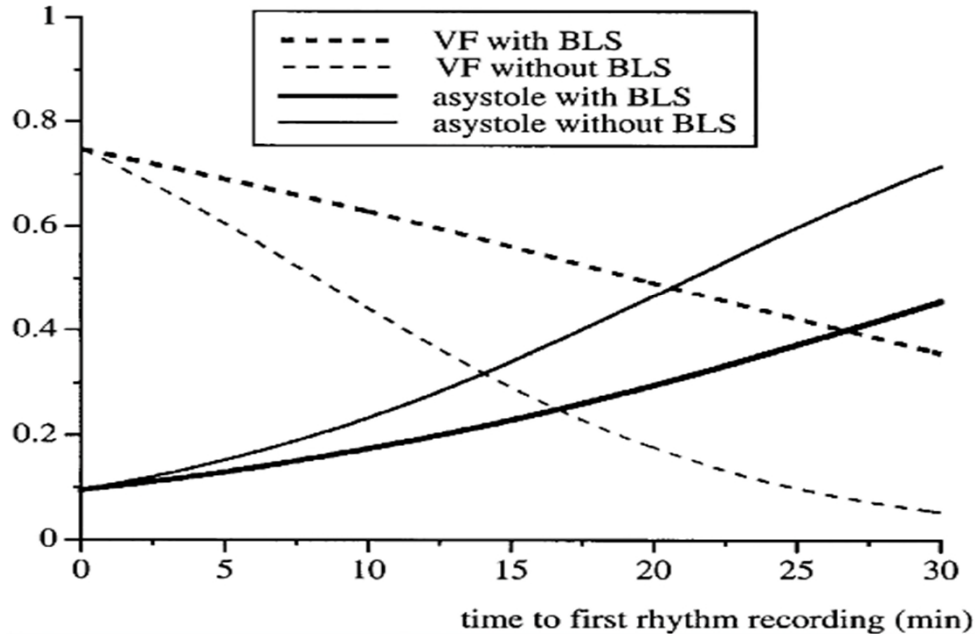


Fig 5.—Percentage of patients with return of spontaneous circulation (ROSC) as a function of the maximal coronary perfusion pressure.

Bro till defibrillering

probability of first recorded rhythm



VF Med HLR

VF Utan HLR

HLR viktigare vid lång responstid.

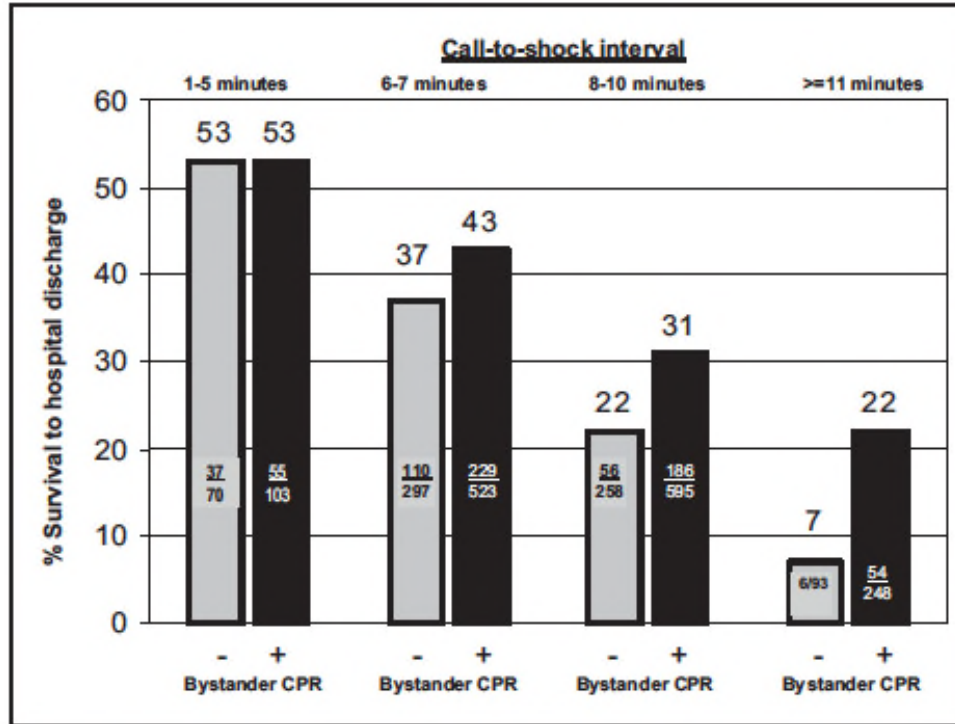
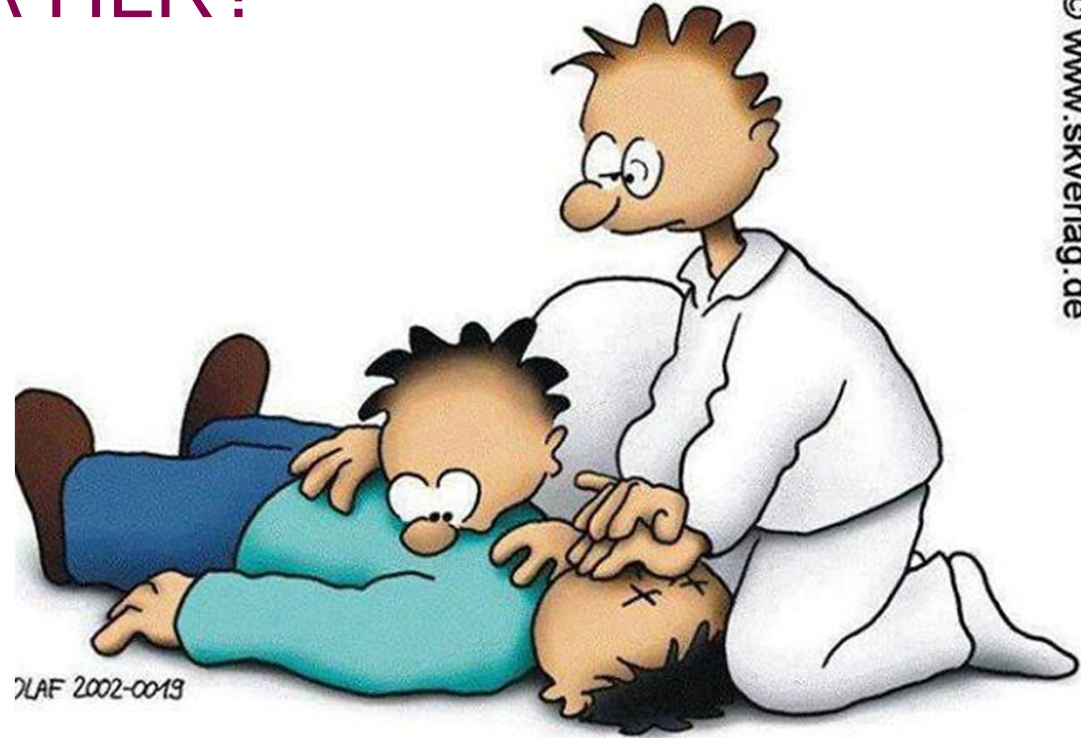


Figure 1. Survival to hospital discharge according to bystander CPR status and collapse-to-shock interval.

HUR SKA VI GÖRA HLR?

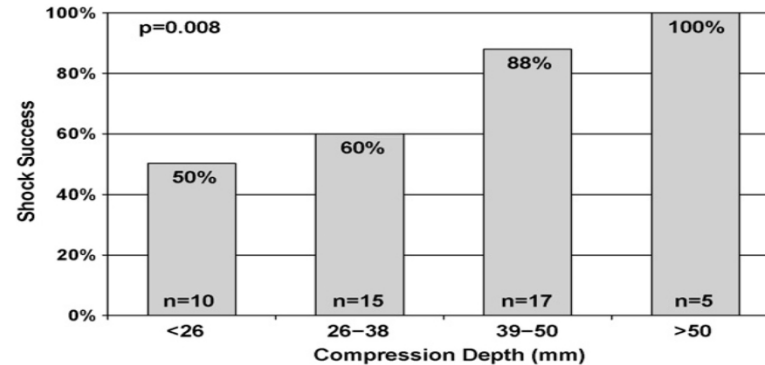
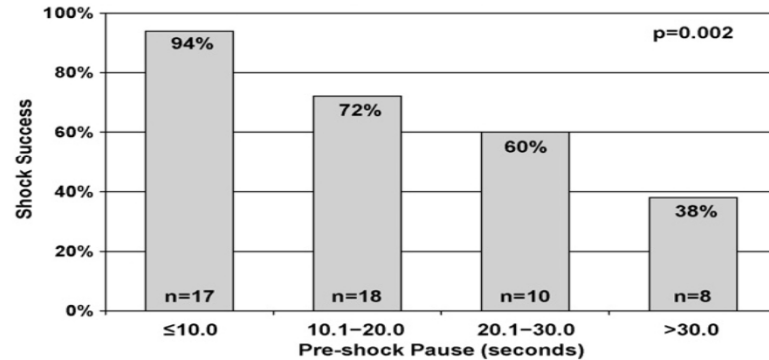


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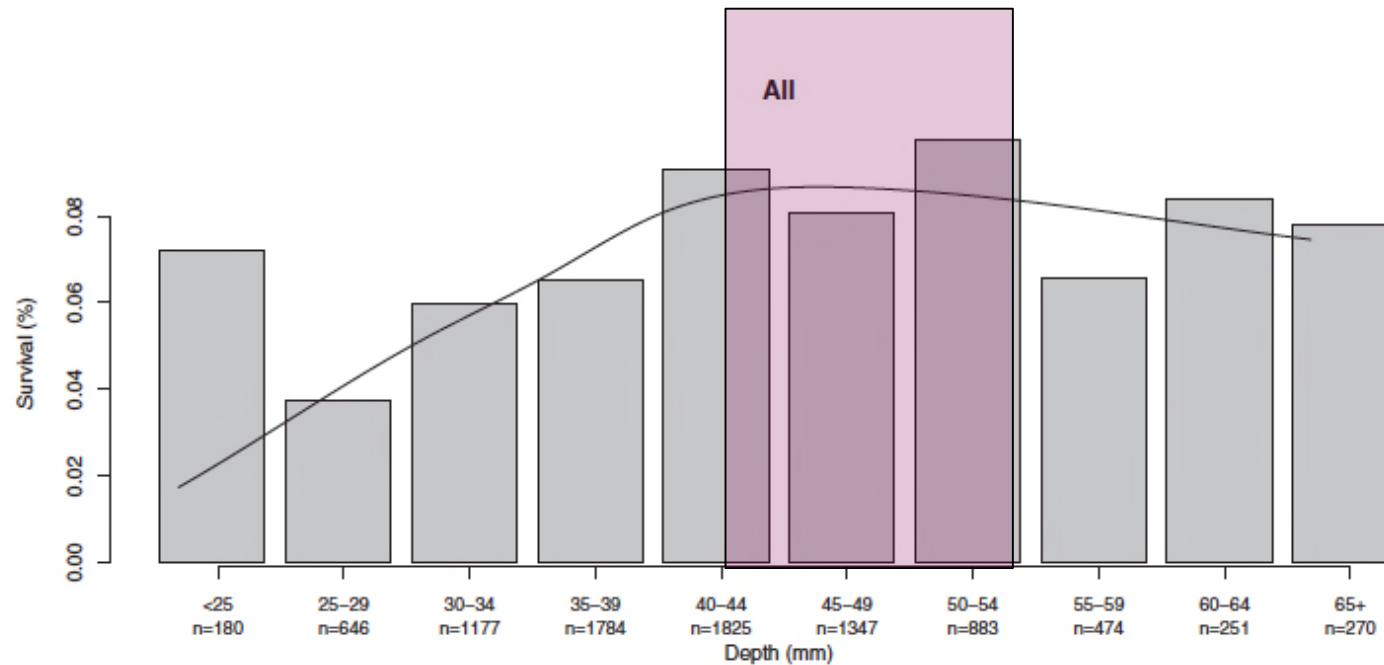
Kvalite i bröstkompressioner

Clinical effects of compression and pre-shock pauses

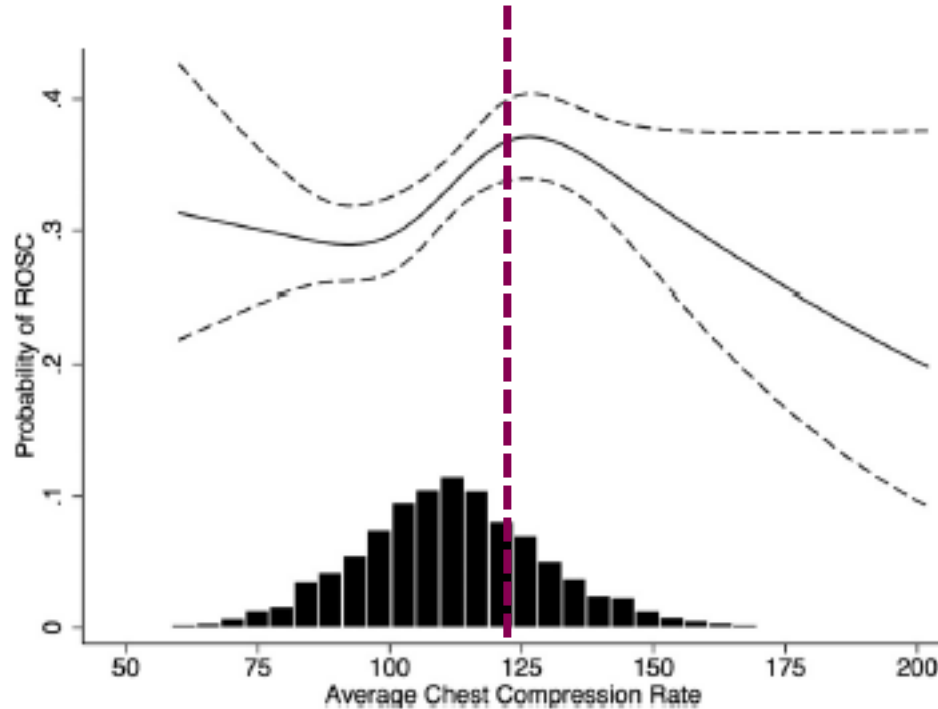
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Djup av bröstkompressioner



Bröstkompressionstakt och ROSC



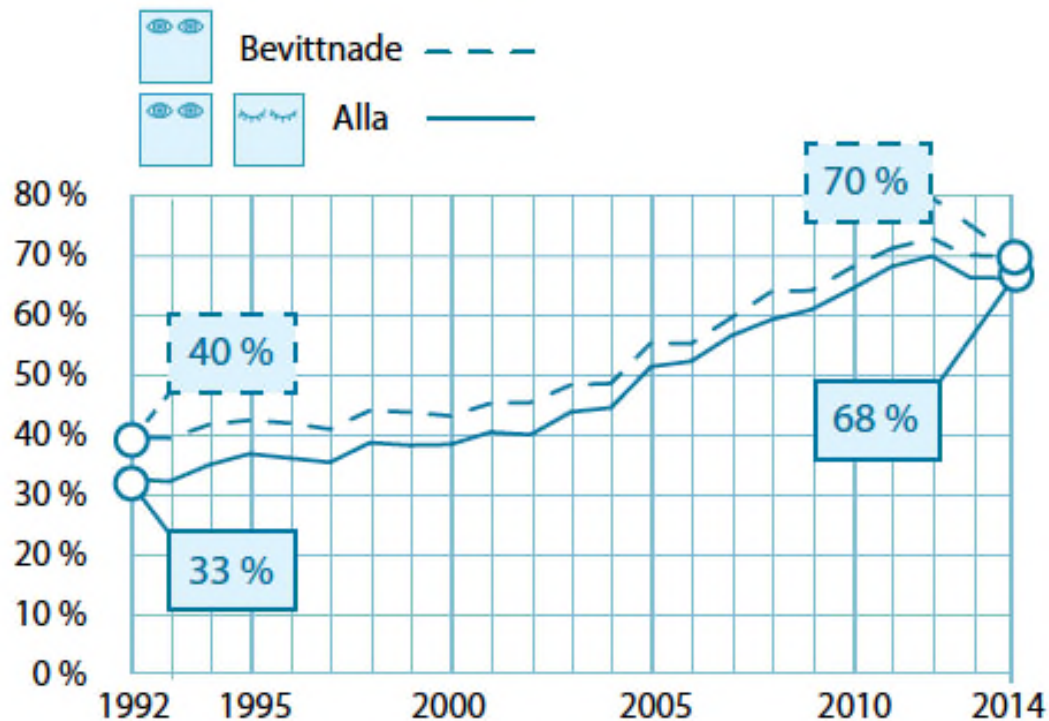
Inblåsningar?



HUR SKA VI FÅ FLER ATT GÖRA HLR?



Andel bystander HLR



Hur öka HLR?



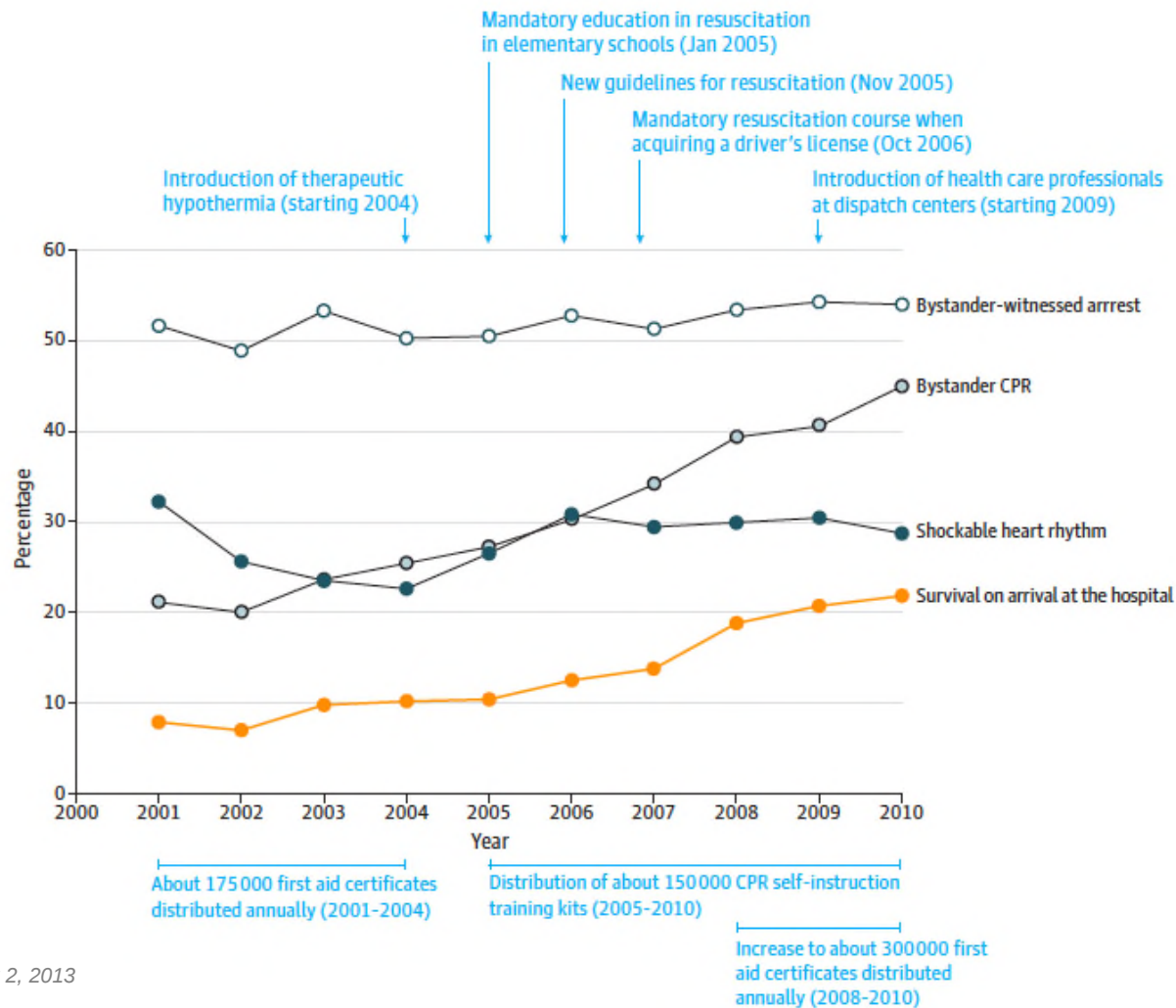
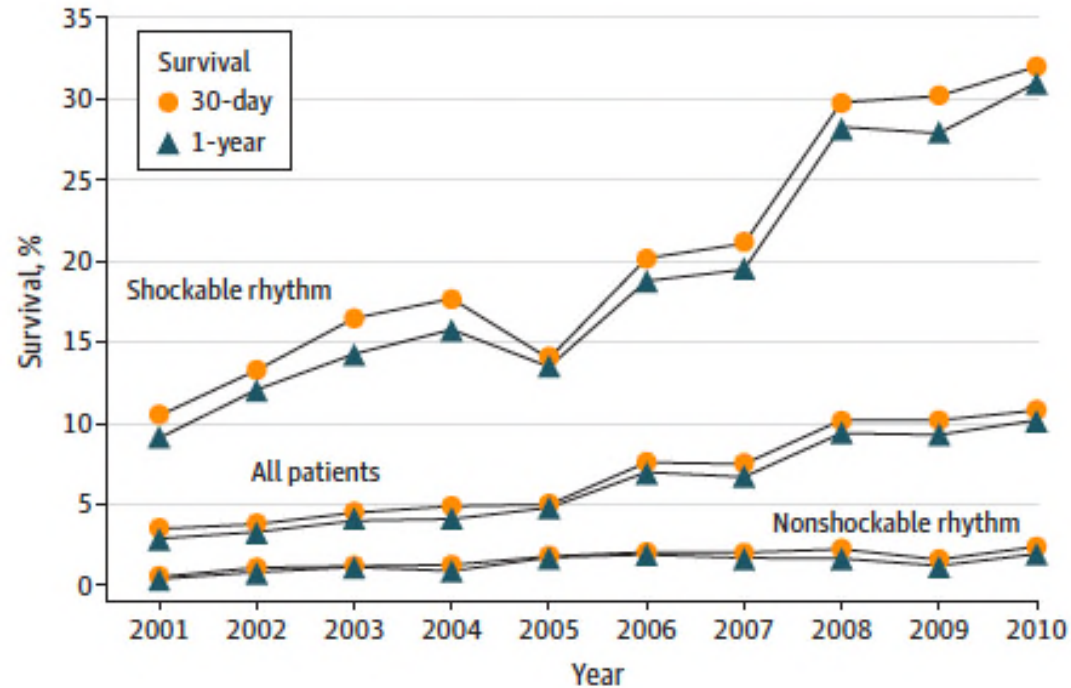


Figure 3. Survival Following Out-of-Hospital Cardiac Arrest, 2001-2010





TELIA 3G13:4510%

Larm

Misstänkt hjärtstopp
Hämta hjärtstartare och ta dig til
hjärtstoppet3671
m

Hjärtstartare
Chalmers Tekniska Högskola /
Tillämpad Mekanik
Hörsalsvägen 7, 2. våning1906
m

Hjärtstopp
Smidesvägen 12, 3. våning, Till höger i
korridoren.

© UMS

SMSlivräddare

Table 2. Primary and Secondary Outcomes.*

Outcome	Intervention	Control	Difference (95% CI)	P Value
	<i>no. of patients/total no. (%)</i>		<i>percentage points</i>	
Primary outcome: bystander-initiated CPR	188/305 (61.6)	172/360 (47.8)	13.9 (6.2 to 21.2)	<0.001
Secondary outcome				
30-day survival	32/286 (11.2)	28/326 (8.6)	2.6 (−2.1 to 7.8)	0.28
Return of spontaneous circulation	90/306 (29.4)	105/361 (29.1)	0.3 (−6.5 to 7.3)	0.93
Shockable rhythm: ventricular fibrillation or ventricular tachycardia	58/301 (19.3)	60/347 (17.3)	2.0 (−4.0 to 8.0)	0.52
Bystander-initiated CPR including CPR performed with telephone instructions	196/305 (64.3)	197/360 (54.7)	9.5 (2.0 to 16.9)	0.01

* CI denotes confidence interval.



**Karolinska
Institutet**

mattias.ringh@ki.se

