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AIDE AU TÉMOIN ; DE L'ARM AU MÉDECIN RÉGULATEUR ; QUI FAIT QUOI ?

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Liberté • Égalité • Fraternité
RÉPUBLIQUE FRANÇAISE

MINISTÈRE
DES SOLIDARITÉS
ET DE LA SANTÉ

Association pour le Recensement et la Localisation des Défibrillateurs
ARLoD

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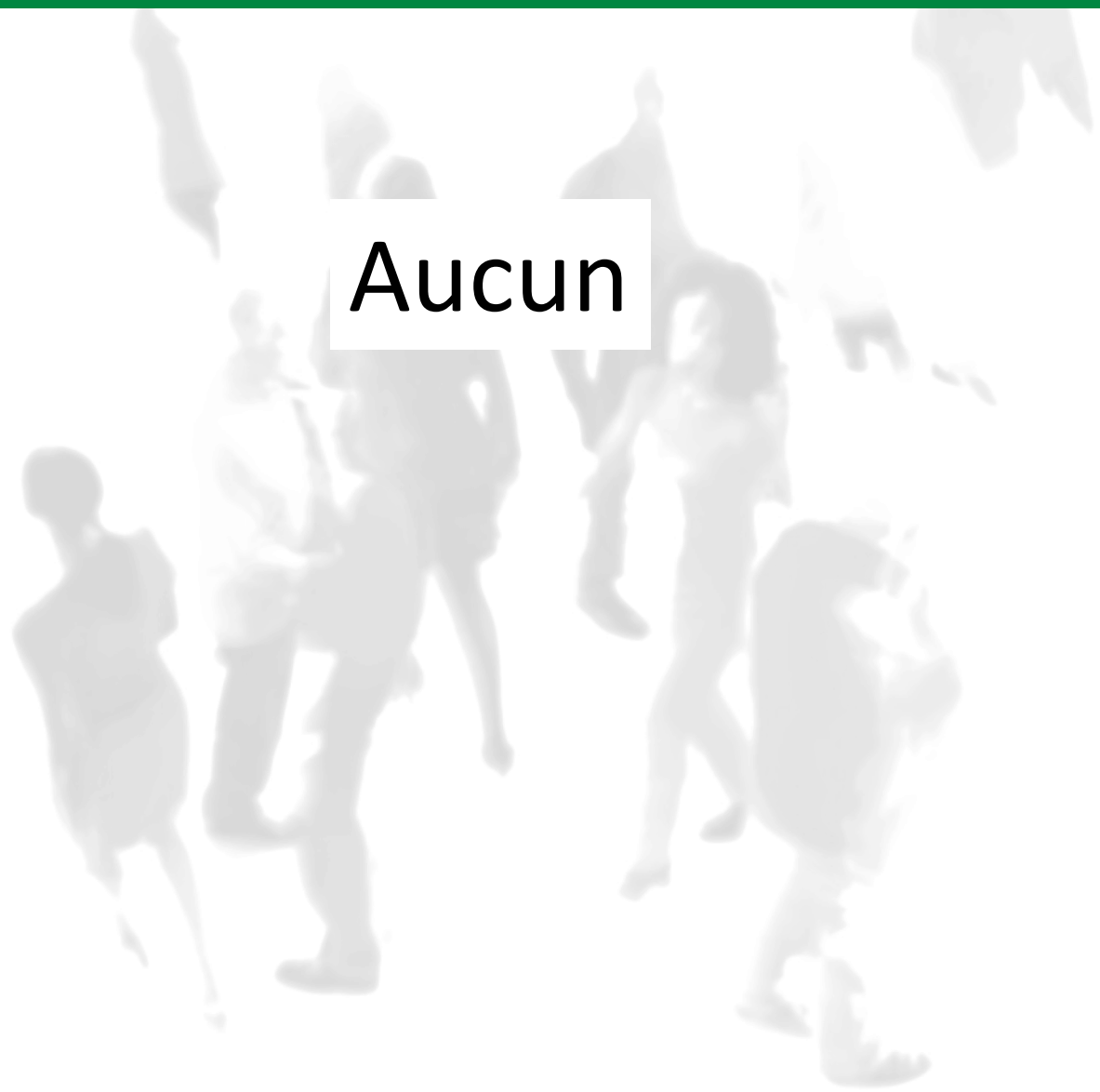
Déclaration de conflits d'intérêt



Aucun

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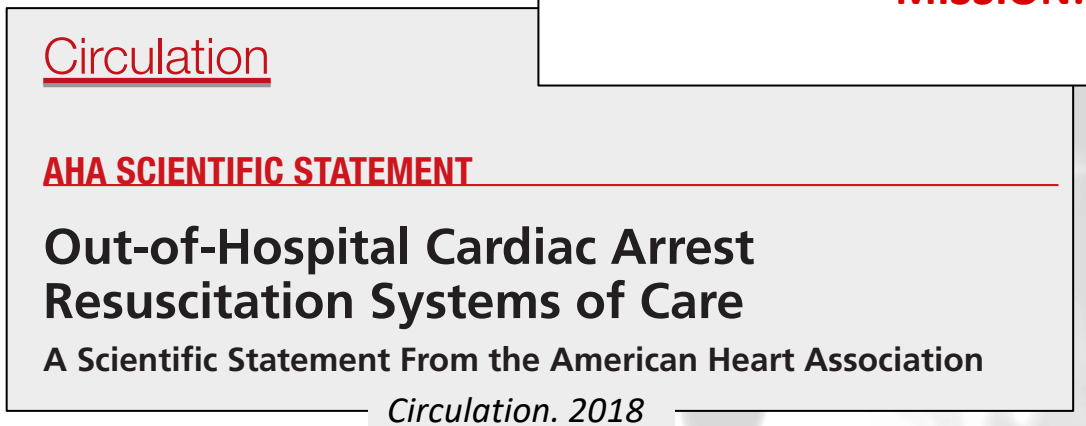
Implementation d'une chaine de soins « Cardiac resuscitation system of care »

MISSION: LIFELINE RESUSCITATION PROGRAM



Increase training of laypeople

How to perform bystander CPR

Provide dispatcher/telecommunicator instructions for CPR

Improve layperson and first responder use of AEDs.

= components of the implementation of a cardiac resuscitation system of care

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Open Access Research

BMJ Open

Effect of national implementation of utstein recommendation from the global resuscitation alliance on ten steps to improve outcomes from Out-of-Hospital cardiac arrest: a ten-year observational study in Korea

Young Taek Kim,[1] Sang Do Shin,[2] Sung Ok Hong,[1] Ki Ok Ahn,[3] Young Sun Ro,[4] Kyoung Jun Song,[2] Ki Jeong Hong[5]

BMJ Open 2017

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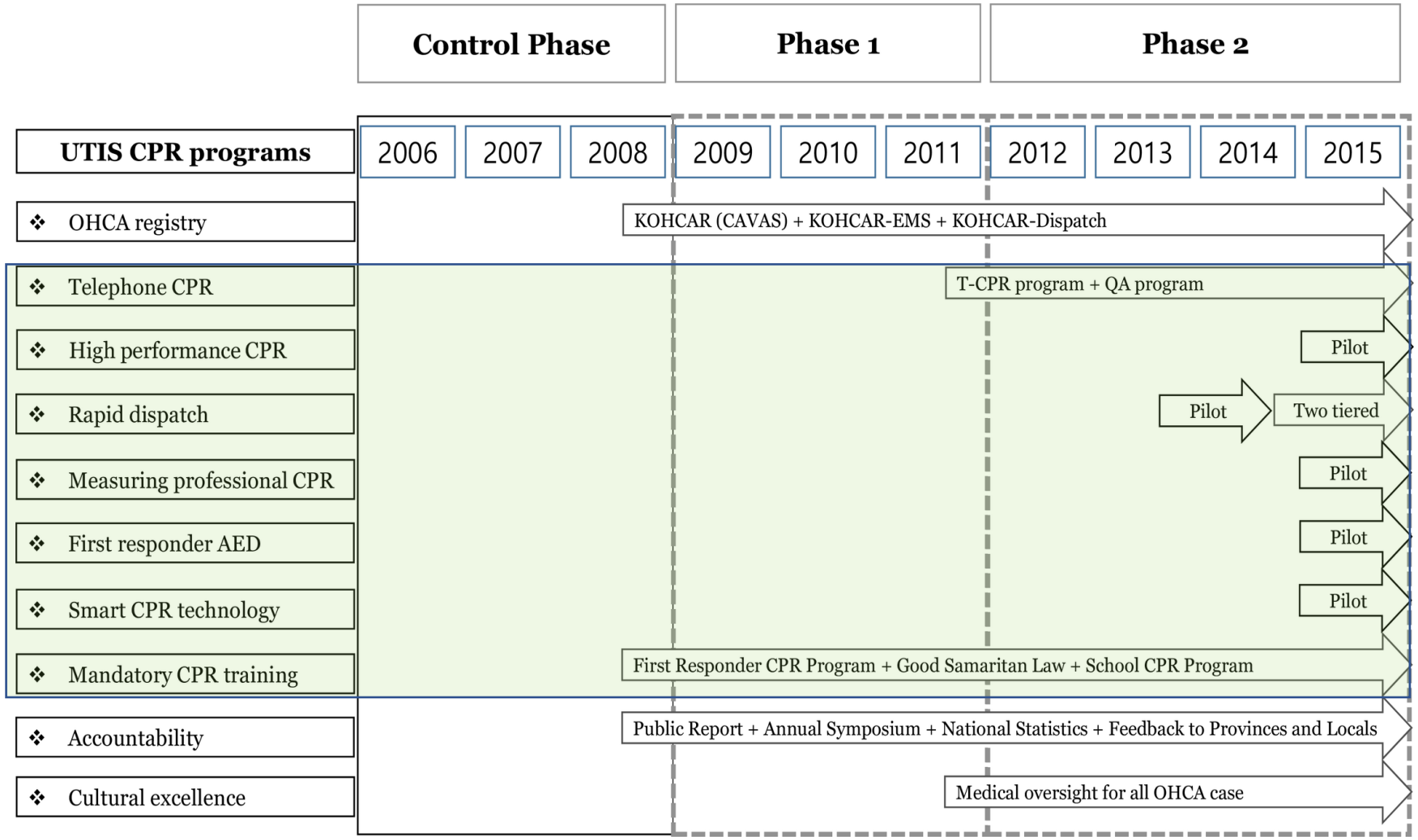

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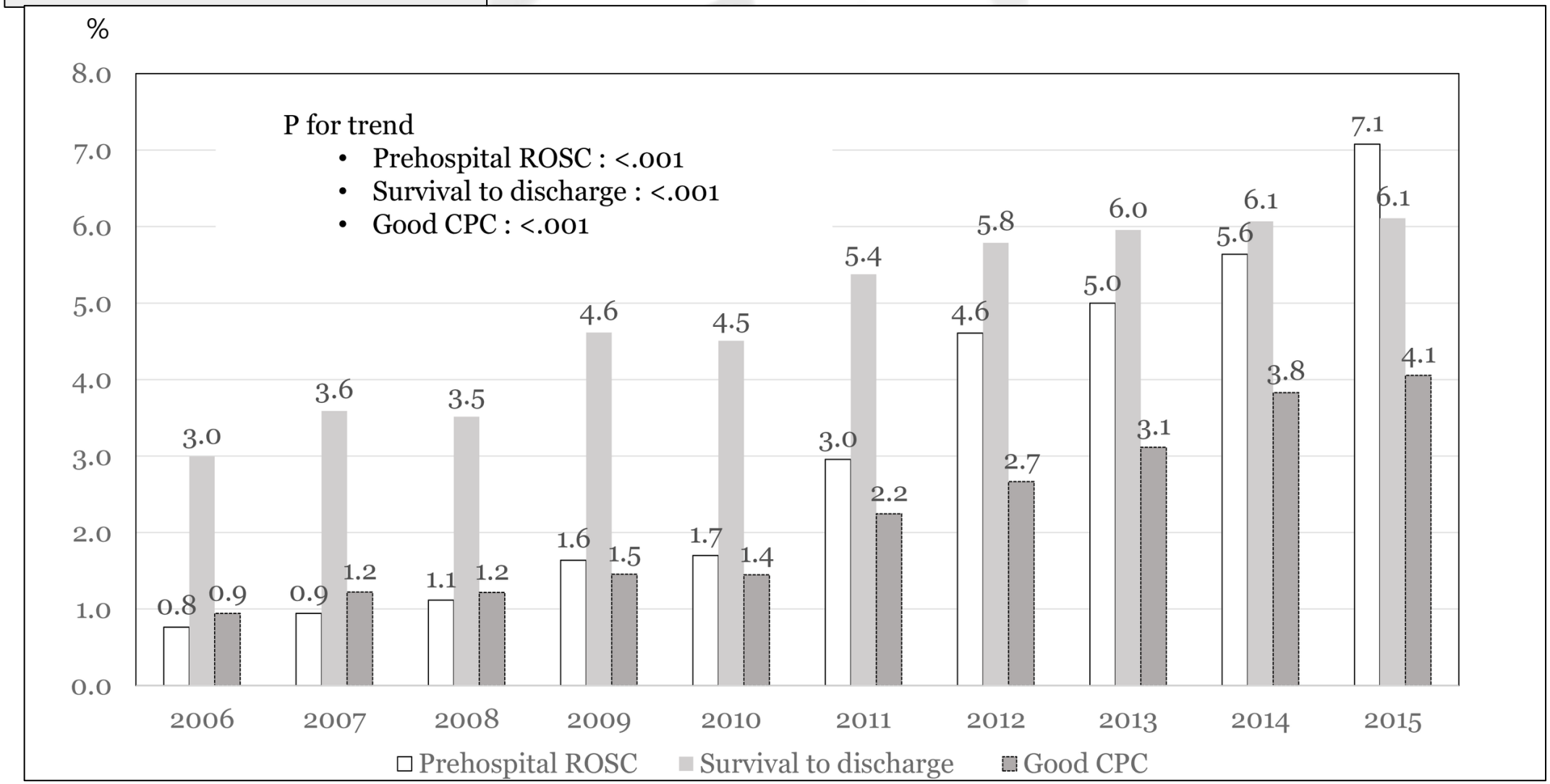
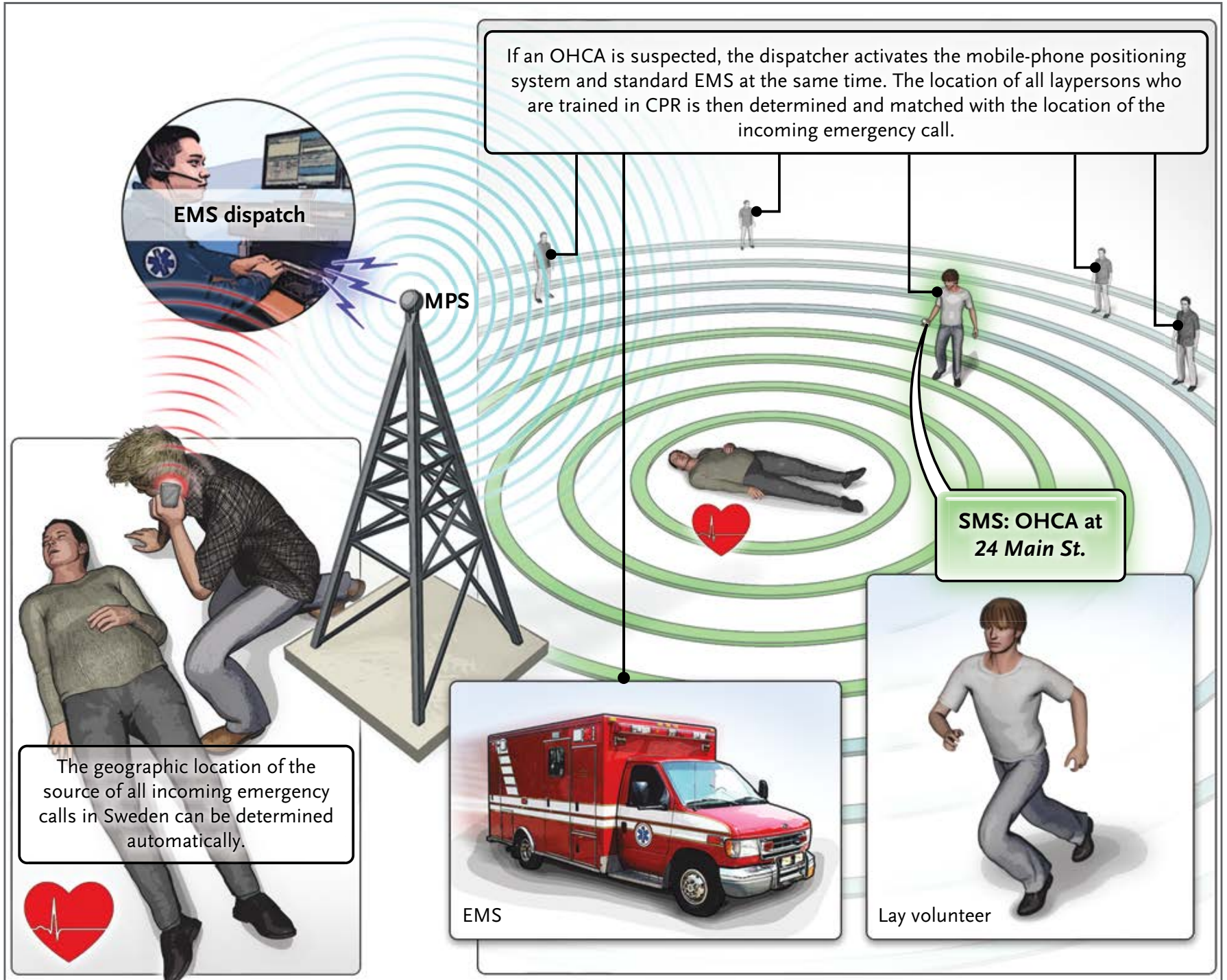


SÉMINAIRE ARLoD

ORIGINAL ARTICLE

Mobile-Phone Dispatch of Laypersons for CPR in Out-of-Hospital Cardiac Arrest

Mattias Ringh, M.D., Mårten Rosenqvist, M.D., Ph.D., Jacob Hollenberg, M.D., Ph.D., Martin Jonsson, B.Sc., David Fredman, R.N., Per Nordberg, M.D., Hans Järnbert-Pettersson, Ph.D., Ingela Hasselqvist-Ax, R.N., Gabriel Riva, M.D., and Leif Svensson, M.D., Ph.D.



Emergency Medical Service Dispatch Cardiopulmonary Resuscitation Prearrival Instructions to Improve Survival From Out-of-Hospital Cardiac Arrest

A Scientific Statement From the American Heart Association

Lerner Circulation 2012

- RCP par témoins : 2004 vs 2010 (RCP guidée par téléphone). (Japon 4995 AC extra-hospitaliers)
  - 24% vs 42 % *
  - Refus : 44% vs 26 % *
- Impact sur la survie à J30

  0R = 1.81 (95% CI= 1.20–2.76)

Tanaka Y Resuscitation 2012

MCE exclusif
« Pousser au milieu du thorax fort et vite »

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Resuscitation 122 (2018) 135–140

Contents lists available at ScienceDirect

Resuscitation

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

Clinical paper

Telephone cardiopulmonary resuscitation is independently associated with improved survival and improved functional outcome after out-of-hospital cardiac arrest☆

Zhixin Wu[a], Micah Panczyk[b,*], Daniel W. Spaite[c], Chengcheng Hu[d], Hidetada Fukushima[e], Blake Langlais[b], John Sutter[f], Bentley J. Bobrow[b,c]

Variable[b]	Levels	aOR	95% CI
CPR Status	No CPR	--	--
	Bystander-Initiated CPR	1.58	(1.05, 2.39)
	Dispatcher-Initiated Telephone CPR	1.56	(1.06, 2.31)

L'ARM doit systématiquement faire initier le processus de massage par le témoin
Médecin régulateur impliqué ou pas ?

From the Department of Medicine, Center for Resuscitation Science, Karolinska Institutet, Solna (M. Ringh, J.H., M.J., D.F., P.N., I.H.-A., G.R., L.S.), the Department of Clinical Sciences, Danderyd University Hospital, Karolinska Institutet, Danderyd (M. Rosenqvist), and the Department of Clinical Science and Education, Karolinska Institutet, Södersjukhuset (H.J.-P.) — all in Stockholm. Address reprint requests to Dr. Svensson at the Center for Resuscitation Science, Södersjukhuset Sjukhusbacken 10, 118 83, Stockholm, Sweden, or at leif.svensson@ki.se.

N Engl J Med 2015;372:2316-25.
DOI: 10.1056/NEJMoa1406038

ORIGINAL ARTICLE

Mobile-Phone Dispatch of Laypersons for CPR in Out-of-Hospital Cardiac Arrest

Mattias Ringh, M.D., Mårten Rosenqvist, M.D., Ph.D., Jacob Hollenberg, M.D., Ph.D., Martin Jonsson, B.Sc., David Fredman, R.N., Per Nordberg, M.D., Hans Järnbert-Pettersson, Ph.D., Ingela Hasselqvist-Ax, R.N., Gabriel Riva, M.D., and Leif Svensson, M.D., Ph.D.

Lay volunteers who were trained in CPR were re- cruited through advertising campaigns and at CPR training courses. We called these volunteers "short-message-service lifesavers.

Table 2. Primary and Secondary Outcomes.*

Outcome	Intervention	Control	Difference (95% CI)	P Value
	no. of patients/total no. (%)		*percentage points*	
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

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Dans cette étude il n'y avait pas de RCP guidée par téléphone pour les témoins qui appelaient

Cardiac arrest witnessed by bystanders — no. of cardiac arrests/total no. (%)		
Yes	165/290 (56.9)	186/323 (57.6)
No	125/290 (43.1)	137/323 (42.4)
CPR performed with telephone instructions — no. of patients/total no. (%)	10/249 (4.0)	23/278 (8.3)
Interval between call to and first arrival of EMS personnel — min		
Median	8.3	8.2
Interquartile range	5.4–12.8	5.5–11.9
Bystander-initiated CPR — no. of patients (%)		
Not including CPR performed with telephone instructions	188 (61.6)	172 (47.8)
Including CPR performed with telephone instructions†	196 (64.3)	197 (54.7)

Variable	Intervention (N = 306)†	Control (N = 361)†	All Suspected Out-of-Hospital Cardiac Arrests (N = 861)
Cases of out-of-hospital cardiac arrest in which volunteers were located within 500 m — no. (%)			
No volunteers	57 (19)	83 (23)	124 (14)
1–3 volunteers	86 (28)	135 (37)	236 (27)
4–9 volunteers	86 (28)	89 (25)	289 (34)
>10 volunteers	77 (25)	54 (15)	212 (25)
Volunteer action — proportion of cases (%)			
1 or more volunteers responded to SMS or voice alarms	199 (65)	NA	595 (69)
Volunteers reached scene	180 (59)	NA	520 (60)
Volunteers arrived at scene before EMS personnel and first responders	70 (23)	NA	202 (23)
Volunteers started CPR	40 (13)	NA	NA

ARTICLE IN PRESS

Resuscitation xxx (xxxx) xxx–xxx

Contents lists available at ScienceDirect

Resuscitation

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

Clinical paper

A smartphone application for dispatch of lay responders to out-of-hospital cardiac arrests

Ellinor Berglund[a], Andreas Claesson[a], Per Nordberg[a], Therese Djärv[a], Peter Lundgren[b,c], Fredrik Folke[d], Sune Forsberg[e,f], Gabriel Riva[a], Mattias Ringh[a,*]

Lay responders were recruited through e-mails, advertisements in social media, in newspapers and via CPR-training companies. During the runin period of February to August 2016 the number of lay responders increased from 17,206 to 23,097.

Lay responders arrived at the scene in 116 cases (58%), and prior to EMSs in 51 cases (26%)

An AED was attached in 17 cases (9%) and 4 (2%) were defibrillated

Lay responders performed CPR in 54 cases (27%)

Median distance to the OHCA was 560 m (IQR 332–860 m), and 1280 m (IQR 748–1776 m) via AED pick-up

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BJA

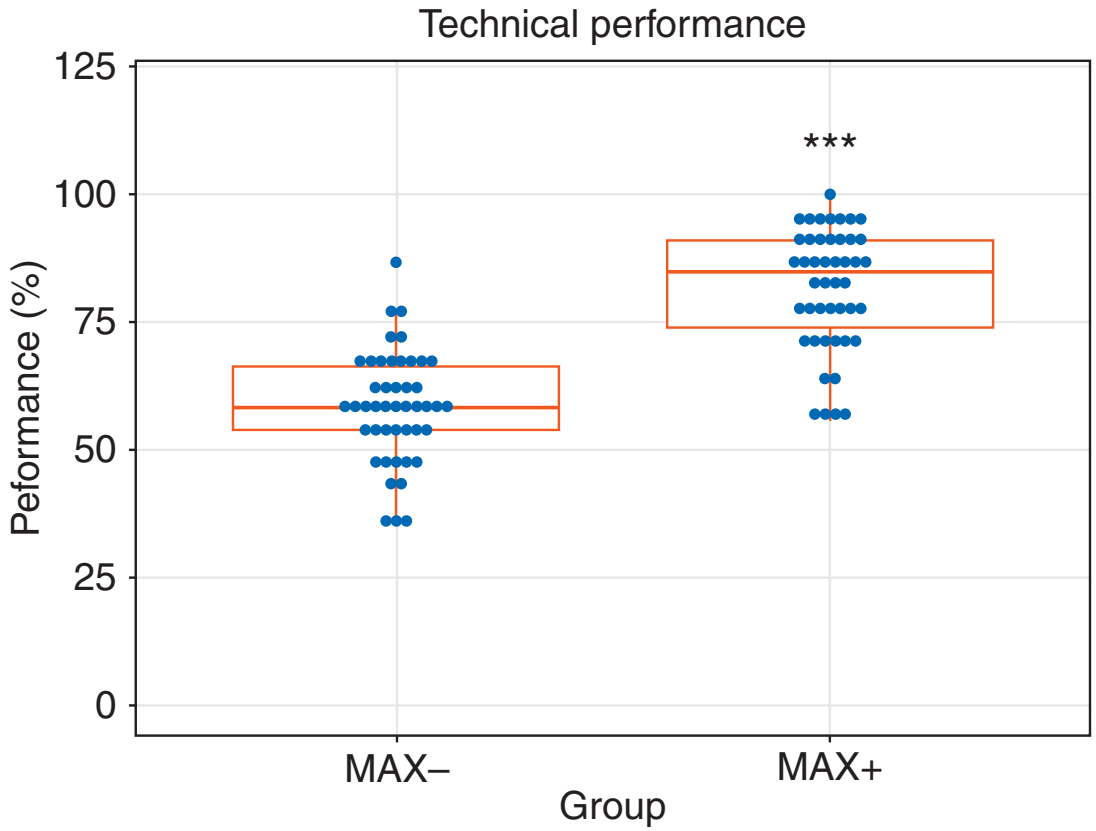
British Journal of Anaesthesia, 119 (5): 1015–21 (2017)

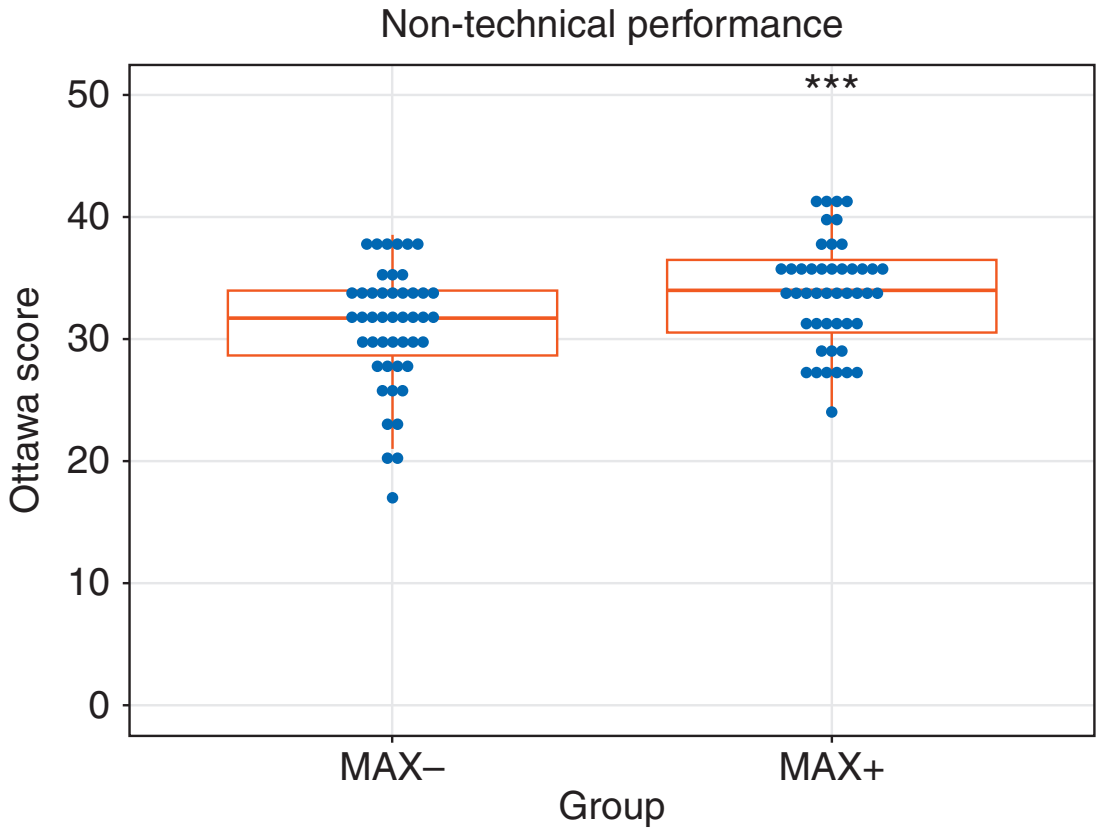
doi: 10.1093/bja/aex256
Advance Access Publication Date: 27 September 2017
Quality and Patient Safety

Use of a hand-held digital cognitive aid in simulated crises: the MAX randomized controlled trial

R. Lelaidier[1,2,*], B. Balança[1,3,4], S. Boet[5,6], A. Faure[1,2], M. Lilot[1,7,8], F. Lecomte[8], J.-J. Lehot[1,4,8], T. Rimmelé[1,2,10] and J.-C. Cejka[1,2]

Le smartphone peut aider le témoin à mieux faire





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Questions

Prise de conscience et entrainement
Amélioration de l'alerte et de la détection
MCE assisté par centre de réception des appels
Appli smartphone à mieux définir

Multifaceted intervention for increasing performance of cardiopulmonary resuscitation by laypersons in out-of-hospital cardiac arrest. A stepped wedge cluster randomized controlled trial

DISPATCH.

Pr G Debaty, Grenoble