

Chest compression only is as effective as standard treatment in out-of-hospital bystander cardiopulmonary resuscitation!

Abstract 003

Resuscitation - StandUp

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Aim: To describe the survival to 1 month among patients with out-of-hospital cardiac arrest (OHCA) who received bystander cardiopulmonary resuscitation (CPR) in relation to whether they received: Standard CPR with chest compression plus mouth to mouth ventilation or chest compression only.

Methods: All patients with OHCA who, received bystander CPR and who were reported to the Swedish Cardiac Arrest Register between 1990 and 2005 were included in this survey. Crew witnessed cases were excluded.

Results: Among 11 275 patients 73% (n=8 209) received standard CPR and 10% (n=1 145) received chest compression only. For different reasons 17% (n=1 921) received mouth to mouth ventilation only.

After performing a stepwise logistic regression analysis there was no significant difference in 1 month survival between patients who received standard CPR (1 month survival 7.2%) compared to those who received chest compression only (1 month survival 6.7%).

However, there was a marked difference in survival among those who received mouth to mouth ventilation only, in whom survival was significantly lower (4.5% p<0.0001 vs standard CPR).

Conclusion: Among patients with OHCA who received bystander CPR, there was no difference in 1 month survival between a standard CPR program with chest compression plus mouth to mouth ventilation versus a more simplified version of CPR including chest compression only.