

RESUSCITATION SESSION 1: Hot and cold topics (controversies) in International Resuscitation

This session was a highly informative and illuminating series of talks by 5 recognised experts in their fields.

WHAT HAVE WE LEARNED FROM INTERNATIONAL REGISTRIES

Prof Shimizu spoke on articles relating to specified domestic & international registries of paediatric cardiopulmonary arrest,. There were 87 articles, divided into two groups such as out-of-hospital and trauma registry group (OHCA, n=38), and in-hospital and extracorporeal life support registry group (IHCA, n=48). In OHCA, there were almost no international registries, however, in the IHCA group, there were 36 international registries. There were different inclusion criteria, age stratification, outcomes, drug usage, medical systems including EMS, cultures, types of registry, and language. There needs to be a CORE registry and merging process is demanded. This effort would create real international registry and it would contribute to improve unfortunate kid's cardiac arrest within the whole world.

EPINEPHRINE OR NOT

Prof Reis spoke on this topic about the place in the management of cardiac arrest. She included the ground breaking paper on the comparison of high dose versus standard epinephrine (Perondi et al, NEJM 2004,) that showed an increased mortality with the higher dose, that the sooner it was used in asystole/PEA arrest the greater the likelihood of ROSC.

TO COOL OR NOT TO COOL

Dr Topjian spoke on the use of temperature targeted management in children, showing that it had a place in the management of birth asphyxiated neonates, had equipoise in the situation of OHCA (the THAPCA IHCA being still awaited) and that the avoidance of high temperatures above the normal range was an important element in improving outcomes.

HANDS ONLY FOR CPR? YAY OR NAY?

Prof Mary-Fran Hanzinski told us that there were 3 key factors involved in the outcome of CPR – These were all important in the context of

- Patient factors: likely etiology of arrest, published survival
- Rescuer factors: what training has rescuer completed? How simple can/must we make the recommendations
- System factors: May limit survival such as access to more advanced services and the structure of delivery of care in the chain of survival

PUSH HARD AND FAST ...HOW LONG CAN WE GO? HOW LONG SHOULD WE GO? Prof Rodriguez-Nunez succinct precise of his talk is as follows:

1. Quality of CPR is essential but not enough to assure the outcome.
2. CPR duration must be adapted to the clinical setting, patient's condition and ongoing monitoring.
2. Anticipated plans may be useful for children, families and teams.
3. Some dynamic uncertainty will persist until the end