



## AUSTRALIAN RESUSCITATION COUNCIL

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### FREQUENTLY ASKED QUESTIONS (FAQ) FOLLOWING THE RELEASE OF THE "NEW" ARC GUIDELINES

#### **FAQ 1**

The guidelines now recommend that full CPR be given to all those requiring resuscitation. What about victims who may not be breathing but have a pulse? Will I do harm if chest compressions are given when the heart is still beating?

To determine the need for only rescue breathing you would need to be able to check for a pulse. There is reasonable evidence that rescuers are no more likely to be able to correctly determine if a pulse is present than simply tossing a coin. Accordingly Resuscitation councils all around the world removed the pulse check in 2000. Epidemiological data would suggest that the vast majority of victims requiring resuscitation will be in cardiac arrest – thus requiring full CPR. Furthermore only about half of the victims requiring CPR get any resuscitation before and ambulance arrives. Thus it was considered of greater benefit overall that anyone who has no signs of life be given CPR rather than not receiving any compressions because the rescuer thought the victim had a pulse. This is very much the case as there is no reliable way of for the rescuer to detect a pulse. **COMPRESSIONS ARE VITAL.**

Will I do harm if I give compressions to someone with a beating heart? There is very little data in this area however you are highly unlikely to do harm. One study has shown that patients who were defibrillated and had immediate CPR for 2 minutes after the shock, regardless of whether a pulse was present or not, were no more likely to have complications. In addition, it is recommended in paediatric resuscitation and common practice in critical care settings for CPR to be given to patients who have a slow heart rate. NO adverse effects have been reported. Based on the available evidence it appear that the fear of doing harm by giving chest compressions to some who has no signs of life, but may have a beating heart, is unfounded.

## **FAQ 2**

Guideline 5 says we should check for signs of life after giving 2 initial rescue breaths, but this does not appear on the basic life support flow chart. Which is correct?

They are both correct. The flow chart outlines the general steps (DRABCD) of providing CPR with the specific details in the guideline. After giving 2 initial rescue breaths one should move to commence compressions but quickly review the patients condition to determine if any signs of life have returned (eg coughing, movement, normal breathing). The important thing here is not to delay commencing compressions while you look for signs of life.

## **FAQ 3**

If unconscious and unresponsive are the same then why not just use “Unconscious, no movement, not breathing normally”?

The term “unconscious” means different things to different people and given that the rescuer is checking for response it was felt that the addition of the term “unresponsive” helps clarify the intent and need for CPR.

## **FAQ 4**

How many hands should be placed on the chest when given chest compressions to a child? One or two?

Guideline 6 recommends that two fingers should be used to give chest compressions to an infant (less than 1 year of age) In children where the size of the child and that of the rescuer can vary greatly it impossible to make a clear recommendation. Guideline 6 recommends two hands for simplicity of BLS training in that one hand may not always be sufficient whereas two hands will always be. The important focus here is to ensure that the depth of chest compressions is adequate (ie about 1/3 of the chest depth). For some people that will require two hands for others one hand will be sufficient. Furthermore, when using two hands the full weight of the rescuer may not need to be applied to achieve adequate depth of compressions. Training should focus on achieving adequate compression depth rather than when to use one or two hands for chest compressions in children. Providing adequate depth of chest compression is achieved the use of one hand is acceptable.