

News Release - Nov. 3 , 2003

Easier-to-Learn CPR Method Could Double Survival Rates

The **University of Arizona Sarver Heart Center** today announced two major initiatives that could double the number of people who survive out-of-hospital cardiac arrest in Tucson.

At the center of both initiatives is a breakthrough method of cardiopulmonary resuscitation that emphasizes chest compressions and eliminates the need for mouth-to-mouth breathing. Called "continuous chest compression CPR," the method is easier to learn, remember and perform than standard CPR, which has existed for more than 40 years.

Stopping chest compressions to give mouth-to-mouth breaths may be more harmful than helpful, the Sarver Heart Center's CPR Research Group has found.

In standard CPR, 15 chest compressions are delivered and then two mouth-to-mouth breaths are given. While the compressions are performed, oxygenated blood is moved through the body and delivered to the organs. When the compressions are stopped, no blood is moved and the organs essentially are starved. Compounding the problem is the fact that people take much longer to give the breaths than previously believed.

Moreover, research conducted at the Sarver Heart Center and elsewhere has shown that overwhelming numbers of people will not perform CPR because they are reluctant to do mouth-to-mouth breathing.

These findings have convinced the Sarver Heart Center of the need to immediately apply new techniques that have been proven to save more lives.

By teaming up with the **Tucson Fire Department**, a nationally recognized pioneer in emergency pre-hospital patient care, the Sarver Heart Center believes Tucson can achieve one of the highest survival rates in the nation for out-of-hospital cardiac arrest.

The first initiative, called the **Sarver Heart Center/Tucson Fire Department CPR Initiative**, is expected to have a significant effect on the city's cardiac survival rates.

Under the guidance of the Sarver Heart Center, TFD has made important modifications to the procedures that its firefighters and paramedics follow when responding to sudden

cardiac arrest calls. The primary change is an increase in the number of chest compressions administered to victims and a decrease in the amount of time spent on steps that interrupt chest compressions.

The second initiative is the **Be a Lifesaver** public education campaign, a citywide effort to educate the citizens of Tucson about CCC-CPR. The Sarver Heart Center will urge Tucsonans to learn and use the simple, three-step CCC-CPR:

1. Direct someone to call 911 or make the call yourself.
2. Position the victim on the floor on his or her back. Place one hand on top of the other and place the heel of the bottom hand on the center of the victim's chest. Lock your elbows and begin forceful chest compressions at a rate of 100 per minute.
3. If an automated external defibrillator is available, attach it to the victim and follow the machine's instructions. If no AED is available, perform continuous chest compressions until paramedics arrive. Take turns if you have a partner.

With CCC-CPR, there not only is a better chance of bystander participation, but a much greater chance that the victim will survive.

The method will be taught during two public demonstrations at University Medical Center, on Nov. 29 and Dec. 20.

Doctors and researchers at the UA Sarver Heart Center have been active in CPR research for more than 30 years and have earned an international reputation for their findings and recommendations, many of which were incorporated in the American Heart Association's 2000 CPR Guidelines.

Gordon A. Ewy, MD, director of the Sarver Heart Center and chief of cardiology at the UA College of Medicine, is one of a handful of people in the world to have been named a "CPR Giant" by the American Heart Association. The honor recognizes his significant contributions in the field.

<http://www.heart.arizona.edu/news-info/releases/new-CPR.htm>

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