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إرشادات الإنعاش لجمعية القلب الأمريكية 2015

ISBN13 : 978-1-61669-418-0 | Product Code : 15-3104 Subscribe This is the eBook version of the 2015 AHA Guidelines Update for CPR and ECC — the AHA's cornerstone scientific text. Updated guidelines reflect new global resuscitation science and treatment recommendations derived from the 2015 International Consensus on CPR and Emergency Cardiovascular Care with Treatment Recommendations (CoSTR). Ask the publishers to restore access to 500,000+ books. [illegible] English ACLS International Eng... BLS English First Aid CPR AED; Int... Handbook English - 202... HS FA CPR AED; Interna... HS FA CPR AED; (العرب... PALS International Eng... PALS English PALS International Eng... PEARS International En... PEARS IVE PALS International Eng... ACLS English ACLS IVE BLS English First Aid CPR & AED - ... Pediatric Advanced Lif... PEARS PEARS IVE ACLS Videos BLS Videos Heartsaver Videos PALS Videos International English ... English عربي; Arabic The International English (IVE) version of the Pediatric Emergency, Assessment, Recognition, and Stabilization (PEARS®) Instructor Manual is adapted for training outside the United States a Canada. تم تجديد مواد تدريب IVE وكذا لتتضمن وحدات القياس المترية ومعايير أخرى لا تنطبق على طلاب الولايات المتحدة. The IVE PEARS Instructor Manual includes essential information and Lesson Plans that AHA PALS & PEARS Instructors need to teach the PEARS courses, including full classroom and blended learning versions. Upon successful completion of this course, students will be able to: · Perform BL Emergency Cardiovascular Care (ECC) · Evaluate a seriously ill or injured child by using the pediatric systematic approach · Apply effective team dynamics · Demonstrate initial stabilization of a seriously ill or injured child, including a child with cardiac arrest, respiratory distress, or shock Please note, because this tool is electronic, there are no separate instructor resources available through the eBook store (e.g., rosters, guides.) All instructor resources are accessible electronically through CPRverify, www.cprverify.org. تعرف على المزيد Part 1: Executive Summary: 2015 Guidelines Update Writing Group Disclosures Part 1: Executive Summary: 2015 Guidelines Update Writing Group Disclosures, Continued This table represents the relationships of writing group members that may be perceived as actual or reasonably perceived conflicts of interes reported on the Disclosure Questionnaire, which all members of the writing group are required to complete and submit. A relationship is considered to be "significant" if (a) the person receives $10000 or more during any 12-month period, or 5% or more of the person's gross income; or (b) the person owns 5% or more of the voting stock or share of the entity, or owns $10000 or more of the fair market value of the entity. A relationship is considered to be "modest" if it is less than "significant" under the preceding definition. *Modest. +Sianificant. 2015 Guidelines Update: Master List of Recommendations 2015 Guidelines Update: Master List of Recommendations, Continued 2015 Guidelines Update: Master List of Recommendations, Continued 2015 Guidelines Update: Master List of Recommendations, Continued 2015 Guidelines Update: Master List of Recommendations, Continued 2015 Guidelines Update: Master List of Recommendations, Continued 2015 Guidelines Update: Master List of Recommendations, Continued 2015 Guidelines Update: Master List of Recommendations, Continued 2015 2015 2015 2015 ACS Diagnostic Interventions in ACS Diagnostic Interventions in ACS Diagnostic Interventions in ACS Diagnostic Interventions in ACS Diagnostic Interventions in ACS Diagnostic Interventions in ACS Diagnostic Interventions in ACS Diagnostic Interventions in ACS Because of high false-negative rates, we recommend that computer-assisted ECG interpretation not be used as a sole means to diagnose STEMI (Class III: Harm, LOE B-NR). 2015 Guidelines Update: Master List of Recommendations, Continued MPS can also be used for risk stratification, especially in low- to intermediate likelihood of cardiac not reviewed in 2015 events according to traditional cardiac markers (Class lla, LOE B). 2015 Guidelines Update: Master List of Recommendations, Continued 2015 Guidelines Update: Master List of Recommendations, Continued 2015 Guidelines Update: Master List of Recommendations, Continued Administration of sodium bicarbonate for cardiac arrest due to cyclic antidepressant overdose may be considered (Class IIb, LOE C). Part 11: Pediatric Basic Life Support and Cardiopulmonary Resuscitation Quality 2015 Guidelines Update: Master List of Recommendations, Continued 2015 Guidelines Update: Master List of Recommendations, Continued 2015 Guidelines Update: Master List of Recommendations, Continued The current measure for determining successful progress in neonatal resuscitation is to assess the heart rate response. Other devices, such as end-tidal CO, monitoring and pulse oximetry, may be useful techniques to determine when return of spontaneous circulation occurs. However, in asystolic/bradycardic neonates, we suggest against the routine use of any single feedback device such as ETCO, monitors or pulse oximeters for detection of return of spontaneous circulation as their usefulness for this purpose in neonates has not been well established (Class IIb, LOE C-LD). 2015 Guidelines Update: Master List of Recommendations, Continued 2015 Guidelines Update: Master List of Recommendations, Continued 2015 Guidelines Update: Master List of Recommendations, Continued If a person is unresponsive and breathing normally, it may be reasonable to place him or her in a lateral side-lying recovery position (Class Ilb, LOE C-LD). 2015 Guidelines Update: Master List of Recommendations, Continued 2015 Guidelines Update: Master List of Recommendations, Continued of standardized evidence profiles and sets forth a framework that enables the reviewer to synthesize the evidence and make a treatment recommendation.* Table 1. Applying Class of Recommendations and Level of Evidence to Clinical Strategies, Interventions, Treatments, or Diagnostic Testing in Patient Care* GRADE uniquely unlocks the often rigid linkage between one's confidence in the estimate of effect from the strength of a recommendation. Although the two are related, different factors (eg, costs, values, preferences) influence the strength of the recommendation independent of one's confidence in the estimate of effect. GRADE mandates explicit reasons for judgments in a transparent structure. The GRADE Guideline Development Tool* requires consideration of all of these fac- tors and documentation for each decision. To qualify rec- ommendations, an evidence-to-recommendation framework collaborated to develop an online systematic review website. The Systematic Evidence Evaluation and Review System (SEERS) website was designed to support the management of workflow steps required to complete the ILCOR systematic reviews (in 2010, these were called worksheets) and capture the evidence extraction and evaluation data in reusable formats (Figure 2). The SEERS website facilitated the structured and consistent evidence review process, which enabled the task force members to finalize the CoSTR for each PICO ques- tion. Successful completion of the systematic review process Considerations: Are there important subgroups that might be treated differently? Are there important concerns for implementation? evidence reviewers. Specialty organizations were also solic- ited to suggest potential evidence reviewers. The qualifica- tions of each reviewer were assessed by the task force, and potential COIs were disclosed and evaluated by the task force co-chairs and COI co-chairs. Evidence reviewers could not have any significant COI issues pertaining to their assigned topics. If a COI was identified, the topic was assigned to a dif- ferent reviewer who was free from conflict. format, 4 recommendations are possible: (1) strong recom- mendation in favor of a treatment or diagnostic test, (2) strong recommendation against a treatment or diagnostic test, (3) weak recommendation in favor of a treatment or diagnos- tic test, or (4) weak recommendation against a treatment or diagnostic test. A strong recommendation is indicated by the words "we recommend" and a weak recommendation is indi- cated by the words "we suggest." Distribution of Recommendations by Class in 2010 and 2015 Table 3. Contents of 2010 Guidelines Compared With 2015 Guidelines Update Distribution of Levels of Evidence in 2010 and 2015 Recommendations the GRADE evidence profile (Table 4) and assigned an LOE by using the AHA definitions for LOEs (Table 1). Evidence characterized as "high" by the GRADE process generally is consistent with an AHA LOE A. Evidence characterized as moderate in the GRADE process generally corresponds to an AHA LOE B-R for randomized or LOE B-NR for nonran- domized, and evidence characterized by the GRADE process as low or very low generally meets the definitions of AHA LOE C-LD or LOE C-EO. If the Guidelines writing group determined that there was insufficient evidence, the writing group could make a recommendation noting that it was based Figure 8. Developing an AHA ECC recommendation that is informed by a GRADE weak recommendation in favor of a therapy or diagnostic or prognostic test. Figure 9. Developing an AHA ECC recommendation that is informed by a GRADE strong or weak recommendation against a therapy or diagnostic or prognostic test. Figure 10. The Utstein Formula of Survival, emphasizing the 3 components essential to improve survival. Redrawn from Soreide E, Morrison LJ, Hillman K, Monsieurs K, Sunde K, Zideman D, Eisenberg M, Sterz F, Nadkarni VM, Soar J, Nolan JP. The formula for survival in resuscitation. Resuscitation. 2013;84:1487-1 493, with permission from Elsevier. www.resuscitationjournal.com. LOE indicates Level of Evidence; NR, nonrandomized; and R, randomized. Table 5. Class of Recommendation and Levels of Evidence for the 2015 Guidelines Update Demonstrating the Gap in Resuscitation Science Part 2: Evidence Evaluation and Management of Conflicts of Interest: 2015 Guidelines Update Writing Group Disclosures This table represents the relationships of writing group members that may be perceived as actual or reasonably perceived conflicts of interest as reported on tt Disclosure Questionnaire, which all members of the writing group are required to complete and submit. A relationship is considered to be "significant" if (a) the persc receives $10000 or more during any 12-month period, or 5% or more of the person's gross income; or (b) the person owns 5% or more of the voting stock or share of tt entity, or owns $10000 or more of the fair market value of the entity. A relationship is considered to be "modest" if it is less than "significant" under the preceding definitio *Modest. Table 1. Ethical Questions and Issues Surrounding Organ Donation This table represents the relationships of writing group members that may be perceived as actual or reasonably perceived conflicts of interest as reported on the Disclosure Questionnaire, which all members of the writing group are required to complete and submit. A relationship is considered to be "significant" if (a) the person receives $10000 or more during any 12-month period, or 5% or more of the person's gross income; or (b) the person owns 5% or more of the voting stock or share o' the entity, or owns $10000 or more of the fair market value of the entity. A relationship is considered to be "modest" if it is less than "significant" under the preceding definition. Part 3: Ethical Issues: 2015 Guidelines Update Writing Group Disclosures 2015 Guidelines Update: Part 3 Recommendations 2015 Guidelines Update: Part 3 Recommendations, Continued 2015 Guidelines Update: Part 3 Recommendations, Continued Integration, Collaboration, Measurement, Benchmarking, Feedback Structure Process System Outcome Taxonomy of Systems of Care: SPSO and device failures can be common to both settings. In both settings, systems must be in place to address expected and unexpected challenges and must be continually monitored and re-examined to address their flaws and failures. Downloaded from by guest on October 15, 2015 The concept of a system of care has been applied pre- viously in emergency care, including regional systems of care for trauma, stroke, and ST-segment elevation myo- cardial infarction (STEMI). This Part addresses the idea that IHCA has similarities to, but is very different from, Figure 3. Patient's point of entry. Figure 4. The Plan-Do-Check-Act cycle. Part 4: Systems of Care and Continuous Quality Improvement: 2015 Guidelines Update Writing Group Disclosure: This table represents the relationships of writing group members that may be perceived as actual or reasonably perceived conflicts of interest as reported on th Disclosure Questionnaire, which all members of the writing group are required to complete and submit. A relationship is considered to be "significant" if (a) the perso receives $10000 or more during any 12-month period, or 5% or more of the person's gross income; or (b) the person owns 5% or more of the voting stock or share of th entity, or owns $10000 or more of the fair market value of the entity. A relationship is considered to be "modest" if it is less than "significant" under the preceding definitior *Viodest. AED indicates automated external defibrillator; and CPR, cardiopulmonary resuscitation. Table 1. Basic Life Support Sequence Figure 1. BLS Healthcare Provider Adult Cardiac Arrest Algorithm—2015 Update. This table represents the relationships of writing group members that may be perceived as actual or reasonably perceived conflicts of interest as reported on the Disclosure Questionnaire, which all members of the writing group are required to complete and submit. 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EO ent annk Part 5: Adult Basic Life Support and Cardiopulmonary Resuscitation Quality: 2015 Guidelines Update Writing Group Disclosures Appendix Consistent with the 2010 Guidelines, it is reasonable to position hands for chest compressions on the lower half of the sternum in adults with cardiac arrest (Class lla, LOE C-LD). 2015 Guidelines Update: Part 5 Recommendations, Continued 2015 Guidelines Update: Part 5 Recommendations, Continued Part 6: Alternative Techniques and Ancillary Devices for Cardiopulmonary Resuscitation: 2015 Guidelines Update Writing Group Disclosures 'This table represents the relationships of writing group members that may be perceived as actual or reasonably perceived conilicts of interest as reported on the Disclosure Questionnaire, which all members of the writing group are required to complete and submit. 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Inclusion and Exclusion Criteria for Key Extracorporeal CPR Articles ECPR refers to venoarterial extracorporeal membrane oxygenation during cardiac arrest, including extracorporeal membrane oxygenation and cardiopulmonary bypass. These Part 7: Adult Advanced Cardiovascular Life Support: 2015 Guidelines Update Writing Group Disclosures This table represents the relationships of writing group members that may be perceived as actual or reasonably perceived conflicts of interest as reported on the Disclosure Questionnaire, which all members of the writing group are required to complete and submit. A relationship is considered to be "significant" if (a) the person receives $10000 or more during any 12-month period, or 5% or more of the person's gross income; or (b) the person owns 5% or more of the voting stock or share of the entity, or owns $10000 or more of the fair market value of the entity. A relationship is considered to be "modest" if it is less than "significant" under the preceding definition. *NMindact 2015 Guidelines Update: Part 7 Recommendations Appendix Lidocaine may be considered as an alternative to amiodarone for VF/pVT that is unresponsive to CPR, defibrillation, and vasopressor therapy (Class IIb, LOE C-LD). The routine use of cricoid pressure in cardiac arrest is not recommended (Class III, LOE C). Part 8: Post-Cardiac Arrest Care: 2015 Guidelines Update Writing Group Disclosures This table represents the relationships of writing group members that may be perceived as actual or reasonably perceived conflicts of interest as reported on the Disclosure Questionnaire, which all members of the writing group are required to complete and submit. 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A relationship is considered to be "modest" if it is less than "significant" under the preceding definition. *Modest. +Cinnifinant Appendix 2015 Guidelines Update: Part 9 Recommendations, Continued 2015 Guidelines Update: Part 9 Recommendations, Continued 2015 Guidelines Update: Part 9 Recommendations, Continued Patients with ischemic discomfort should receive up to 3 doses of sublingual or aerosol nitroglycerin at 3- to 5-minute intervals until pain is relieved or low blood pressure limits its use (Class |, LOE B). *CPR technique based on rescuer's level of treiining. © 2015 American Heart Association Part 10: Special Circumstances of Resuscitation: 2015 Guidelines Update Writing Group Disclosures This table represents the relationships of writing group members that may be perceived as actual or reasonably perceived conflicts of interest as reported on the Disclosure Questionnaire, which all members of the writing group are required to complete and submit. 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For more information, see the 2070 AHA Guidelines for CPR and ECC, "Part 12: Cardiac Arrest in Spec Situations." 2015 Guidelines Update: Part 10 Recommendations, Continued Administration of high-dose insulin in patients with shock refractory to other measures may be considered (Class IIb, LOE C). 2015 Guidelines Update: Part 10 Recommendations, Continued Pediatric Cardiac Arrest Algorithm for the Single Rescuer —2015 Update Figure 1. BLS Healthcare Provider Pediatric Cardiac Arrest Algorithm for the Single Rescuer—2015 Update. Pediatric Cardiac Arrest Algorithm for 2 or More Rescuers— 2015 Update Figure 2. BLS Healthcare Provider Pediatric Cardiac Arrest Algorithm for 2 or More Rescuers—2015 Update Part 11: Pediatric Basic Life Support and Cardiopulmonary Resuscitation Quality: 2015 Guidelines Update Writing Group Disclosures This table represents the relationships of writing group members that may be perceived as actual or reasonably perceived conflicts of interest as reported on the Disclosure Questionnaire, which all members of the writing group are required to complete and submit. A relationship is considered to be "significant" if (a) the person receives $10000 or more during any 12-month period, or 5% or more of the person's gross income; or (b) the person owns 5% or more of the voting stock or share of the entity, or owns $10000 or more of the fair market value of the entity. A relationship is considered to be "modest" if it is less than "significant" under the preceding definition. *Modest. 2015 Guidelines Update: Part 11 Recommendations Formal training as well as "just in time" training, such as that provided by an emergency response system dispatcher, should emphasize how to recognize the difference between gasping and normal breathing; rescuers should be instructed to provide CPR even when the unresponsive victim has occasional gasps (Class Ila, LOE C). 2015 Guidelines Update: Part 11 Recommendations, Continued Figure 1. Evidence for the use of restrictive volume of intravenous fluid resuscitation, compared with unrestrictive volume, by presentinc illness and outcome. Benefit indicates that studies show a benefit to restricting fluid volume, No Benefit indicates that there is no benefit to restricting fluid volume, and Harm indicates that there is harm associated with restricting fluid volume. No Studies Available indicates no studies are available for a particular illness/outcome combination. Pediatric Cardiac Arrest Algorithm —2015 Update pediatric ICU admission," after adjustment of confounders, the presence of normoxemia (defined as a Pao, 60 mmHg or greater and less than 300 mm Hg) when compared with hyper- oxemia (Pao, greater than 300 mm Hg) after ROSC was asso- ciated with improved survival to pediatric ICU discharge. hypoxemia is strictly avoided. Ideally, oxygen is titrated to a value appropriate to the specific patient condition. Part 12: Pediatric Advanced Life Support: 2015 Guidelines Update Writing Group Disclosures This table represents the relationships of writing group members that may be perceived as actual or reasonably perceived conflicts of interest as reported on the Disclosure Questionnaire, which all members of the writing group are required to complete and submit. 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If capnography is not available, an esophageal detector device (EDD) may be considered to confirm endotracheal tube placement in children weighing >20 kg with a perfusing rhythm (Class Ilb, LOE B), but the data are insufficient to make a recommendation for or against its use in children during cardiac arrest. 2015 Guidelines Update: Part 12 Recommendations, Continued Neonatal Resuscitation Algorithm—2015 Update Figure 1. Neonatal Resuscitation Algorithm—2015 Update. This table represents the relationships of writing group members that may be perceived as actual or reasonably perceived conflicts of interest as reported on the Disclosure Questionnaire, which all members of the writing group are required to complete and submit. 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Reprinted by permission of Pearson Education, Inc., New York, New York.*4 AHA indicates American Heart Association; CPR, cardiopulmonary resuscitation; and ECC, emergency cardiovascular care Table 1. Core AHA Emergency Cardiovascular Care Educational Concepts evidence of validity and reliability are foundational to high- quality research. Standardizing the use of such tools across studies could potentially allow for meaningful comparisons when evidence is synthesized in systematic reviews to more precisely determine the impact of certain interventions. Finally, there is a clear need for cost-effectiveness research because many of the AHA education guidelines are developed in the absence of this information. Part 14: Education: 2015 Guidelines Update Writing Group Disclosures Mts tadi€ Fepresents tne reravionsnips OF Writing group Members tat May De perceived as actual OF FedsONnadly perceived CONMICtS OT Interest as reported on the Disclosure Questionnaire, which all members of the writing group are required to complete and submit. A relationship is considered to be "significant" if (a) the person receives $10000 or more during any 12-month period, or 5% or more of the person's gross income; or (b) the person owns 5% or more of the voting stock or share of the entity, or owns $10000 or more of the fair market value of the entity. A relationship is considered to be "modest" if it is less than "significant" under the preceding definition. *Modest. +Siagnificant. 2015 Guidelines Update: Part 14 Recommendations The following recommendations were not reviewed in 2015. For more information, see the 2070 AHA Guidelines for CPR and ECC, "Part 16: Educatic Implementation, and Teams." 2015 Guidelines Update: Part 14 Recommendations, Continued *These measurements may differ from those in the evaluated studies, as the amount was not standardized across studies. Table 1. Types of Food Representing 20 g of Carbohydrates and Number of People With Improvement i Hypoglycemia Within 15 Minutes (Based on Included Evidence)! Part 15: First Aid: 2015 Guidelines Update Writing Group Disclosures This table represents the relationships of writing group members that may be perceived as actual or reasonably perceived conflicts of interest as reported on the Disclosure Questionnaire, which all members of the writing group are required to complete and submit. 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