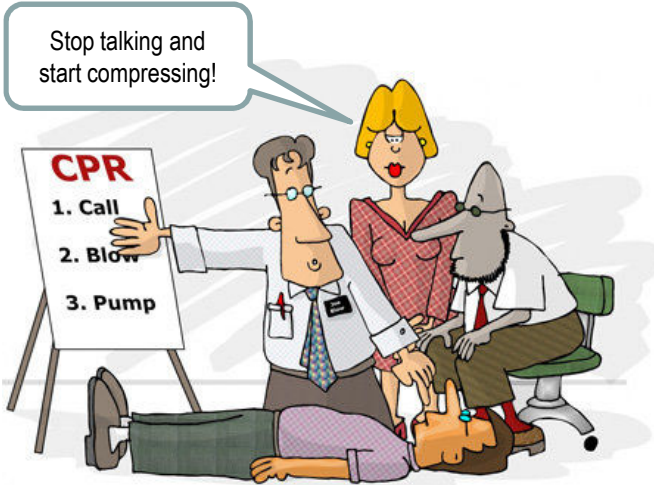


# ResQ Times

Official Newsletter of the ResQ Trial



## RESUSCITATION CARE PRIORITIES

**What do both of these scenarios potentially have in common?**

These are both situations when it's possible that there could be a significant time delay in starting chest compressions. Preparing an AED or readying devices can take a significant amount of time, sometimes 30 secs to one minute. This is too long with no blood flow!

The 2005 AHA CPR guidelines stress the importance of performing high quality chest compressions and minimizing interruptions in CPR. We know that minutes matter for the patient in cardiac arrest and any minute that a patient is not receiving CPR means no blood flow to the brain, heart and other vital organs. Even 10 or 15 secs of manual compressions while the devices are being pulled from the bags or the AED charges can make a difference.

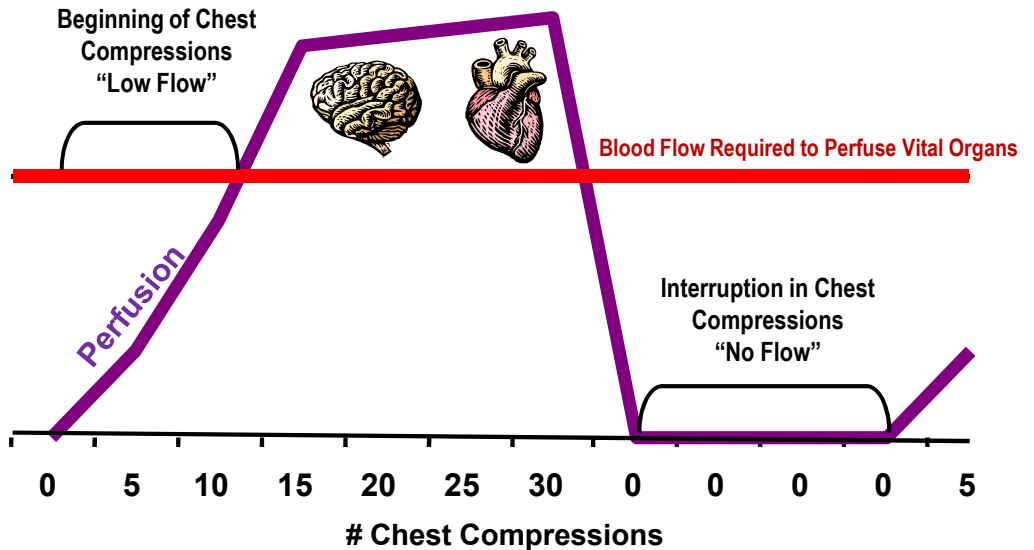
**Scenario #1:** A patient arrests in front of the EMS crew. One rescuer readies the AED, while another starts to manage the airway. The AED is applied and the patient shocked.

**Scenario #2:** The crew arrives on the scene of a known cardiac arrest and begins assessment. One rescuer readies study devices for CPR, one prepares the AED, and another starts airway management. The devices are placed and CPR is begun.

**As soon as pulselessness is confirmed, begin chest compressions immediately!**

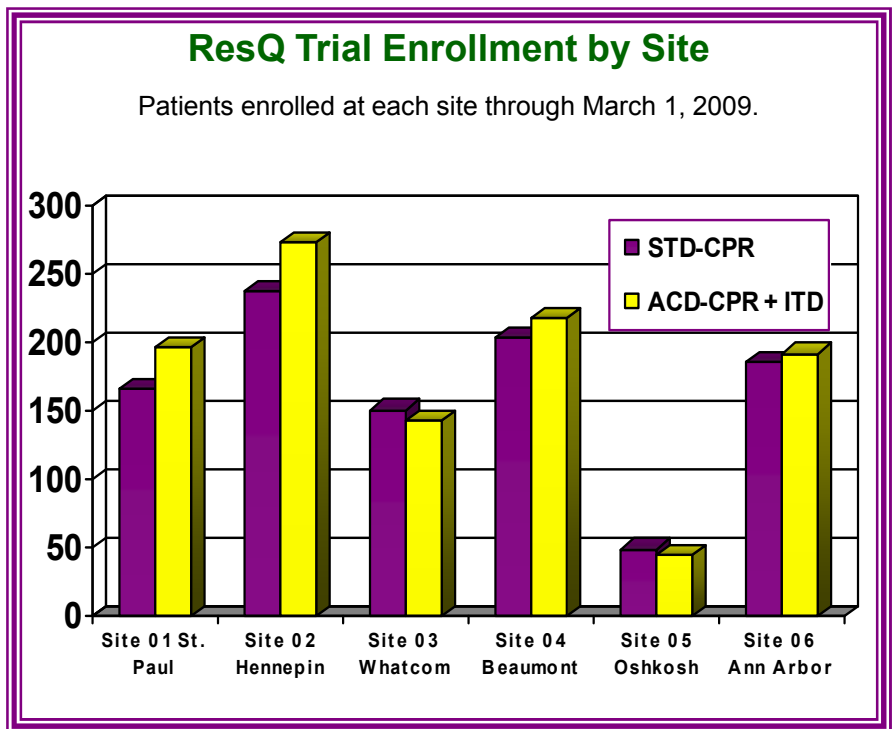
### LOW FLOW & NO FLOW

Most people understand that interruptions in chest compressions result in a period of "No Flow" when the aortic pressure goes to zero. But they don't realize that it takes a period of time, when chest compressions are resumed, for the aortic pressure to build up high enough for adequate perfusion to vital organs to return. This results in a period of "Low Flow" that further compromises vital organ blood flow. This is why it is essential to keep CPR interruptions to the shortest time possible!



## Welcome Site 07!

Four agencies that make up the newest ResQ Trial site began enrolling subjects on March 18<sup>th</sup>. Please extend a warm welcome to members of the Indianapolis Fire Dept, Carmel Fire Dept, Speedway Fire Dept and Wishard EMS. With an expected volume of 350-400 worked resuscitations per year, this site will significantly increase the enrollment rate in the trial and help keep us on track for our goal of finishing the study by the end of 2009. Special thanks to the principal investigator at this site, Dr. Michael Olinger, and his research team for preparing this site.



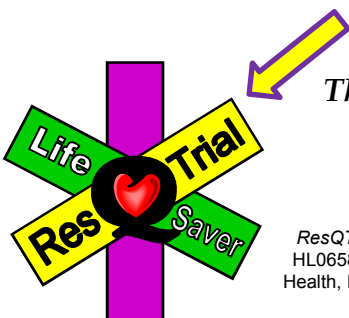
### Meet Tom Clutts, LP, CHT

**Tom Clutts** currently serves as a Clinical Educator for Advanced Circulatory Systems, Inc. and Director of 1<sup>st</sup> Response Medical Training Solutions, providing clinical education to physicians, nurses and respiratory therapists. In his over 15 years of healthcare experience he has served the public both on the ground, in the air, and in the hospital as a licensed paramedic. He has also been the clinical educator for a large EMS system in Texas that deploys many life-saving technologies and his EMS system was the first in Texas to deploy the ResQPOD. Other initiatives under his direction include implementation of a Cath Lab alert system for patients with acute MI, and prehospital, post-resuscitation hypothermia. He has done research on the patient care impact of these advances and has co-authored two published research papers. Tom has been serving an essential role with the ResQ Trial by traveling to various sites and assisting with trial implementation and training. Please welcome him if he visits you!

**The ResQ Trial Online Refresher Training Module has been updated!**

Go to [www.advancedcirculatory.com](http://www.advancedcirculatory.com)

and click on the ResQ Trial Star of Life to get started.



*The ResQ Trial: Resuscitating CPR through Science*



ADVANCED CIRCULATORY SYSTEMS, INC.

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If you have ideas for articles, please call or email your site coordinator or Terry Provo @ ACSI (952-947-9575 or tprovo @advancedcirculatory.com).