We are holding another 2 day CME-certified hypothermia “boot camp”, with an expanded focus on key resuscitation elements! Please see details below:

Guest Speaker:
Karl B. Kern, MD, Sarver Heart Center Resuscitation Research Group, University of AZ

Location: Loews Philadelphia Hotel, 1200 Market Street Philadelphia, PA 19107

What’s New in Resuscitation Literature?

“Nursing Director’s Top Pick

“It is obvious that success or failure in a given attempt at resuscitation is unpredictable”. In 1965, Edward Stemmler published a paper describing resuscitation practices at a university hospital. He determined that survival was not affected by rhythm at the time of the arrest; resuscitation efforts varied from a “few minutes to almost three hours” (1). A new paper, 47 years later, offers suggestions to improve patient survival after cardiac arrest. ‘Duration of resuscitation efforts and survival after in-hospital cardiac arrest: an observational study’ (2) by the Get With the Guidelines – Resuscitation investigators is a large study – 64,339 patients in 435 hospitals – which looks at resuscitation efforts in individual hospitals. What the investigators discovered calls into question conventional medical opinion: that longer resuscitation efforts are associated with decreased survival. The authors measured the duration of CPR efforts for non-survivors to best assess a hospital’s inclination to engage in prolonged resuscitation practice. In summary, the study suggested that patient survival to discharge is better in hospitals which had longer median resuscitation attempts (25 minutes) in contrast to hospitals in which the median length of resuscitation attempts was shorter (16 minutes). These results were independent of measured characteristics of patients and, of note, patients with PEA or asystole benefited most from prolonged resuscitation. Although the authors cannot recommend a specific length of time for resuscitative efforts, those extra 10 – 15 minutes spent in trying to revive a patient make a difference – patients were 12 percent more likely to survive in those hospitals with the longest CPR efforts.—Gail Delfin, MSN, RN, CCRN

Updates to Penn ‘Targeted Temperature Management’ Protocol

We thought we would share with you the key updates to our hypothermia protocol here at Penn. We have changed the name to align the terminology with national and international critical care societies. In addition, we have removed “pulseless > 60 minutes” from the exclusion criteria and eliminated “hemodynamically stable with no evidence of uncontrolled dysrhythmia” from the eligibility criteria. The patient should remain normothermic (37 degrees C) for 48 hours following rewarming – this may require acetaminophen administration and/or the reapplication of the cooling wraps. Lastly, we have revised the time frame for neuroprognostication from 72 hours after ROSC to 72 hours after re-warming.

Refresher Certification Coming Soon!

We recognize that several of you are fast approaching the 2 year deadline for recertification—we are in the process of developing an online module and hope to “go live” with it soon.