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When Should a First-Aid Provider Stop CPR: Answer from the American Red Cross Scientific Advisory Council

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When Should a First-Aid Provider Stop CPR

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Dear Editors:

Recent press releases from the Rhode Island Department of Health Center for Emergency Medical Services (USA) suggests a standard 30-minute CPR protocol in the field for Out-of-Hospital Cardiac Arrest (OHCA) patients, followed by a transfer to a medical facility is associated with better outcomes. Nevertheless, physician leaders have expressed concern about extending the duration of out-of-hospital professional rescue attempts. Despite evidence to the contrary, some physician leaders still advocate for a more rapid transport to hospitals in lieu of optimizing resuscitation attempts at the location of arrest (Howell, 2016). Because of this, a leader in the field of first aid asked if the American Red Cross had any changes to its position on the duration of CPR by first aid providers.

One of the pivotal studies addressing the duration of out-of-hospital resuscitation attempts was published in 2016 as a secondary review of data from the ROC-PRIMED study. This was a retrospective cohort, multicenter study of >11,000 patients with cardiac arrest. While confirming that odds of resuscitation decrease with time, this publication also demonstrated that 1 out of 10 people who survive cardiac arrest with a good neurological outcome would have died if field CPR had been terminated at twenty minutes. The longest duration of CPR with a patient that survived with a good neurological outcome was 47 minutes (Reynolds et al., 2016). Similar results were also found in large observational studies performed in Japan (Goto, Funada, & Goto, 2016; Nagao et al., 2016).

Scientific Advisory Council

The American Red Cross Scientific Advisory Council is a 50+member panel of nationally-recognized medical, scientific, and academic experts dedicated to ensuring that the Red Cross is at the vanguard of best-science and best-practice.

With members from a broad range of professional specialties, the Council has an important advantage: a broad multidisciplinary expertise for evaluating new emergency response methods and techniques. And with on-the-ground experience, its members also bring the know-how for real-world emergencies. Whether it's the best way to administer CPR to an unconscious co-worker or preparing your family and home for a hurricane, the Council is keeping you current.

This Letter to the Editor went through a process of a question being researched and peer evaluated at the Resuscitation Sub-council level and then brought to the full council for peer review and approval.*



**American
Red Cross**

**The Editor-in-Chief, and Senior Editors of the IJFAE participate on the Scientific Advisory Council.*

Given that these studies provide strong evidence of the importance of continuing high-quality CPR for a prolonged period of time, the American Red Cross Scientific Advisory Council believes that the immediate initiation and continuation of CPR is critical for a positive outcome of OHCA. Thus, there is no change to the long-standing recommendation that first aid providers (e.g., bystanders, family members, life guards or police officers) should initiate CPR and continue CPR until care is transferred to EMS, the patient has a return of spontaneous circulation, or the rescuer is too exhausted to continue and no one else is available to perform CPR.

ARC SAC Approved

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