



# Nouveautés dans la prise en charge ventilatoire Pré-hospitalière de l'arrêt cardiaque

Jean-Christophe M Richard, MD PhD

Pôle SAMU 74 Urgence et Réanimation Centre Hospitalier Annecy Genevois

INSERM UMR 955 Eq13



The 1st Round Table on CPR  
Annecy's invitation  
2017<sup>®</sup> GRCI, Tous droits réservés - Toute reproduction même partielle est interdite.



- Air Liquide Medical Systems



## Financial support for research (Genève /Annecy/Angers)

- VYGOM (fee for lectures)
- SHILLER
- TAQUET (NAVA)
- COVIDIEN (PAV+) (personal fee for lectures)
- DRAGER (SmartCare)
- GE (FRC)

## The new ERC Guidelines on Resuscitation

Over 100,000 lives can be saved each year in Europe alone!



EUROPEAN  
RESUSCITATION  
COUNCIL

The new 2015 CPR Guidelines from the European Resuscitation Council (ERC) will help to reach this goal. On October 15th 2015, the European Resuscitation Council (ERC) launched the new European Guidelines for CPR, based on new scientific evidence published since the last revision five years ago. For lay bystanders, the message is now very clear. Professor Maaret Castren, Chair of the ERC, stated:

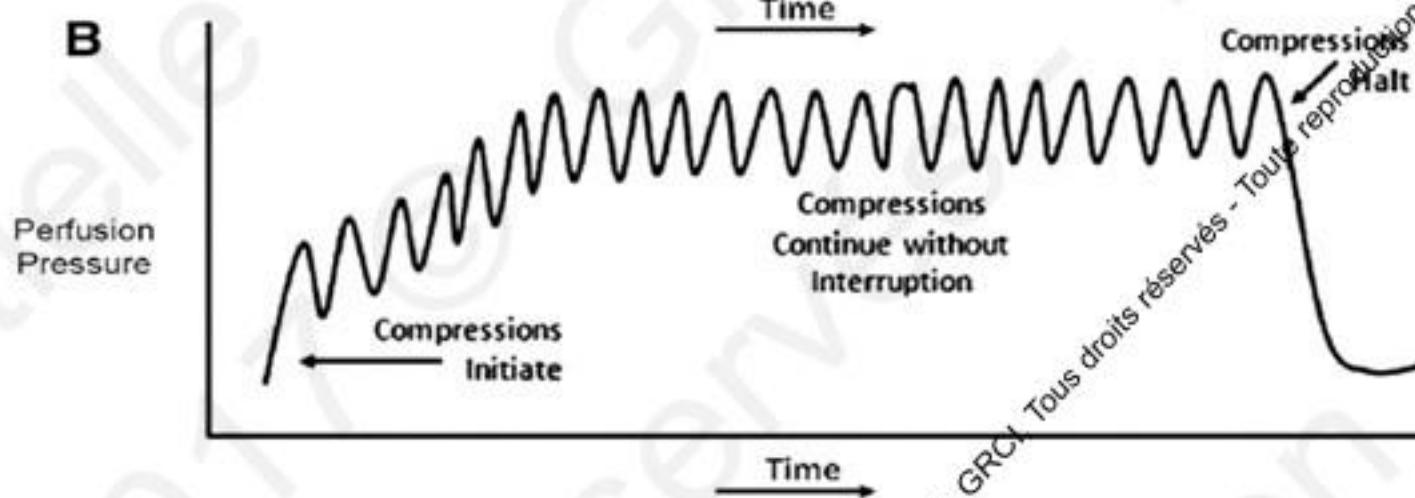
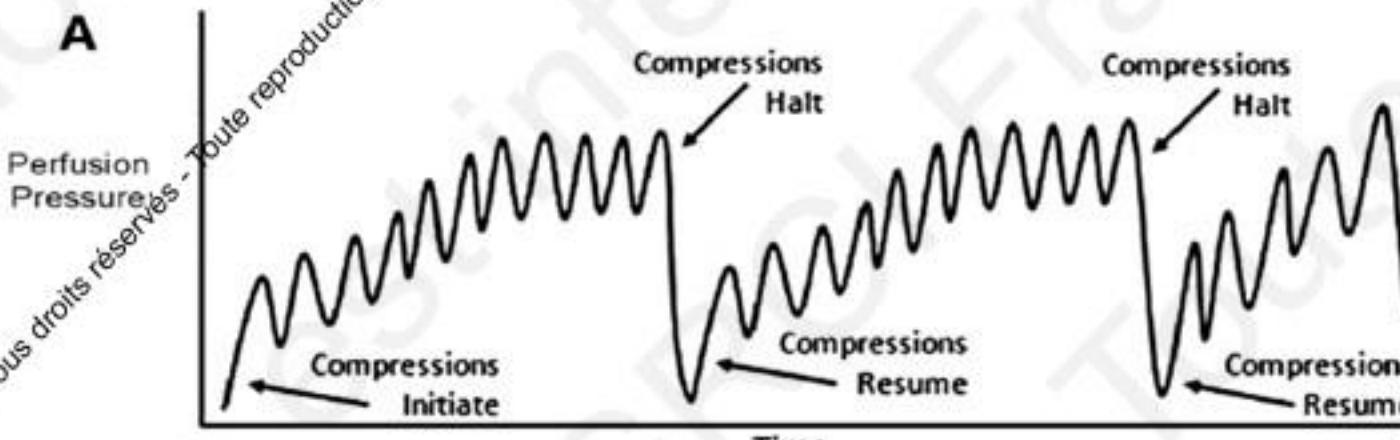
"Push deep and fast enough, and start immediately! Don't loose any valuable time. If the victim does not respond or react, press at least 5 cm down on the middle of the chest, at a rate of 100–120 compressions per minute."

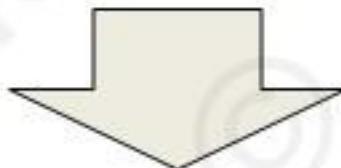
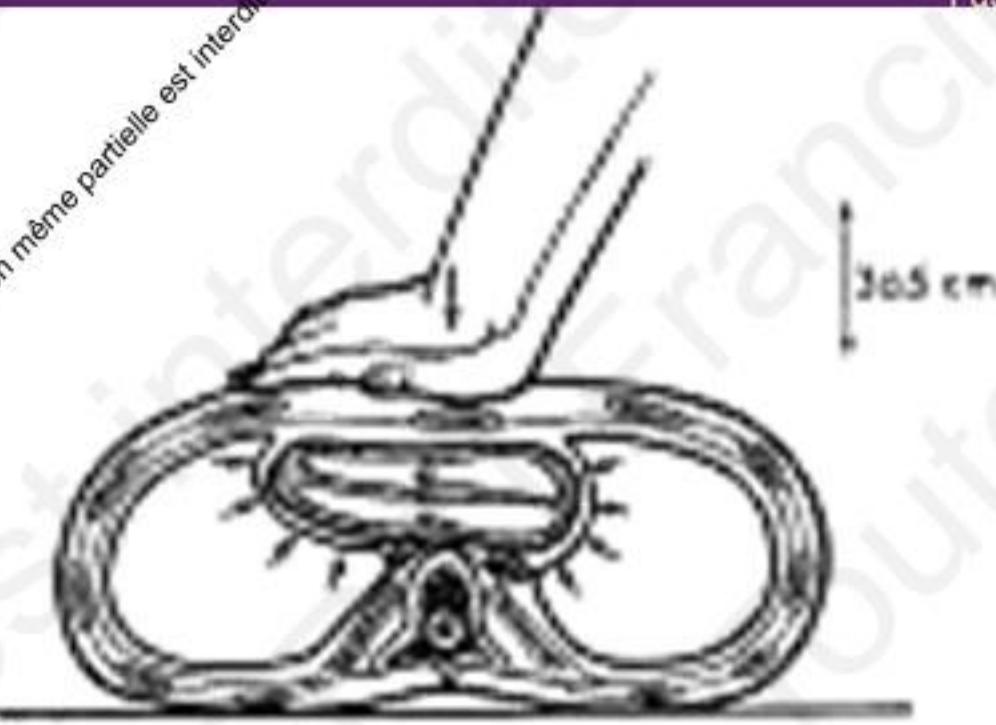
The most important action in resuscitation is chest compression.

**Les compressions thoraciques sont primordiales et prioritaires lorsque l'arrêt cardiaque se produit**

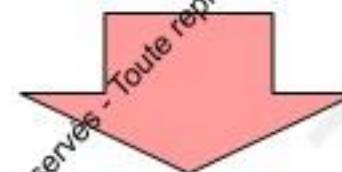
2017 © GRCI. Tous droits réservés. Toute reproduction même partielle est interdite.

### Perfusion During Cardiac Arrest with Chest Compressions





**Circulation**



**Ventilation**

**Continuous Chest Compression strategy**

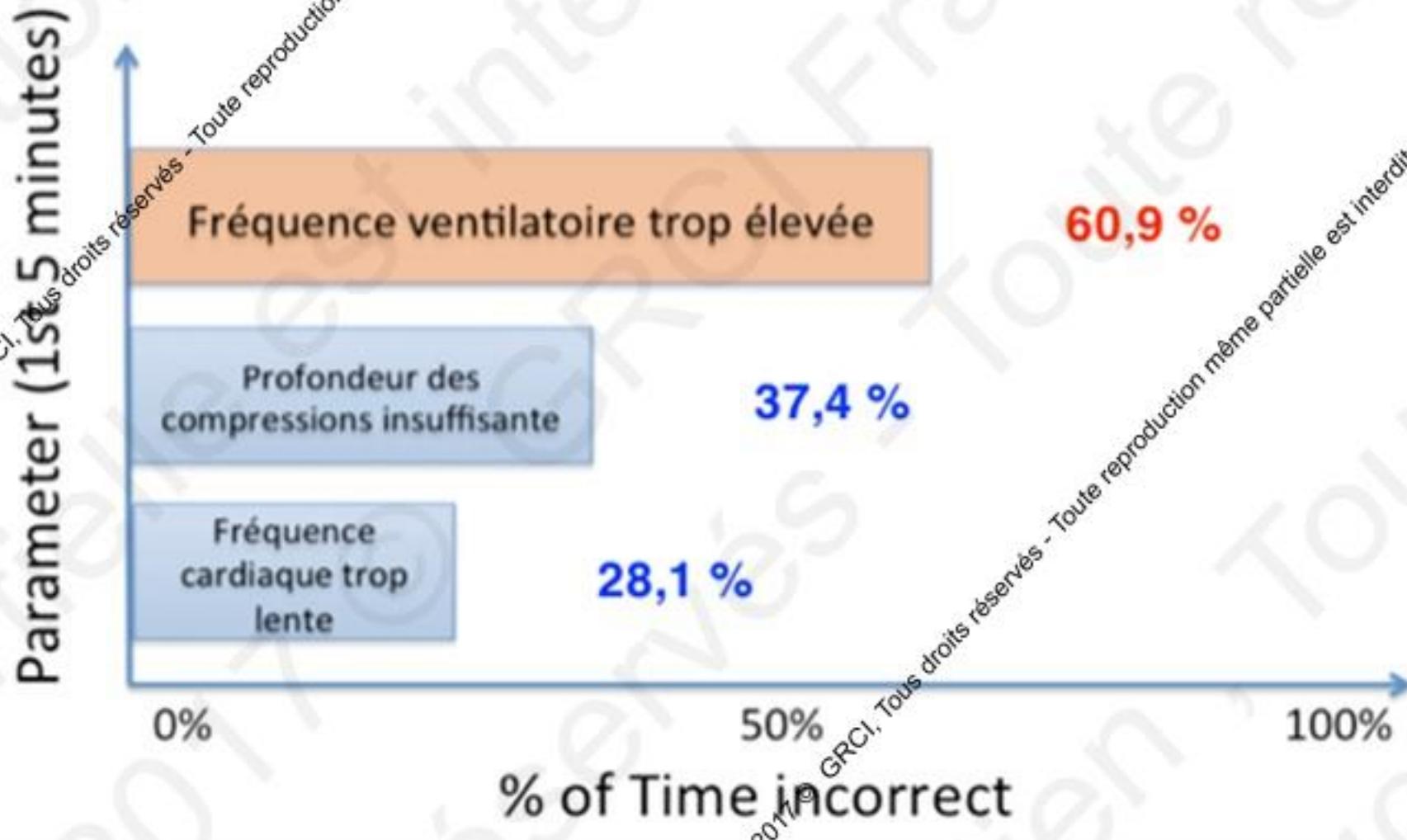


2017 © GRCI, Tous droits réservés - Toute reproduction même partielle est interdite.

2017 © GRCI, Tous droits réservés - Toute reproduction même partielle est interdite.

## Les effets déleteres de la ventilation

JAMA 2005





2017 © GRCI. Tous droits réservés - Toute reproduction même partielle est interdite.

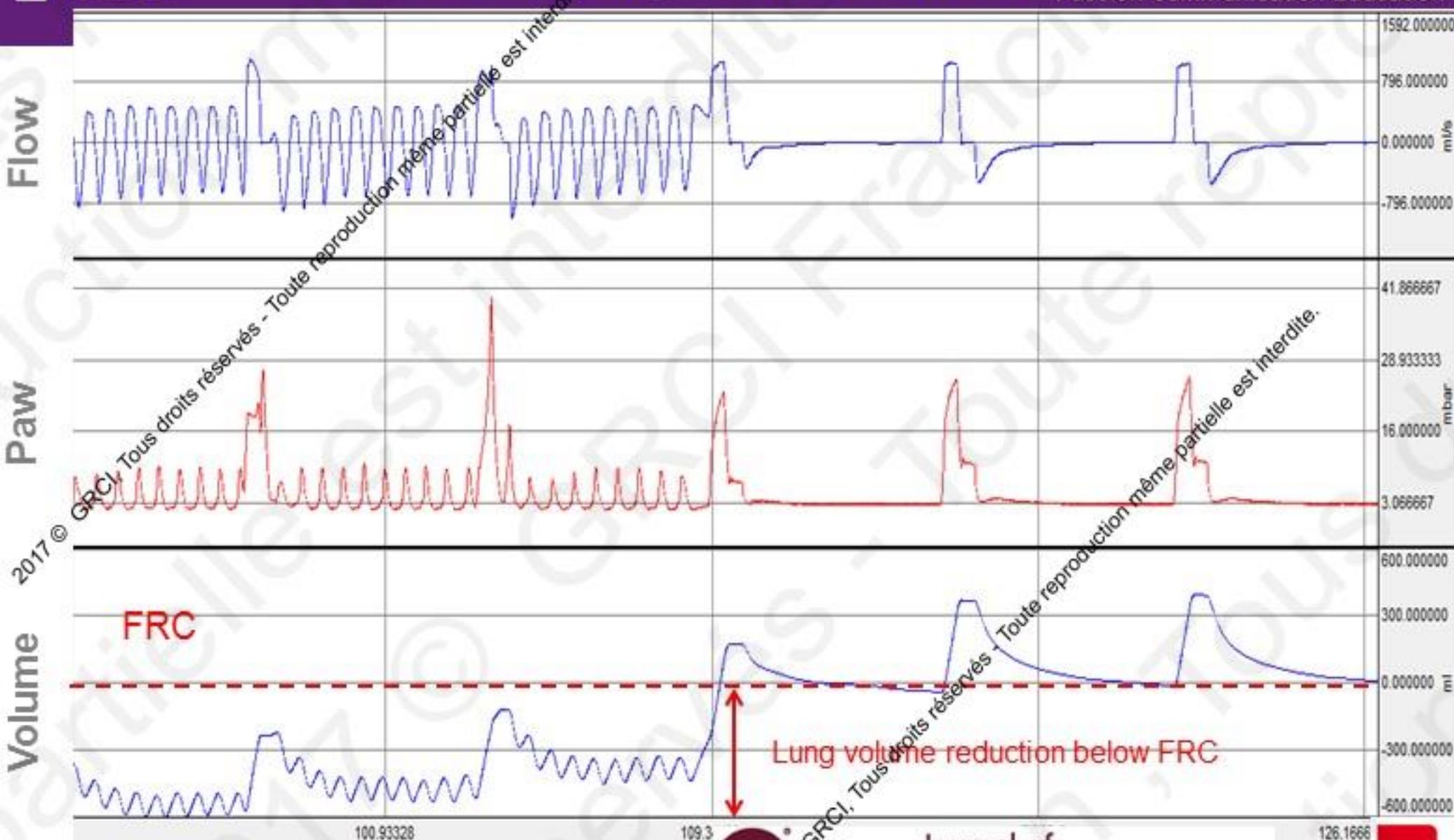
# The 1st Round Table about cardio-pulmonary and neurological interactions during CPR

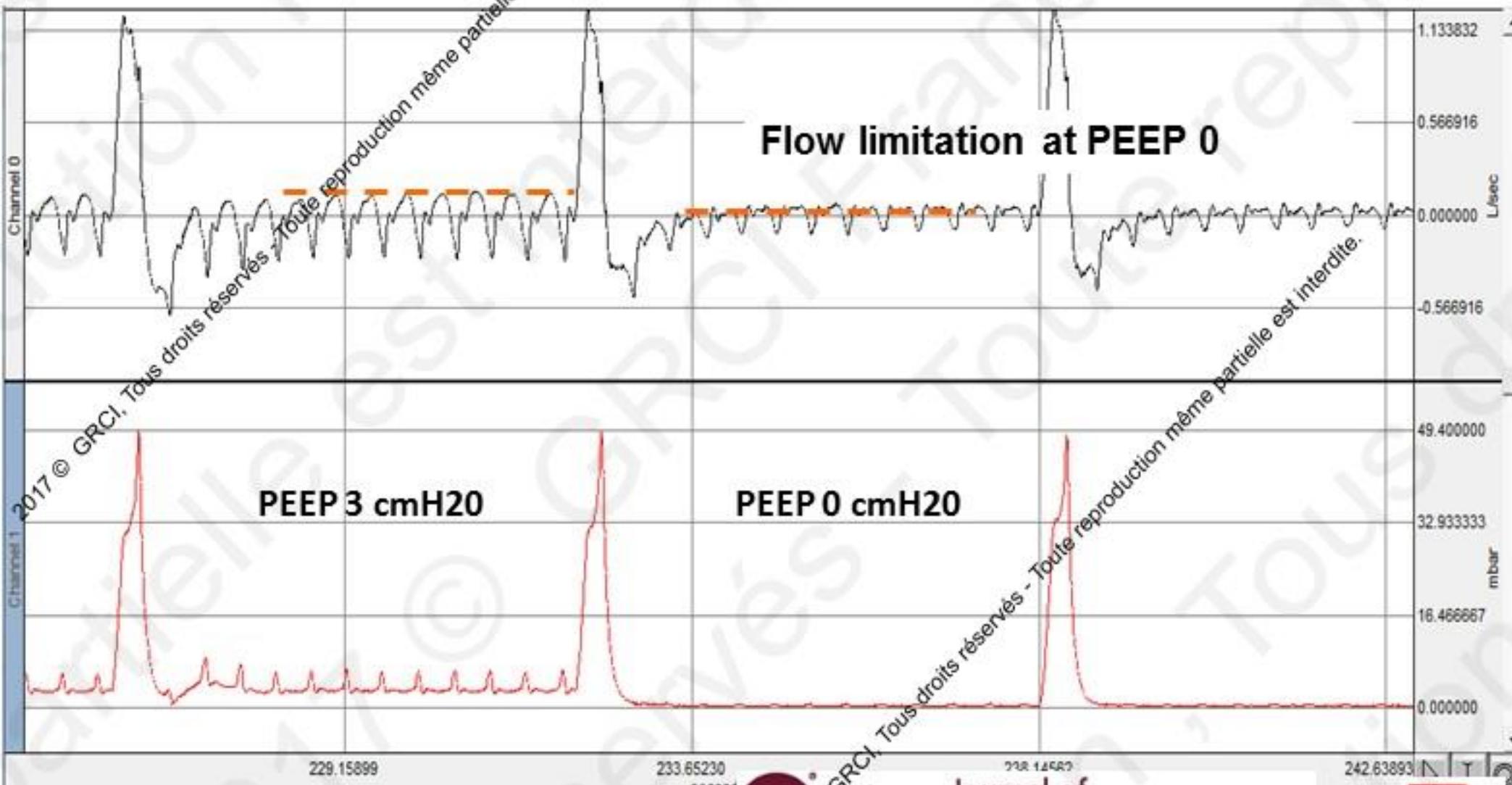
Annecy's invitational (26<sup>th</sup>- 27<sup>th</sup> October 2017)



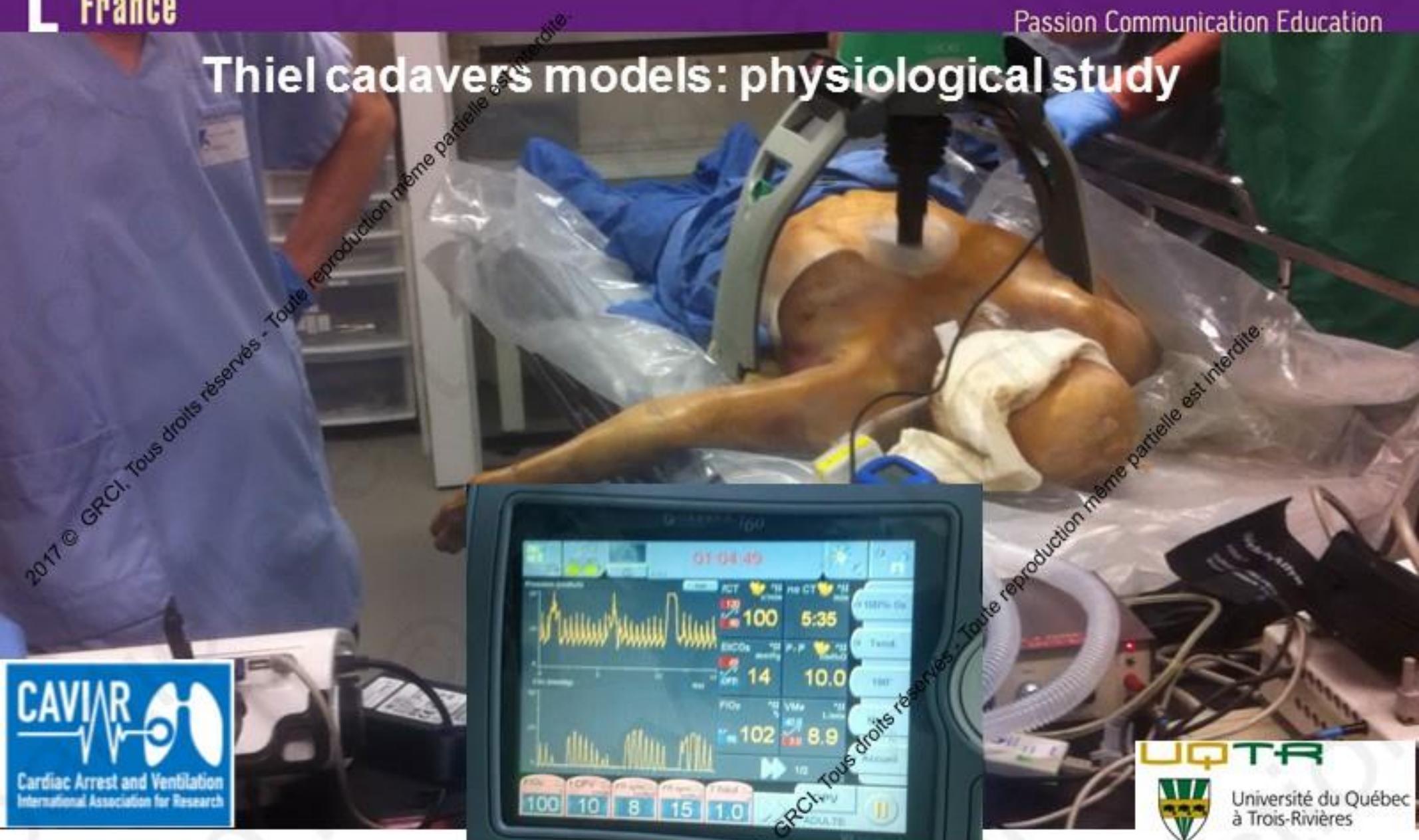
## Reduction in lung volume below FRC

Passion Communication Education

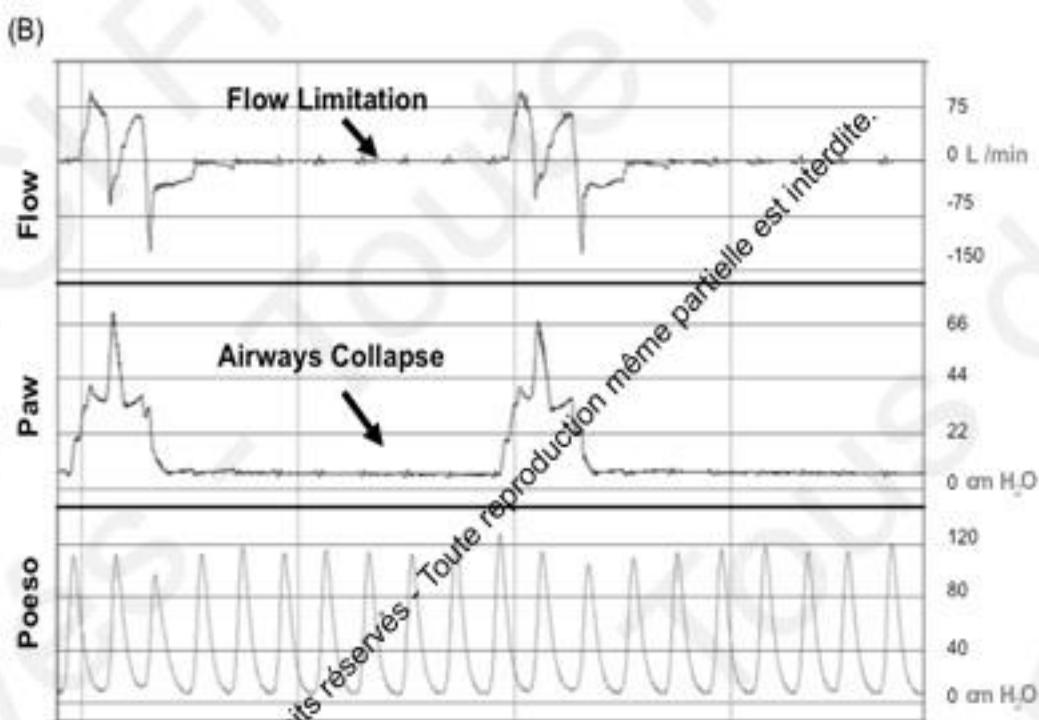
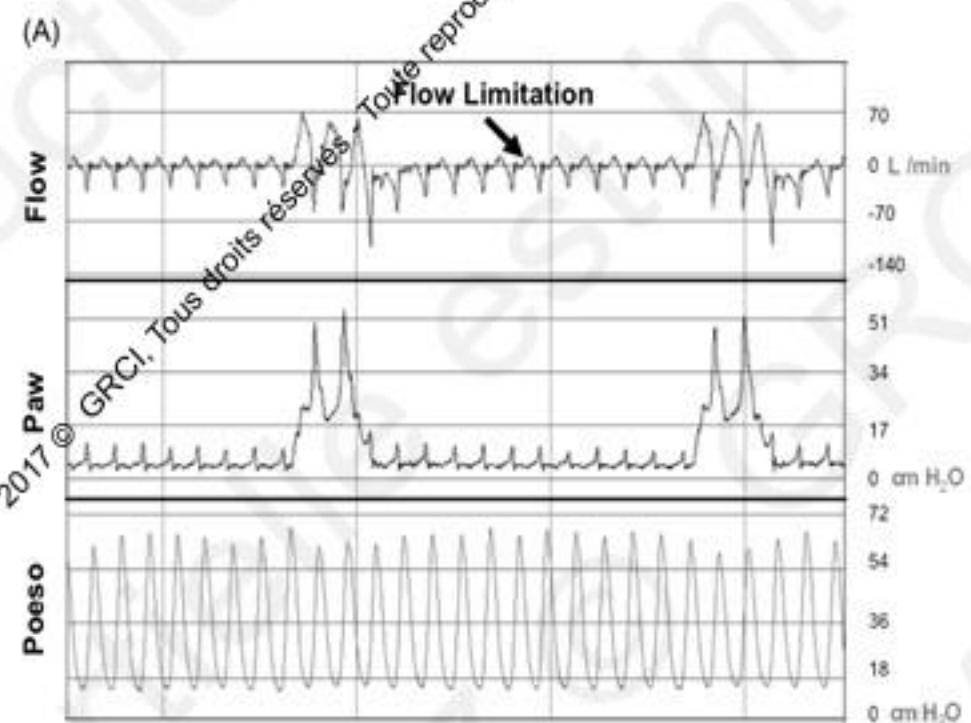




## Thiel cadavers models: physiological study

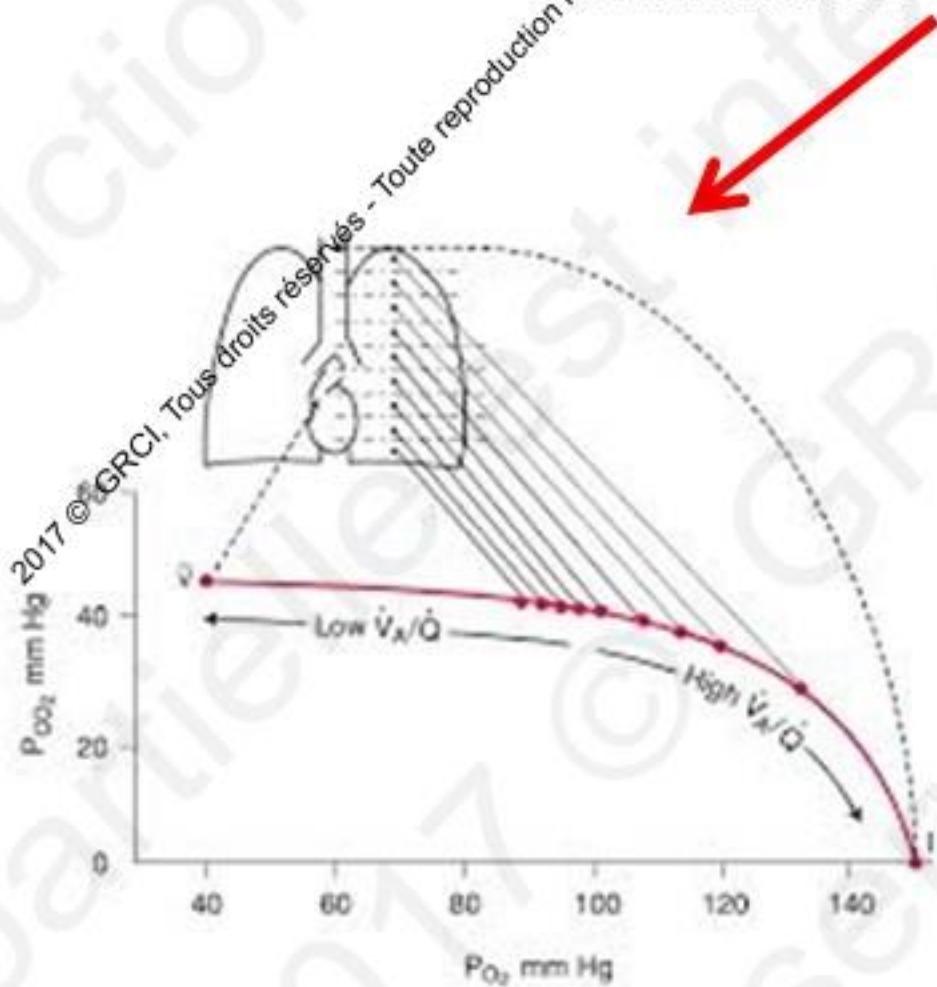


## Thiel cadavers model: airways closure

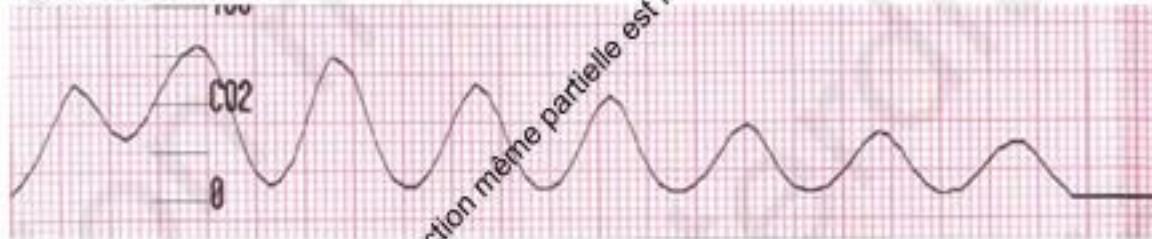


Resuscitation (under review)

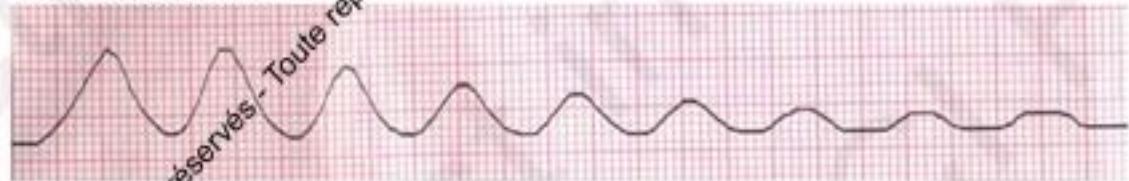
## E<sub>t</sub>CO<sub>2</sub> depends on : **Ventilation and Circulation**



Patient 21-34941



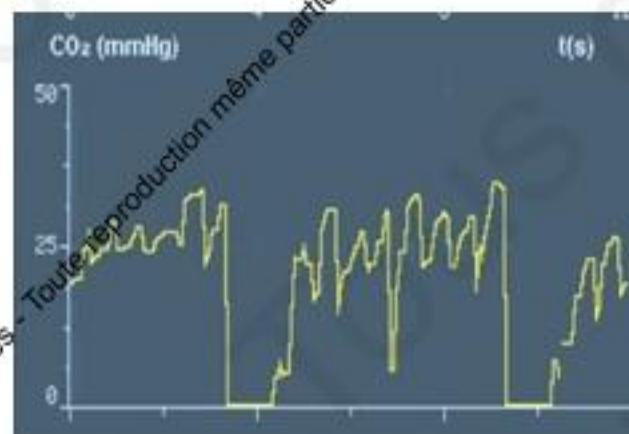
Patient 31-61974



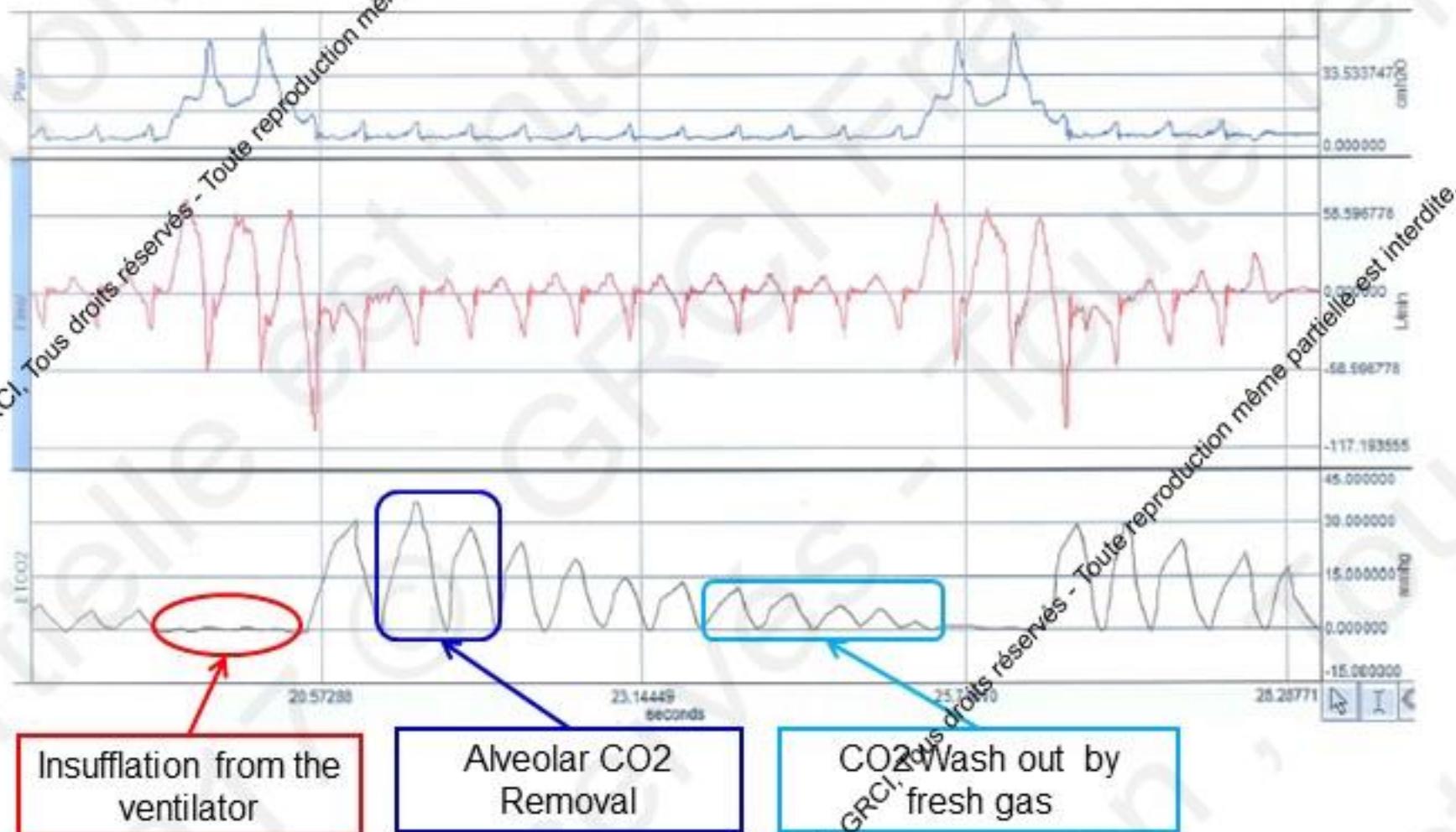
Patient 24-57924



Patient 25-60807

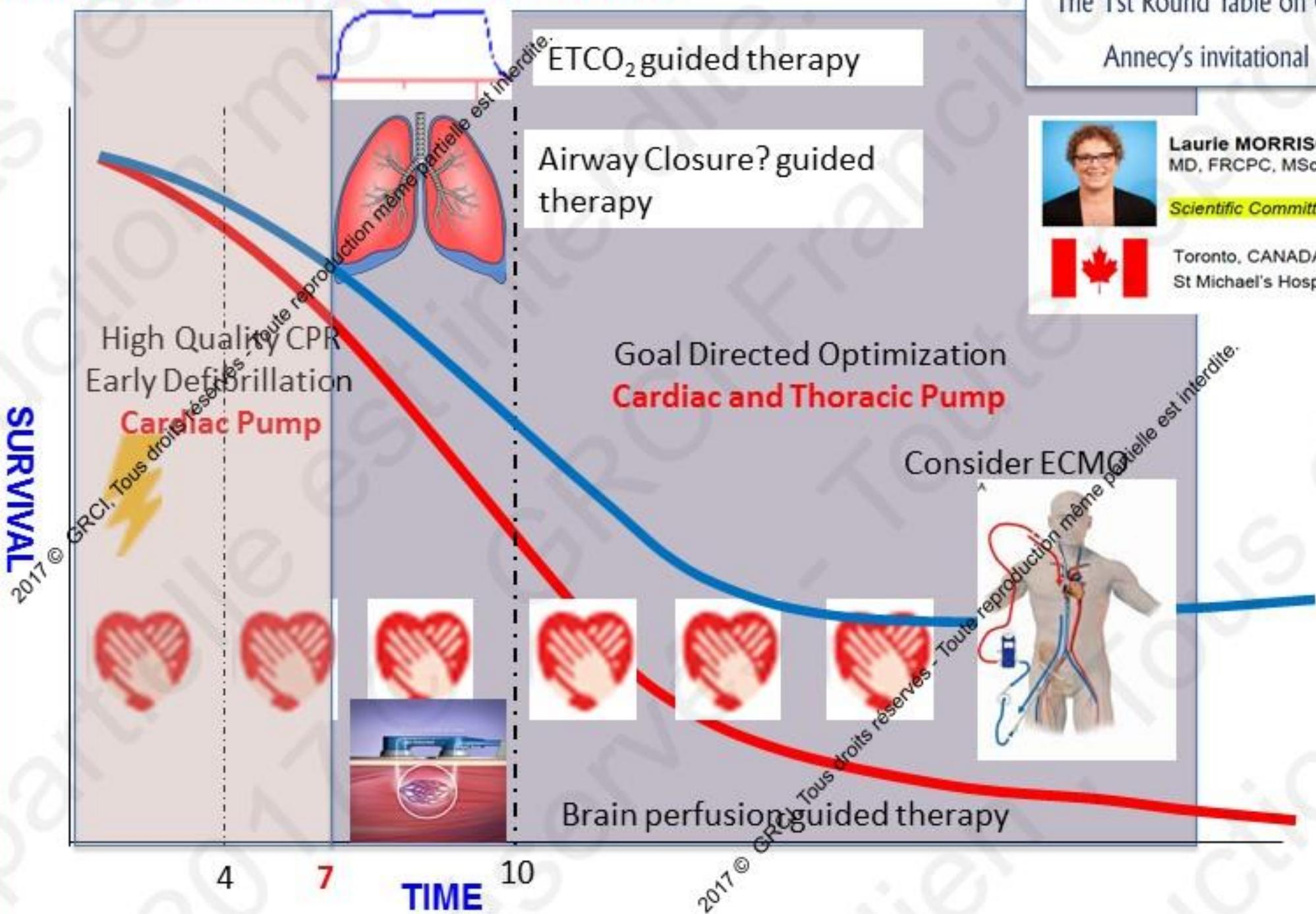


# EtCO<sub>2</sub> monitoring during CPR: Hypothesis regarding its Physiological interpretation



# Annecy CPR Round Table :

## Two phase time sensitive model to OHCA



The 1st Round Table on CPR  
Annecy's invitational



Laurie MORRISON  
MD, FRCPC, MSc

Scientific Committee



Toronto, CANADA  
St Michael's Hospital

## CONCLUSIONS CONCERNANT LA VENTILATION LORS DE LA RCP

- La ventilation est rapidement nécessaire mais elle peut être délétère.
- Elle doit permettre une RCP de qualité avec des CT continues
- Automatisée, elle pourrait simplifier la RCP
- La baisse des volumes pulmonaires et l'occlusion des VA jouent un rôle possiblement majeur dans les difficultés de ventilation et d'oxygénation
- L'EtCO<sub>2</sub> est difficile d'interprétation mais pourrait guider la RCP



The 1st Round Table on CPR  
Annecy's invitational  
2017 © GRCI, tous droits réservés - Toute reproduction même partielle est interdite.

