

# Chest Compressions Are All We Need

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## st Compression Alone or With Rescue Breathing

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Rea TD, Fahrenbruch C, Culley L, et al  
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### Summary

Is it necessary to include rescue breathing during out-of-hospital cardiopulmonary resuscitation (CPR)? The authors conducted a large randomized trial comparing the outcome in 960 patients who received standard CPR measures (ie, chest compression plus rescue breathing) with 981 patients who received only chest compression. CPR was performed by a bystander at the event after receiving instructions from the ambulance dispatcher. The average time until arrival of emergency medical services was 6-7 minutes. No difference was found in the proportion of patients who were eventually discharged from the hospital: 11% for standard CPR vs 12.5% for chest compression only ( $P = .31$ ).

### Viewpoint

Some critically ill surgical patients require initial CPR efforts by a lay person before hospitalization. The surprising finding in this carefully performed randomized trial suggests that chest compression alone is as satisfactory or possibly even superior to standard CPR with respiratory assistance. One important caveat to this study is that the results apply chiefly to CPR initiated by an untrained bystander and do not apply to CPR initiated by a health professional or trained lay person. The study results certainly do not apply to in-hospital CPR that is usually performed under more favorable circumstances.



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