

Montreal, ILCOR #8
11/6/96

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International Liaison Committee on Resuscitation (ILCOR)
Minutes of the 8th ILC Meeting
Le Reine Elizabeth Hotel; Montreal, Quebec, Canada
15-16 May, 1996

96/01

Present:

Douglas Chamberlain (ERC) (Co-chairman)
Richard O. Cummins, (AHA) (Co-chairman)

ERC:

Douglas Chamberlain
Ank van Drenth
Tony Handley
Petter Steen
David Zideman

AHA:

Richard O. Cummins
Lance Becker
William Montgomery
Joe Ornato
Arthur Sanders
John Kattwinkel
Bill Thies
FG Stoddard
Carol Evans
Vinay Nadkarni
Mary Fran Hazinski

HSFC:

Brian Connelly

RCSA:

Walter Kloeck
Allen Erasmus

ARC:

Vic Callanan
Mervyn Allen
Jim Tibbals

Guests:

Jelka Zupan (WHO)
Pip Mason (New Zealand)

96/02

Welcome and Introduction

The co-chairpersons, Douglas A. Chamberlain and Richard O. Cummins welcomed the committee members, guests and observers and the host AHA Staff. Jelka Zupan, MD, of the World Health Organization, medical officer responsible for newborn health was introduced as a guest participant in the Pediatric Working Group. Pip Mason, of the National Heart Foundation of New Zealand was introduced.

96/03

Review of the Minutes from 7th ILCOR, Atlanta, Georgia, 26-27, 1995.

The minutes for the two 1995 ILCOR meetings, 6th ILCOR 21-22 June, 1995 at Utstein Abbey, Norway; and 7th ILCOR Meeting, 26-27, 1995 at Atlanta, Georgia were distributed in the form of a spiral bound booklet. The Committee expressed endorsement for provision of minutes in this more permanent form, and expressed appreciation to Carol Evans, of the American Heart Association for providing funding support.

96/04

Review of ILCOR operating principles

The Committee discussed again the principles discussed at the Atlanta ILCOR #7 (item 95/13 of the ILCOR #7 minutes). The work of ILCOR is closely integrated into the guidelines processes of the separate resuscitation councils. ILCOR serves currently to provide the initial international scientific review of potential guideline revisions. ILCOR meetings have focused on resolving major and minor differences in the existing resuscitation guidelines, and on proposing areas of recommendations that will be acceptable throughout the world. The forthcoming ILCOR advisory papers will serve to establish written agreement on guidelines that can be promulgated internationally.

96/05

Discussion of ERC 1997 Guidelines and AHA 2000 Guidelines and "ILCOR Advisory statements"

The ERC will present their latest resuscitation guidelines in Brighton in April, 1997. The AHA plans to publish their next set of resuscitation guidelines in the year 2000. This lack of coordination of guideline publication is a problem that ILCOR was intended to solve. There was considerable discussion regarding why we are planning to have new guidelines published several years apart. The explanation appeared due to publication commitments made by the respective organizations to other partners.

We also discussed how the work of ILCOR, which has totaled more than 16 days of meeting time, will influence the guidelines of the ERC in 1997 and the AHA in 2000. As noted above, we think the final ILCOR Advisory statements will need to be powerful documents, well-thought out, and science-based, so that they can inform and persuade on their merits. The ILCOR Advisory statements should be influential because they were shaped by many of the same experts who will be writing the eventual guidelines of ERC and AHA. We restated again that the ILCOR guidelines are advisory statements only, and not a mandate that must be followed by other councils. Again, however, ILCOR members

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emphasized the laudable goal of having resuscitation guidelines throughout the world be as close to identical as possible.

96/06

Working Groups Breakouts

The committee attendees divided into the three working groups of Basic Life Support, Advanced Life Support and Pediatric Life Support for break-out discussions for more than half of the meeting time. The details of these discussions are presented in the minutes of the respective working groups.

96/07

Presentation by Mary Fran Hazinski on ventilation:compression ratios

Because of the level of interest among the entire ILCOR membership Mary Fran Hazinski, presented preliminary data from a project she conducted on CPR compressions/ventilation ratios. She compared ratios of 5:1 with 15:2 among some volunteer health care providers at Vanderbilt Medical Center. The purpose of her project was to determine the relative proportions of time spent on ventilations with the two ratios and with compressions. She intends to complete a manuscript on this project and present the final results and conclusions in six months at the ILCOR #9 meetings in November.

96/08

WHO report

Dr. Zupan from the WHO reported on her study of a simple airway device for the newly born. This project involves an inexpensive plastic mask that can be easily used by midwives in third world countries during out-of-hospital deliveries. Worldwide, the WHO estimates that thousands of newly born can be saved with simple, non-invasive airway maneuvers. Dr. Zupan will sit with the Pediatric and Neonatal Working Group during this meeting and will attempt to arrange her schedule to attend the ILCOR #9 Meeting in New Orleans. We will continue to communicate with the WHO through the involvement of Dr. Zupan. We will send letters to WHO and to the International Red Cross indicating to them that ILCOR exists (Dr. Cassan of Geneva). The major issue is that other organizations are about to get involved in the development of resuscitation guidelines.

96/09

Internationalization of Basic Life-Saving First Aid Conference; Lyon, France; April, 1996

Mervyn Allen reported on the Lyon, France meeting on Internationalization of Basic Life-Saving First Aid; that was conducted in April, 1996. This meeting was sponsored by the WHO. Dr. Allen did not think this meeting had an effective outcome, because the participants in the Lyon Conference were not aware of the extensive amount of work that had been performed already by ILCOR on resuscitation guidelines. Dr. Peter Safar

Tony Handley

distributed several manuscripts and papers at the Lyon Conference in which he referred conference participants to the information being produced by the ILCOR.

96/10

"Unveiling of the ILCOR Advisory Statements" at the ECCU'96, Montreal

Dr. Chamberlain introduced a discussion on the presentations ILCOR representatives would make at the ECCU'96 Conference later this week. Vinay Nadkarni will present the Pediatrics guidelines, Walter Kloeck the ACLS guidelines and Tony Handley the BLS guidelines. The section will be called "Similarities and Differences". Drs. Cummins and Chamberlain will moderate.

96/11

Report from the BLS Working Group (Tony Handley)

The BLS Working Group continued its discussions of several topics:

- should the Paediatric guidelines be exactly the same as the adults BLS guidelines?
- emphasis on simplicity, a simple, core algorithm
- pulse check—yes or no?
- check for responsiveness: how much to emphasize?
- chest compressions depth
- ventilation:compression ratios
- call for help by "the lone rescuer". Should there be differences in approaches based upon the cause of the arrest?
- should resuscitation guidelines differ by patients with primary ventilation problem vs primary cardiac problem?

John Kattwinkel, co-chair of the Steering Committee of the AHA and the American Academy of Pediatrics Neonatal Resuscitation Program presented a position paper on Neonatal BLS Guidelines that he had prepared (see minutes).

Please see the minutes of the BLS working group for details and final recommendations.

96/12

BLS Working Group Topics

Here is the list of topics that the BLS Working Group are addressing. This list serves as an early draft of the BLS section of the table of content for the ILCOR Advisory Statements:

- BLS Working Group: Basic Life Support - Single Rescuer (Becker, Handley)
- BLS Working Group: The "Universal" Recovery Position (Kloeck)
- BLS Working Group: Recovery Position (Handley)
- BLS Working Group: Recovery position in cases of suspected spinal trauma (Allen)

- BLS Working Group: the recovery position and the AHA (Idris and Melker)
- BLS Working Group: Patient positioning during assessment (Allen)
- BLS Working Group: Carotid pulse checks
- BLS Working Group: Tidal volumes and gastric inflation during CPR (Idris)
- BLS Working Group: Hand position in closed chest compression in BLS (Bossaert)
- BLS Working Group: Guidelines for basic management of Airway & Ventilation (Baskett and the ERC)

96/13

Paediatrics Working Group (Vinay Nadkarni)

The Paediatrics working Group has tried to fit the Paed algorithm into a more universal format. Several areas remain in need of caveats and thus are not yet as simple as desired: call first vs call fast; what should we use as an age cut-off; evolution to an etiology-based treatment algorithm. A universal algorithm (one that covers both adults and children) continues to pose problems because of the sense that the airway interventions in children need to be different than in adults. *Newly born* as a new concept, with potential requirements for different treatment algorithms than other paediatric patients, continues to be discussed.

The Paediatric Working Group plans to finish the final drafts of the Paediatric Advisory Statements in ILCOR #9, in Dallas, Texas; November 14-15, 1996. They will focus special attention on the following topics:

- Call first vs call fast
- pulse check
- Recovery position
- BLS compression/ventilation ratio
- Newborn/Newly born/ Neonatal Guidelines
- BLS Universal Template for Laypersons
- BLS Universal Template for Health Care Providers
- ALS Universal Template
- AED use in children/ age cutoff draft review
- Review of ALS Working Group Advisory statements on special resuscitation circumstances and their applicability to kids. (See section 96/15, below)

96/14

ALS Working Group (Walter Kloeck)

The ALS Working Group continues to work on the consensus advisory statements for presentation in Brighton (April, 1997) and publication in *Resuscitation*. The ALS Working groups continues to lessen any emphasis on drug therapy, and recommends only two rhythms to learn and treat in a *Universal treatment algorithm*.

The ALS advisory statements will follow a common format and style:

Format:

- Background
- Key interventions required immediately prior to arrest
- BLS modifications during the arrest
- ALS modifications during the arrest
- Modifications needed immediately post-arrest

Style:

- one to two pages maximum
- short, concise sentences and paragraphs
- bulleted recommendations (verb-object format)
- practical approach

References:

- use the most recent and the most relevant from at least the last 3-4 years and no further back than the last ECC guidelines congress.

96/15

ACLS Working Group Topics

Here is the list of topics that the ACLS Working Group are addressing. Some author assignments are preliminary and subject to change. This list serves as an early draft of the ACLS section of the table of content for the ILCOR Advisory Statements:

- Preamble, Background relating to Universal guidelines (Cummins and Chamberlain)
- Universal ALS Algorithm: Background and Science (Cummins and Chamberlain)
- Universal ALS Algorithm: figure, footnotes and commentary (Kloeck)
- ACLS Working Group: Tachyarrhythmias (Bossaert)
- ACLS Working Group: Treatable Bradycardias (Chamberlain)
- ACLS Working Group: Cardiac arrest associated with Acute Myocardial Infarction (Bossaert)
- Special Resuscitation Situations: conditions that require modifications in resuscitation procedures or techniques. These conditions include the following:
 - ACLS Working Group: Toxicological and Electrolytes problems leading to cardiac arrest (Christianson)
 - ACLS Working Group: Trauma (Carli)
 - ACLS Working Group: Cardiac arrest associated with Pregnancy (Connolly)
 - ACLS Working Group: Cardiac arrest associated with Stroke (Connolly)
 - ACLS Working Group: Resuscitation of Cardiac Arrest due to Anaphylaxis (Chamberlain and Pumphrey)
 - ACLS Working Group: Sudden Death in the Athlete and young adult (Adgey, Ornato and Cummins)

- ACLS Working Group: Hypothermia, hyperthermia and heatstroke (Steen and Hapnes)
- ACLS Working Group: Electric Shock (Ornato)
- ACLS Working Group: Lightning Strike (Ornato)
- ACLS Working Group: Denervated Heart (Ornato)
- ACLS Working Group: Cardiomyopathy (Ornato)
- ACLS Working Group: Near Drowning (Callanan)
- ACLS Working Group: Renal Failure (Cummins)
- ACLS Working Group: Heat Stroke (Hapnes)
- ACLS Working Group: Asthma (Cummins)
- ACLS Working Group: Anesthetized and ventilated patient (Carli)
- ACLS Working Group: Resuscitation of Geriatric patients (Sanders)
- ACLS Working Group: Ethical Issues related to resuscitation (Sanders)
- ACLS Working Group: Brain Death (Callanan)

96/16

Publication of ILCOR Advisory Statements in *Circulation* for the AHA

Richard Cummins noted that ILCOR will need to formally propose to the AHA's *Scientific Advisory Committee* (SAC) about our aim to publish the ILCOR Advisory Statements in *Circulation*. The advisory statements would need to stand as separate from the ERC guidelines. Joint publication in April may be a bit of a problem. Our ILCOR documents would need to be ready by October-November, 1996 in order to make the print queue for publication near the time of the ERC Resuscitation Guidelines Conference in April, 1997. Several participants suggested that the ILCOR documents be published after the ERC Guidelines, perhaps in May or June of next year. SAC would need to confer approval by February, 1997.

ACTION NEEDED: Richard Cummins will draft a proposal to the SAC to publish the ILCOR Advisory Statements in both *Resuscitation* and *Circulation* in the Spring of 1997. (After meeting Addendum: this proposal letter is attached to these minutes. SAC did grant approval to proceed with these publication plans -ROC)

96/17

Time Line for production of ILCOR Advisory Statements

New Orleans (meeting venue was subsequently changed to Dallas, TX--ROC) will be the occasion of the final drafts of the ILCOR Advisory Statement. We should plan to leave final drafts in New Orleans.

Proposed Time Line:

May 16-17, 1996:	ILCOR #8
July 31, 1996:	WG Chairs mail drafts to ILCOR Chairs
Sept. 1, 1996:	Chairs mail revisions to ILCOR members
Sept. 15, 1996:	Members return revisions to Chairs
Oct. 15, 1996:	WG Chairs mail final drafts to ILCOR members
Nov. 14-15, 1996:	ILCOR #9 in Dallas—final revisions made here.

96/18

In-Hospital Utstein Style Guidelines

Richard O. Cummins presented an update on the status of the Special Medical Scientific Statement "Uniform Guidelines for In-Hospital Resuscitation: the In-hospital Utstein Style". This document will be published jointly by *Circulation*, *Resuscitation*, *Annals of Emergency Medicine*, *Academic Emergency Medicine*, *JEUR* and *Notfallmedizin* in the Spring of 1997. Dr. Cummins encouraged final commentary from the Committee members. Final versions incorporating all comments will be provided in the ILCOR #9 meeting. This will give reviewers a final chance to provide comments and revisions.

96/19

Future Meetings

ILCOR #9 will be hosted by the American Heart Association in Dallas, Texas. Dates are tentatively set for 14-15 November.

ILCOR #10 will be hosted by the European Resuscitation Council in Brighton, England in association with the ERC Guidelines Conference. This meeting will be April 11-12, 1997, but the exact dates for ILCOR #10 are not yet established.

The American Heart Association's Public Access Defibrillation II Conference will be held in Crystal Springs, Maryland, immediately after the ERC Guidelines Conference; dates are April 17-19, 1997.

Respectfully submitted,

Richard O. Cummins
Douglas Chamberlain