

Dispatch Assisted CPR

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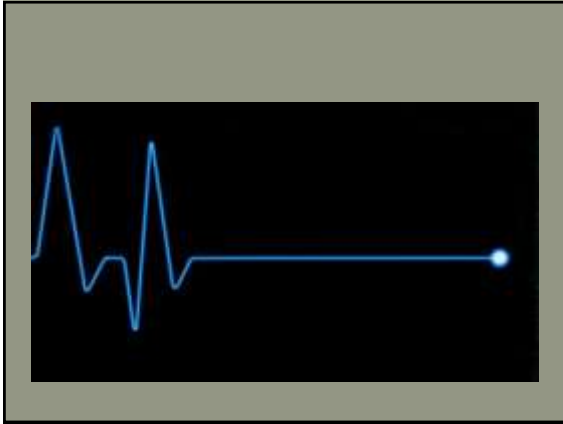
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One day....



www.utahsafetycouncil.org





Straits Times - next day
“Man dies due to slow ambulance response”

What went wrong???





True First Responder

- First point of contact

995

Significance of Dispatch

Call taking is the first link in the chain of survival

Especially important in time-sensitive situations

- “Golden Hour Quintet”
 - Out of Hospital Cardiac Arrest
 - Acute Myocardial Infarct
 - Stroke
 - Acute Respiratory Failure
 - Major Trauma

Dispatch CPR

- Identify that CPR is needed
- Start CPR – by the bystander
- CPR instructions
- Stay on the line till EMS arrives

Identify that CPR is needed

- Not the same as identifying cardiac arrest
- Some may actually not be in cardiac arrest
 - But it's ok
- Key Questions
 - Is he conscious?
 - Is he breathing *normally*?
- If both “no”: Start CPR

“Is he/she conscious?”

- Yes/No
- Unsure
 - “I don't know, he eyes are open”
 - “He eyes are moving from side to side”
 - “How do I check?”
- “Does he respond to his name?”
- “Is he talking or moving?”
- “Can I talk to him?”

"Is He/She Breathing NORMALLY?"

YES

NO → (AHA Guidelines) START CPR

UNSURE

- Can you imitate the breathing sound?
- Is it shallow or slow?
- Put the phone next to his mouth so I can hear it

Useful keywords – "Groaning", "Gasping"
"Moaning", "Shallow", "Slow"

START CPR unless normal breathing is confirmed!

"Is he breathing?"

- This is NOT a good way to ask about breathing.
- Most people will assume any movement to be equivalent to breathing, delaying recognition of cardiac arrest
- Agonal breathing, which is the slow shallow breathing of a dying person can go on for several minutes after cardiac arrest.
- Starting CPR only when there is no breathing is TOO LATE!

Start CPR

- Instruct the caller to start CPR
 - Not asking.
- "I need you to start CPR now"

Don't ask for permission

- "Is there anyone who would like to do CPR, please?"
- "Would you like to help?"
- "Can you do CPR?"
- "Are you sure you don't want to do CPR?"
- This person needs CPR.
- I need you to perform CPR.
- I need you to perform CPR to save his life.

CPR instructions

- Put phone on speaker mode
- Position the patient
 - Lay the patient on the floor if possible
- Position the caller
 - Kneel beside the patient
- Position the hands
 - Left hand on the centre of the chest, between the nipples
 - Right hand on top of the first
 - Straighten elbows

CPR instructions

- Pump fast – at least 100 beats a minute
 - Count with me "1,2,3,4...10"
- Pump deep – at least 5 cm
- Allow chest to completely relax between pumps
- Do not stop
- If there is another person beside you, you should take turns

Be Consistent !!

Using Protocol/Script

- Always use a standard script/protocol
- Having to think about what to say always takes MORE time
- Ad-libbing often leads to missed instructions, missed diagnoses, poorer CPR
- Its hard to improve performance if you keep changing the way you do it
- Its like bowling, shooting or playing darts – have the same delivery for every call!

DA CPR Example



LEARNING POINT

- VERY CALM, GOOD CALL.

Good DA CPR! Or...?



CPR

REVIEW

LEARNING POINT

- “1,2,3...9,10, UP”

Good DA CPR! Or...?

- 1
 - 2
 - 3
 - 4
- 

REVIEW

LEARNING POINT

- PAI RATE TOO SLOW

/20121116/0206



REVIEW

LEARNING POINT

- EXCELLENT PATIENCE AND EFFORT. PERSISTENT IN GUIDING CALLER TO DO CPR.

Good DA CPR! Or...?

- 1 2
- ◀ ▶

REVIEW

LEARNING POINT

- “PLEASE CALL BACK IF PT BECOMES UNRESPONSIVE OR STOP ‘BREATHING’.”
- CHECK FOR BREATHING NORMALLY

Troubleshooting

“They are reluctant to start CPR”

- Everyone who hasn't started CPR already IS RELUCTANT to help because
 - They don't know what to do
 - They are panicky
 - They are afraid to do the wrong thing
- You MUST tell them what to do.

Why didn't they want to do CPR?

- "But he's a guy" <female caller>
- "She just vomited"
- Performing mouth-to-mouth is a barrier for bystanders to start CPR and in initial rescue efforts, uninterrupted FAST and HARD compressions are more important
- Chest compressions will also draw some air into the lungs
- "Don't worry, I just need you to do chest compressions. There is no need to do mouth to mouth."

Barriers to CPR

- "Can you put him flat on the floor?"
- "I can't - he's too big"
- "Can you lie him flat somewhere?"
- "He's on a small sofa"
- It's ok. Just put him as flat as you can. We need to do chest compression now."
- Don't get stuck by procedure. Some CPR on a bed or sofa is better than NO CPR.

Asking Leading questions

- "Confirm ok - you don't want to do CPR, right?"
- "His breathing is ok, right?"

Who is the best person to do CPR?

- The Caller is the most motivated person to help; that's why he/she called.
- Avoid them passing the phone to another person

Who should do the counting? Caller or the call taker?

- Caller!
- Caller doing the counting will provide feedback about their rate of CPR
- If the call taker counts, he will not know if the caller is tired or is not following the count

Us versus You

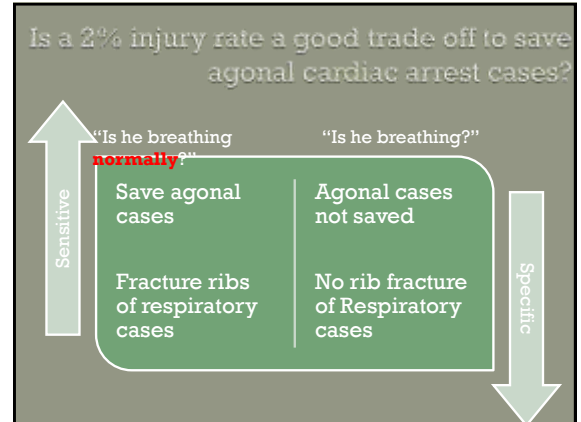
- We need to start CPR
- You need to start CPR

Circulation
Journal of the American Heart Association

Dispatcher-Arrived Cardiopulmonary Resuscitation: Risks for Patients Not in Cardiac Arrest
 Lindsay White, Joseph Rogers, Megan Blount-Gibbie, Carol Fitzpatrick, Linda Odley, Cleo Sobko, Mickey Eisenberg and Thomas Rhee

Circulation. 2010;122:91-97. originally published online December 21, 2009; doi:10.1161/CIRCULATIONAHA.109.872466

- Top 5 causes
 - Overdose
 - Syncope
 - CVA
 - Seizure
 - Hypoglycaemia
- Prospective cohort study
 - 1700 patients
 - **45% not in cardiac arrest**
 - **Of those 41% received chest compressions**
 - 2% injury rate (mostly fractures)
 - No visceral organ damage



Setting KPIs

- Diagnose and dispatch in 1 minute
- CPR by the 2nd minute
- Aim for 20% telephone CPR rate (at least)

Paste a copy on the table

- Sometimes, computer systems do breakdown
- Keep a copy of vital protocols handy

Morale and Rejection

- The highest recorded rates of telephone CPR 30-40% (with bystander provide 10-20% CPR)
- Even in the best places 50% of callers will not respond to your efforts
- If 20% of bystanders start CPR by themselves, and you can get 20% more to do it over the phone, **60%** still reject you.

Abuse

- Telephone callers are sometimes abusive because they are scared, panicked etc
- Unless it's a prank call or a psychiatric patient, people rarely abuse call centres intentionally
- DON'T personalise the call.
- The caller is upset about his situation and is lashing out at anything nearby
- He could be feeling regret and guilt
- The minority should not dictate how you feel about the majority of callers that appreciate what you do!

Professionalism

- Compartmentalise and separate your job from your life
- The things that you hear should stay in the call centre
- Take every call the same way

Now YOU
try!