

National cardiopulmonary resuscitation guidelines: Journey forward

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The Cardiopulmonary Resuscitation (CPR) remains one of the important skill based learning not only for medical professionals but also for bystanders. The mortality after sudden cardiac arrest is higher in India as compared to other countries due to lack of awareness of CPR and lack of appropriate modalities for teaching and training. Inappropriate and delayed CPR affects the outcome of the cardiac arrested victim. The survival chances of cardiac arrest victim decreases with each minute of arrest and a timely CPR including bystander CPR increases the survival chance of the victim.

In medical practice, the need of development of a guideline is required to provide a safe, evidence base practice for improving the overall outcome of the patient^[1,2]. The availability of such validated document helps in assessment of standard of care practices at various levels, maintain uniform clinical practice with common language, improves quality of care along with financial benefits. The CPR guidelines exist for various nations and resuscitation councils around the globe^[3-5]. Each resuscitation council have drafted the evidence based CPR guidelines as per the local need taking into considerations logistics, socio-geographical diversity, infrastructure and the financial implications. Thus, the development of Indian CPR guidelines was well mandated to suit the local infrastructure, socio-economic and cultural needs. This initiative was taken by the Indian Resuscitation Council (IRC) under the aegis of the Indian Society of Anaesthesiologists (ISA) which was later endorsed by many other professional academic societies as well in the field of medicine. The CPR guidelines were released and published in this esteemed journal after blinded peer-review by experts^[6-8]. This was an attempt to provide a structured approach based on existing evidence and experts consensus. This has provided a initial platform to assess for its suitability and appropriate applicability in India with wider geographical, financial and cultural diversity. These guidelines would also provide a base for conduct of future research and thus would generate the evidence for future revision of the guidelines.

Training in CPR involves following a structured CPR course to impart appropriate knowledge and acquire skills. The IRC has provided a platform for conduct of training programme at various levels by not only academic support but also administrative and infrastructural support to start the Comprehensive Resuscitation Training Centres (CRTC) across the country. The main aim of IRC guidelines is to support an appropriate platform for a structured training and thus to improve the survival of cardiac arrested victim. The council is also supporting the training of instructors for conduct of the IRC affiliated courses. The creation of trainers pool and training centres with appropriate infrastructure remains a herculean task. Being a new venture and its need at a very large stage, it requires a step wise approach for the setting of IRC CRTC across India. It requires support and dedicated team for taking forward the steps initiated by ISA and IRC. In the recent time, a huge enthusiasm has been seen among professionals with the warm welcome, its acceptability and taking it forward for teaching and training of CPR across India. The IRC has planned the implementation program of the CPR training across India and the same may be seen on its website (www.cprindia.in).

The national guidelines requires data and evidence from the population for which guidelines are being developed. Though the present first IRC CPR guidelines remains evidence based but lacks the evidence from India due to scarce literature published in the field of CPR from India^[9]. The absence of registry in India remains a major lacunae hampering the evaluation of the local need required for the guideline. The IRC guidelines would allow the studies to be framed based on these

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document and thus would generate data for future revision of the IRC CPR guidelines. It is also urged and planned by IRC to create the registry related to CPR in India. This registry would provide data for future modification of the IRC guidelines based on upcoming evidence from India.

It needs to be accepted that any new venture may have bumpy course at the start due to inherent issue of its acceptability and applicability. Same is true for IRC CPR guidelines. The critical appraisal of the guidelines is required to prevent any conflict of interest or variations in the target population and this suitability for the target population. It is also accepted that certain shortcoming may arise in future due to upcoming new evidence, which would mandate consideration in subsequent revision of the CPR guidelines. However, a well started venture is half done. The IRC guidelines needs to be further supplemented with other associated algorithm like CPR for special age groups like infants, child, pregnant victims as well. The IRC is working on these front as well with the support of all associated professional bodies.

Guidelines documents remain flexible, systemically developed evidence based statements and thus suits to majority of professionals and bystanders (for lay person CPR) for management of patients^[10,11]. However such document do provide a uniformity, promote use of similar terminology and language in the clinical practice. This aids in nation wise discussion on pertinent topics on the CPR. Also, the guidelines would provide a platform for uniform data collection which is essential for future revision of the guidelines.

To conclude, the national CPR guidelines were well needed which further needs to be implemented across the nation with support from various professional bodies. There is also the need of more evidence from India with regards to CPR and its outcome and thus requires registry and conduct of research to find the optimal components of the CPR and thus to revise the

guidelines subsequently.

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