

## Framework for universal cardiopulmonary resuscitation (CPR) guidelines: Need of the hour

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The cardiopulmonary resuscitation (CPR) is an essential medical skill for any victim of cardiac arrest. It has been taught to lay person as well, though the components of CPR differs. The CPR guidelines have been formulated by many international professional bodies and resuscitation councils across the world<sup>[1,2,3]</sup>. The International Liaison Committee on Resuscitation (ILCOR) includes these resuscitation councils and provides a forum for liaison between them. The reason for different guidelines probably is the local need and thus appropriate changes to suit the local needs. These could be related to differences in geographical conditions, infrastructure, economic conditions and availability of trained rescuers<sup>[4]</sup>. However, if try to analyze these guidelines for the evidence, these have been picked up from researches across the world. Also, there are conflicting reports or lack of robust evidence with certain aspects of the CPR performance and hence expert opinion has been incorporated for guideline formulation. At times, robust evidence could not be generated due to ethical issues for studying certain aspects of CPR process. Probably, this may also be one of the reasons for non-acceptance of a particular guideline universally as difference in opinion exists for a particular practice. There is also utter need for an attitudinal change for guideline acceptance as well.

In spite of existence of CPR guidelines across world, the training with regards to CPR is minimal in Indian subcontinent. The reason could be related to financial aspects, suitability of these guidelines in Indian scenario or related to acceptability of the guidelines in clinical practice. The Indian Resuscitation council has also published its own guideline in 2017<sup>[5,6,7]</sup>. It was an initiative of the Indian Society of Anaesthesiologists primarily but subsequently it has been supported by other professional societies of India and other parts of the continent. It appears that these guidelines are well suited for the developing countries as well.

Considering these issues and concerns, we have added one more guideline which appears to be well suited for our local need. The IRC guideline has certain subtle changes that have been incorporated in the guidelines based on local needs. However, we need to have insight as to why we need to have a separate guideline? This may led to difference in communication and conduct of research across the world uniformly. Does this mean that we may have unified CPR guideline/algorithm for the whole world which then may be modified accordingly, as per need for particular region? Similar concerns have been raised for other guideline as well like difficult airway management, wherein many guidelines exist across the world<sup>[8,9]</sup>. The attempts for the same had been made earlier but it did not come into practice in unison.

The formulation of universal guideline for CPR may include all evidences from all parts of the world and various options may be inbuilt to modify them as per local needs, while maintaining the essence of the CPR approach. This would not only help to have same language for communication but also would help to collate all evidence during further researches and revision of the future guidelines based on new evidence which shall be generated by having universal guideline. Also, there is utter need to have central registry for collecting CPR related data and subsequently analyze them to revise the guidelines accordingly<sup>[10]</sup>. It is high time, to sit together and take a leap into the genesis of universal approach for guideline formulation in different aspects of medical sciences.

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