

Best CPR: Chest Pumps + Rescue Breathing, Study Says



By Ana-Marija Dolaskie — December 8, 2015

Trained first responders need to stick to interrupted rescue breathing when performing CPR, as opposed to chest compressions only. According to the largest study of its kind, continuous chest compressions did not offer a better chance of survival, when compared to interrupted chest pumping for performing rescue breathing.



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In an emergency, out-of-hospital setting, trained first responders need to stick to interrupted rescue breathing when performing CPR, as opposed to chest compressions only. According to the [largest study of its kind](#) [2], continuous chest compressions did not offer a better chance of survival, when compared to interrupted chest pumping for performing rescue breathing.

CPR, short for cardiopulmonary resuscitation, is performed to resume a pulse or respiration in people whose breathing and heartbeat suddenly stop. Typically, untrained bystanders are urged to perform continuous chest pumps to keep the patient alive until paramedics arrive.

But the study's results leaned in favor of interrupted CPR, and patients receiving chest-only compressions during an emergency were less likely to survive long enough to be transported to a hospital. Those who did survive had fewer days alive after being treated for cardiac arrest and discharged.

The Resuscitation Outcomes Consortium randomized trial, published in the [New England Journal of Medicine](#) [2], was conducted in more than 23,000 patients with cardiac arrest, a little more than 12,000 of whom received continuous chest compressions, and 11,000 patients in the control group received interrupted chest compressions and rescue breathing. Nine percent of those in the intervention group, and 9.7 percent of those in the control group, survived and were later

discharged from hospitals.

The study results are counterintuitive of the [current guidelines](#) [3] that recommend chest-compressions only for medical personnel, set by the American Heart Association in 2015, only days before the findings were presented. But experts say the data stress the fact that patients need oxygen, and taking a break from chest pumps may even be beneficial to survival.

For the general public, studies have shown that urging bystanders to focus on hands-only CPR increased the chance of bystander response, and therefore boosted survival rates. Those results are what prompted a change in the bystander recommendations in 2010.

The study's authors suggest the strong findings are enough to take a second look.

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