

Book Review

**Cardiopulmonary Resuscitation: New attendance guidelines**

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Changes in the *American Heart Association* Guidelines were published in 2010⁽¹⁾ and contain the best recommendations for the treatment of clinical emergencies, first aid, basic life support and advanced treatment. A new link has been added to the survival chain: the performance of organized post-cardiopulmonary resuscitation care (CPR), seeing that individuals who are seriously ill require a multidisciplinary assistance plan to take care of the various alterations presented. The survival of cardiorespiratory arrest (CRA) depend on the quality of external thoracic compressions (ETC); therefore, their sequence has been altered to minimize delay in starting and interruptions. Therefore the sequence A-B-C (*airway-breathing-chest compressions*), has changed to C-A-B (*chest compression-airway-breathing*). In addition, frequency and depth are important determinants of ETC, which must be performed a minimum of 100 compressions per minute, with a depth of 5 cm with the thorax returning completely to the original position. According to the Guidelines, a request for Medical Service must be made after unconsciousness and absence of adequate respiration are detected. Use of continuous quantitative capnography monitoring has been recommended to confirm the location of the endotracheal tube and monitoring the quality of CPR. The use of atropine is no longer recommended for patients with electrical activity without pulse and asystolia. Thus therapeutic hypothermia is recommended, since this has been shown to be beneficial in post-CPR neurological recovery.

It is fundamental to update professionals' knowledge, so that they are able to provide Basic and Advanced Life Support with quality, based on the best scientific evidences for patients with CPS, enabling them to return to society with good functional capacity.

REFERENCE

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