INCREASING CARDIAC ARREST SURVIVAL THROUGH DISPATCHER ASSISTED BYSTANDER CPR

State of Wisconsin Training for identifying patients who are pulseless and not breathing
Disclosure:
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Program Overview

TOPICS TO BE DISCUSSED

• Project Overview

• Identifying Cardiac Arrest Patients to Transfer for Dispatch Assisted CPR
PROJECT VISION

To give EVERY 9-1-1 Caller the OPPORTUNITY to be a first RESPONDER
CURRENT WISCONSIN CPR STATICS

CPR PROVIDED PRIOR TO EMS ARRIVAL

19.7%
THE CALL
Thoughts about the call?

Without the Dispatcher’s directions what would have happened?

How did the Dispatcher Sound?

Did it work?
Chain of survival

Early Access  Early CPR  Early Defibrillation  Early Advanced Care
PROGRAM FOCUS

- Decreasing time to Compressions
- Increasing the chances of Survival
IDENTIFYING PATIENTS WHO NEED CPR

State of Wisconsin PSAP Transfer Training
GOALS FOR DISPATCHERS:

- Facilitate rapid Cardiac Arrest identification
- Instill Bystander Confidence
- Coach Competent CPR
KING COUNTY SEATTLE, WA

Study from 1985-2015

50% Dispatcher Assisted CPR

25% Bystander-initiated (Not Assisted)

Dispatcher Assisted Instruction Doubles The Rate of Bystander CPR
CARDIAC ARREST SIGNS

- Sudden, unexpected collapse
- Unconscious
- No signs of life
CARDIAC ARREST SIGNS

• Abnormal Breathing (not NORMAL)

• Brief Seizure
All Caller Interview

2- Key Questions

- Is the patient conscious?
  - No
- Is the patient breathing normally?
  - No

Go

- Dispatch assets
- Transfer call
All Caller Interview

NO- NO - GO

IS THE PATIENT CONSCIOUS (AWAKE)?

• YES:
  Respond as usual (uses appropriate Chief Complaint)

• No:
  Go to STEP 2

• Unsure?
  Tell the caller to go check- wait on the line
All Caller Interview

**NO- NO - GO**

**IS THE PATIENT BREATHING NORMALLY?**

- **YES:** Respond as usual (use appropriate Chief Complaint)

- **NO:** Dispatch Assets
  Read Appropriate Protocol- Give Verbal direction
2- NO's and a GO

Callers reporting a person unconscious and not breathing normally require an ALS response and immediate CPR instruction
2- NO's and a GO

- **PSAP WILL TRANSFER CALL OR INITIATE INSTRUCTIONS**

"Ok, Sir/Ma'am I am sending an ambulance now. I am also transferring you to my partner who will give you more directions....."
2- NO's and a GO

- **ONCE RECEIVING AGENCY ANSWERS - PSAP STATES:**

  "This is ____ dispatch center. I have a caller reporting as____ (age if known) PNB (give any pertinent details ex. post drowning, electrocution). Unit____ has been dispatched"
AGONAL BREATHING

SLOW, PASSIVE & INEFFECTIVE BREATHING.

Not NORMAL

CHEST DOES NOT RISE AND FALL NORMALLY

Ex: A Rhythmic Pattern

*Caller often mistakes as breathing*
IS THE PATIENT BREATHING NORMALLY?

DON'T BE FOOLED BY AGONAL RESPIRATIONS

"GASPING"
"SIGHING"
"LIGHT BREATHING"

"SNORING"
"GURGLING"
"LABORED"

"SNORTING"
"PUFFING"
"SHALLOW"
Common Delays in Delivering CPR

- Unnecessary questions asked
- Caller not near patient
- Dispatcher didn’t ask Key Questions correctly
- Deviation from protocols
REMEMBER:

• Studies show that giving CPR to individuals not in Cardiac Arrest does MINIMAL harm

• Not giving CPR when someone is in Arrest significantly decreases their chances of survival

• Our script does not require Dispatchers to verify Cardiac Arrest
THE PROCESS

STATE OF WISCONSIN PSAP TRANSFER INSTRUCTIONS

• Identify Cardiac Arrest
  2 No’s and A Go

• Ensure Responding Units are Dispatched
THE PROCESS

STATE OF WISCONSIN PSAP TRANSFER INSTRUCTIONS

• Transfer Call to the EMS Comm Center You are partnered with
  Stay on the line until you can tell the communicator where you are calling from. THEN you can hang up.

• Send an email notifying your supervisor that you transferred a call.
QUESTIONS?