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“KIDS SAVE LIVES in Greece-National training program of schoolchildren in cardiopulmonary resuscitation”: Evaluating the impact of a 4 year nationwide educational seminar

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Purpose: “KIDS SAVE LIVES” is a suggested training program by European Resuscitation Council (ERC) and aims to educate all children in First Aid. We aimed to present the results of KIDS SAVE LIVES training program for the period 2016–2019.

Methods: The Humanitarian Organisation “KIDS SAVE LIVES - Το Παιδικό Σώτηρας Σώζει” and the Hellenic Society of Emergency Prehospital Care set up a plan for establishing mandatory education of schoolchildren over 10 years old in CPR. Having the approval of Greek Ministry of Education, the aforementioned Organisations implemented CPR training in primary and secondary schools.

Results: After 4 years of KIDS SAVE LIVES initiation in Greece, 53,793 schoolchildren ≥ 10 yrs, teachers, and parents were trained in 559 schools [46,217, 6681 and 895 accordingly]. Today, Greece is the country with the youngest certified Instructors in Europe (100 BLS Provider and Instructor courses in schools). 18 victims of OHCA resuscitated by trained bystanders and Nefeli, is the first child that resuscitated an OHCA victim; 6 volunteers resuscitated 12 choking victims. Moreover, the program has been achieved the establishment of 140 public AEDs, the creation of an application with the location of 442 AEDs, the national school CPR championship, the Virtual Reality-CPR training, and online lessons of students due to COVID-19 prevention measures. The official law proposal for the establishment of CPR training as a basic school subject has already applied to the Ministry of Education. The pilot phase is expected to begin in September of 2020 with the initiation of CPR lessons by teachers who have been trained by our program.

Conclusion: KIDS SAVE LIVES course is a successful method for mass training events. Incorporating training into the mandatory education syllabus, will facilitate the formation of a pool of young promising rescuers and contributing so to the future improvement of survival after OHCA.

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Does patient age influence CPR interventions? A retrospective single center analysis

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Introduction: Cardiopulmonary resuscitation is one of the core competencies in prehospital care. As the population of Austria is getting older, the amount of prehospital emergency calls to elderly patients in cardiac arrest is rising as well. The aim of this study was to describe possible differences in the resuscitation process in the elderly population compared to a younger cohort.

Materials and methods: The data for this retrospective, single center study, was acquired from the database of the emergency physician response unit of the university hospital of Graz. All missions from the 01.01.2010 till the 08.06.2018 have been searched for adult patients receiving cardiopulmonary resuscitation (n = 717). They were divided in four age groups (18–64, 65–74, 75–84 and 85 years and older) and searched for the interventions endotracheal intubation, insertion of an arterial line or a prehospital bloodgas analysis. Duration of cardiopulmonary resuscitation was also evaluated if it was terminated during the mission.

Results: There was no statistically significant difference between the first two age groups. In comparison to the youngest group, the cohort with patients 75–84 years old received significantly fewer interventions. The depletion ranged between 17.47% (Intubation) and 37.04% (median CPR Duration). The reductions between the youngest group and the 85 years and older group were significant as well, ranging between 43,09% (Intubation) and 74,07% (median CPR Duration).

Discussion: The results show that elderly patients receive fewer invasive interventions and cardiopulmonary resuscitation is performed for a shorter period of time. Which factors, for example ethical issues and comorbidities, contribute to this has to be addressed in further research.

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Energy dose in paediatric out-of-hospital cardiac arrests

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Purpose: In the current recommendations for paediatric out-of-hospital cardiac arrests (OHCA), an energy dose of 4J/kg is mentioned. We aimed to measure in our paediatric cohort the association between the energy-dose administered and the outcomes (ROOR, admission alive at hospital) according to the type of pads (paediatric pads PP, adults pads AP).

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