“How news stories encourage people to learn resuscitation”

The collapse and successful resuscitation of footballer Fabrice Muamba thrust out-of-hospital cardiac arrest and cardiopulmonary resuscitation (CPR) into the media spotlight. The story is inspiring, given that Mr Muamba appears to be making a full recovery with no neurological deficit. In contrast is the tragic story of Piermario Morosini, another professional footballer, who died following a cardiac arrest during a match in the same month.

Despite the similarities between these cases, direct comparisons should not be drawn because circumstances will differ. What is known, though, is that survival to discharge from out-of-hospital cardiac arrest is poor at approximately 5%. The Resuscitation Council (UK) describes four linked interventions that contribute to a successful outcome following a cardiac arrest. These are early recognition of deterioration and a call for help; early CPR; early defibrillation; then high-quality post-resuscitation care.

Undoubtedly, the last could have played a significant role in Mr Muamba’s survival. However, high-quality early CPR and early defibrillation must not be underestimated. It is more than likely these parts of the chain ensured the return of spontaneous circulation after prolonged resuscitation. Healthcare professionals delivered this CPR and defibrillation, but not everyone who has an out-of-hospital cardiac arrest will have a clinician on the scene. None the less, the outcome could be just as inspiring. Bystander CPR – that performed by lay people – has been shown to extend the period for successful resuscitation and at least doubles the chance of survival following a shockable cardiac arrest, where a defibrillator is employed. Despite this, in most European countries, bystander CPR is carried out in only approximately 30% of cases. Is there a need to provide training in CPR to all and improve the provision of automatic external defibrillators?

The recent high-profile cases are likely to make the public realise that simple skills can have a big impact. This, hopefully, will encourage people to “have a go”. In the days after the Fabrice Muamba incident, the CPR instruction page on the British Heart Foundation’s website received many hits. This is an ideal opportunity to promote the need for training.

CPR training for the public is usually accessed through first aid courses or the ambulance services. The potential for a favourable outcome begs the question: should a more formal strategy be adopted?

There have been recent moves to incorporate emergency life support skills into the national curriculum for schools. Despite the clear advantages offered by such an approach, the vast majority of schools do not include it. A petition to include the emergency life support skills in the national curriculum can be found at tinyurl.com/schools-CPR. Perhaps it is time to raise this issue to encourage national debate? There has probably never been a better time to do so. NT

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SPOTLIGHT

Nurses can alleviate the misery of IBS

While it may not always be seen as serious, irritable bowel syndrome is distressing and debilitating. Its effect on quality of life can be devastating.

It causes pain and altered bowel habits, among other symptoms, and often leaves patients fearful of leaving home in case a severe attack leads to faecal incontinence.

Although there is no single treatment for IBS, a range of interventions can help. Our review article (page 20) reports that patients in general accept that health professionals cannot offer a miracle cure.

What patients do want is to be treated as an individual, with treatment plans that take account of their needs as well as how they see the condition affects them.

With their ability to engage with patients and develop trust, nurses can discuss this embarrassing condition and explore options that may reduce the misery it causes.

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