



Heart Attack? Call a C-A-B!

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MedpageToday.com [REPORTS HERE](#) that Chest compressions have become the top priority in cardiopulmonary resuscitation (CPR) for sudden cardiac arrest, according to updated guidelines from the American Heart Association."

"The long-held sequence of A-B-C (Airway, Breathing, Compressions) has been replaced by C-A-B to reflect the importance of initiating chest compressions as soon as possible after a cardiac arrest."

"The new guidance, published in a supplement to *Circulation: Journal of the American Heart Association*, applies to adults, children, and infants, but not to newborns, who should continue to get standard CPR."

"The change in sequence also eliminates delays in chest compressions while only slightly delaying ventilation. And because bystanders might balk at the idea of performing mouth-to-mouth resuscitation, placing chest compressions first in the order of priority may increase the number of people who receive CPR."

"The emphasis on chest compressions has received some recent support in the literature. An observational study published in the *Journal of the American Medical Association* last week found CPR with chest compressions only was associated with better survival than conventional CPR. A meta-analysis of randomized trials published in *The Lancet* this week came to a similar conclusion."

"The authors noted that C-A-B would not replace A-B-C in all circumstances. In cases of drowning or asphyxial arrest, the priority would be about five cycles of conventional CPR with rescue breathing at the 30:2 compression-to-ventilation ratio before activating the emergency response system."

"There were some key changes to the guidelines for basic life support, including the removal of the "Look, Listen, and Feel" check for breathing, which is time-consuming and has been applied inconsistently, according to the authors. The new guidance stresses the importance of immediately activating the emergency response system in cases of sudden cardiac arrest and starting chest compressions on a victim who is either not breathing or is only gasping before any rescue breaths are given."

"There is a greater focus on the quality of CPR, with a recommended compression depth of at least 2 inches in adults and children and 1.5 inches in infants and a rate of at least 100 compressions per minute. Complete chest recoil should be allowed and interruptions in compressions and excessive ventilation should be avoided, according to the new recommendations."