

BRIEF NOTE

The Evolution of Nursing: Updates on Nursing Practice

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Everything in this universe is subject to countless refurbishes. The modifications are invariably met for the development of a certain ideology or substance. This is just one of the many explanations why “there is nothing constant in this world, but change.”

In the field of nursing, various principles are being undertaken, and it is but right for us, nurses to develop innumerable revisions to attain precision, thereby improving our Health Care Delivery System to our clients seeking for medical and nursing care.

Nursing is not a static, unchanging profession but it is continuously growing and evolving as society changes, as health care emphases and methods change, as lifestyle change – and as nurses, themselves change (Potter & Perry, 2005). In this article, one will be able to apprise himself/herself with the up-to-date trends in the field of nursing specifically on Cardiopulmonary Resuscitation.

The Development of Cardio-Pulmonary Resuscitation: from ABC to CAB to DRS ABCD

The ILCOR (International Liaison Committee

on Resuscitation) has eight international resuscitation members, which includes the American Heart Association (AHA), Australian Resuscitation Council (ARC), New Zealand Council on Resuscitation (NZCOR), European Resuscitation Council (ERC), Heart and Stroke Foundation of Canada (HSFC), Resuscitation Council of Asia (RCA), Resuscitation Council of Southern Africa (RCSA), and the Inter-American Heart Foundation (IAHF). ILCOR was established on 1993 with its aim of developing evidenced-based, scientific resuscitation guidelines for adults, pediatrics and infants. Every five years, the ILCOR hosts a conference in Dallas, Texas from which the individual resuscitation councils (international resuscitation members, such as AHA and ARC) develop and revise resuscitation guidelines (The Role of the ARC in the Development of Resuscitation Guidelines, 2011).

The recently (October 2010) revised pattern for resuscitation by the AHA (American Heart Association) was C-A-B (Circulation-Airway-Breathing), from which a rescuer is obliged to prioritize chest compressions over administration of rescue breaths to clients who are unresponsive and are not breathing normally. AHA rationalized that oxygen will be present in the lungs and bloodstream within the first few minutes, so

initiating chest compressions first will facilitate distribution of the remaining oxygen into the brain and heart sooner, thereby decreasing the risk of having brain damage and any other damages of the vital organs in the body. The previous A-B-C (Airway-Breathing-Circulation) pattern was said to have caused significant delays of approximately 30 seconds (Hitt, 2010).

On January 2011, the ARC (Australian Resuscitation Council) made a modification to their guidelines on basic life support. It was stated in the second page of the Australian Council Newsletter on February 2009 that, "While many countries update their resuscitation guidelines at set times (e.g. every five years), the ARC has always adopted a process of ongoing evaluation of the science with updates whenever necessary. Where there is sufficient evidence to warrant an immediate change in a particular resuscitation guideline, the ARC will make the change and not wait for any specific time to occur." The ARC guideline-change on resuscitation has already been adopted by a number of training and other first aid organizations as best practice.

The ARC introduced a pattern of resuscitation, which gives us complete and accurate information regarding the process of administering cardio-pulmonary resuscitation to both drowned patients and patients who incurred a sudden cardiac arrest. The acronym pattern is DRS ABCD for both cases of drowning and cardiac arrest; however, following this paragraph is a brief discussion of the differences between the two cases in terms of resuscitation styles.

For drowned person, the rescuer must follow the subsequent steps in order:

- D – Check for Danger
- R – Check for Response, if NO Response,
- S – Send for Help
- A – Check Airway
- B – Check Breathing, if NOT Breathing, deliver 2 Rescue Breaths
- C – Commence CPR, rate of 30 compressions to 2 breaths,
- D – Apply Defibrillator

The previously used term, which is "Signs of Life", has been simplified and specified with "Responsiveness" and "Breathing".

For the sudden adult cardiac arrest (the most common form of arrest), the rescuer must follow the subsequent steps in order:

- D – Check for Danger
- R – Check for Response, if NO Response,
- S – Send for Help
- A – Check Airway
- B – Check Breathing, if NOT Breathing,
- C – Commence CPR, rate of 30 compressions to 2 breaths,
- D – Apply Defibrillator

The difference between the protocol for the drowned person and the sudden adult cardiac arrest is that, for the drowned victim, we still deliver two rescue breaths (this is an approach in view of the hypoxic nature of the arrest) before starting the CPR cycle (30:2); whereas in the sudden cardiac arrest, we immediately commence with the CPR cycle that is, 30 compressions before the 2 rescue breaths (similar rationale with that of AHA's C-A-B pattern for resuscitation) (AM & Fife, 2011)

Upon reviewing this pattern, I have noticed that it did not make much alteration with that of AHA's C-A-B pattern; however, additional steps were incorporated to uphold patient and rescuer safety, and at the same time improve the delivery of resuscitation and enhance outcomes of CPR since ARC's guideline on resuscitation is simplified yet complete.

Moreover, there may be some cases where some people are taught under the old guidelines and some under the new guidelines. Surf Life Saving believes that while the guidelines continue to improve the process of teaching CPR, there is no risk to a person either receiving or delivering CPR (AM & Fife, 2011).

Reference:

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