THROMBOSE ET URGENCES CORONAIRES

(Paris - Mars 2011)

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Place of Drugs in 2011
European Resuscitation Council Guidelines
For Resuscitation 2010

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Pôle Urgences et Réanimation Médicales - SAMU
GH Edouard Herriot

TUC 2011
23-25 Mars 2011 Paris
New CPR Guidelines by ERC

October 18, 2010

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Resuscitation

journal homepage: www.elsevier.com/locate/resuscitation
Drugs ...

... Intravascular access

■ = News in 2010 guidelines
Drugs for ACLS

- Intravascular access for drug delivery
  
  N°1 = peripheral venous cannulation
  N°2 = intraosseous access (children and adults)
  Tracheal route is no longer recommended
Drugs for ACLS

Intraosseous access

B.I.G.  EZ-IO  Tibial access
Drugs for ACLS
Vasopressors: yes,

Adrenaline

- **Adrenaline** [despite the lack of placebo controlled trials]
  - As soon as possible if asystole or PEA
  - = 1 mg repeated every 3-5 min (about 4 min.)
  - After the 3rd shock if VF/pulseless VT
- Vasopressin = no recommended alternative
Drugs for ACLS in 2011

- **Anti-arrhythmic drugs**

  **Amiodarone**
  
  - 300 mg/20 mL IV (/ large IV line)
  - Refractory VF/pulseless VT after the 3rd shock simultaneously after adrenaline
  - [Repeatable 1 time / half dose (150 mg)
    +/- 900 mg/24h continuously]

  **Lidocaine** = 0 (« except if amiodarone is not available » !)

  **Magnesium (MgSO₄: 2g IV)**
  - Hypomagnesemia and torsades de pointe
  - No indication for routine use
Others drugs

Atropine = no longer recommended
Buffers: sodium bicarbonate
= not recommended except if
- Hyperkaliemia or preexisting metabolic acidosis
- Tricyclic antidepressant overdose CA

Fibrinolysis during CPR
- CA due to pulmonary embolism
- No indication for routine use (ACS)
Drugs for ACLS in 2011

- Tracheal route is no longer recommended
- Intraosseous access = alternative access to peripheral venous cannulation
- Vasopressor: adrenaline = yes
  vasopressin = no
  . 1 mg as soon as possible if asystole then every 4 min.
  . After the 3\textsuperscript{rd} shock if VF once chest compressions have resumed MCE
- Anti-arrhythmic drug: amiodarone after 3\textsuperscript{rd} shock
- No fibrinolysis except if CA / pulmonary embolism
- No longer atropine for asystole or PEA