Evidence Based Resuscitation

The simultaneous publications in *Circulation* and *Resuscitation* of the first truly International Guidelines in August represented an important milestone in the history of cardiopulmonary resuscitation. The documents were prepared after an exhaustive literature review and agreed following consensus meetings of representatives of all the world’s major resuscitation organizations. The scientific process involved was rigorous and fully espoused the principles of evidence guided medicine. The resulting statements are extremely comprehensive, but clearly unsuitable as practice documents. For example the Paediatric Advanced Life Support document has 92 pages and 442 references.

The material in this booklet represents the Resuscitation Council (UK)’s interpretation of the International Guidelines 2000 papers. This interpretation is essentially identical to that of the European Resuscitation Council (ERC), but may differ in minor ways from that of other world organisations such as the American Heart Association due to local custom and practice and availability of drugs etc. Nevertheless, these differences are small and the expectation is that health professionals will be able move from country to country and even between continents and still expect to apply the same resuscitation guidelines.

An important consequence of this is the emergence of research possibilities created by a common approach between institutions. The potential for multi-centre (or even multi-national) clinical trials has been greatly enhanced. The International Guidelines should not be taken as a definitive document but a foundation upon which further evidence based practice can be built.

Research questions will only be addressed by the collection of good quality data and national registers such as those proposed in the UK and should be enthusiastically supported.

Finally the Resuscitation Council (UK) would like to express thanks to all those involved in the production of these guidelines. There has been an enormous amount of labour involved, particularly for the authors of the various sections of this book, with little reward other than the hope that their efforts will help to improve the outcome of those requiring cardiopulmonary resuscitation.
Further reading