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CPR CAN’T WAIT

Research commissioned by the Resuscitation Council (UK) and St John Ambulance for the sixth annual Restart a Heart day showed that only 31% of people in the UK who haven’t had professional training on a CPR course are likely to help someone who has collapsed and stopped breathing.

It’s just one of the many barriers to people performing CPR - but it’s one we can help overcome, together. Learn more about what our research showed.

Picture Perfect

This Restart a Heart day, the amazing Resuscitation Training Team at Kingston Hospital NHS Foundation Trust provided free CPR training for commuters in London’s Waterloo station, the busiest rail station in the UK! They managed to turn hundreds of commuters into potential future lifesavers with the help of Hamish Norbrook (centre), who had a cardiac arrest at Waterloo station and survived, thanks to the strangers who gave him CPR.

Adrenaline auto-injectors: recent action taken to support safety

Healthcare professionals should be aware of alerts and letters issued about adrenaline auto-injectors in September and October 2019. Read an article providing a summary of recent advice issued to healthcare professionals, including information to provide to patients, to support safe use of adrenaline auto-injectors.
Papers of Note

- The Effect of Prehospital Epinephrine in Out-of-Hospital Cardiac Arrest: A Systematic Review and Meta-Analysis. Read more>
- COACHRED: A protocol for the safe and timely incorporation of focused echocardiography into the rhythm check during cardiopulmonary resuscitation. Read more>
- Early whole-body CT for treatment guidance in patients with return of spontaneous circulation after cardiac arrest. Read more>
- Intact cord resuscitation versus early cord clamping in the treatment of depressed newborn infants during the first 10 minutes of birth (Nepcord III) – a randomized clinical trial. Read more>

Spotlight on: NAP7: Perioperative Cardiac Arrest

The Royal College of Anaesthetists (RCOA) National Audit Projects (NAPs) investigate rare perioperative events with the aim of improving anaesthesia-related patient care and outcomes. The seventh project (NAP7) will study the important topic of perioperative cardiac arrest. We know patients worry about not ‘waking up’ after their anaesthetic and anaesthetists strive to avoid catastrophic events.

Our knowledge of perioperative cardiac arrest is limited; for example, we do not know its incidence. Although in-hospital cardiac arrests are included in the National Cardiac Arrest Audit (NCAA), perioperative cardiac arrests are usually missed because anaesthetists tend to manage such events without making a 2222 call. However, there are occasions when the resuscitation team may be called to ‘perioperative’ cardiac arrests, e.g. those in remote sites (e.g. radiology suite, endoscopy), recovery areas or on the ward.

NAP7 will launch in spring/summer 2020 in over 320 UK hospitals and will include all perioperative cardiac arrests for one year. It comprises: 1) a baseline survey 2) an activity survey 3) a case review. Perioperative cardiac arrests will be reported by anaesthetists through the case review online database.

We encourage the resuscitation community to notify the NAP7 Local Coordinator when a perioperative cardiac arrest is suspected. Learn more about the NAP7 project here >

(Emira Kursumovic, HSRC Clinical Research Fellow)
Annual Conference 2019

There are limited tickets available for our Annual Conference - so if you're thinking about coming, act fast!

Leaders in resuscitation will deliver insightful and exciting lectures on a range of topics at the event, from newborn, child and adult life support to emergency care planning and ReSPECT, all taking place at Birmingham's Vox Conference Centre on 5-6 December.

As well as lectures, we will be hosting breakout sessions with a hands-on focus. These practical sessions are designed to test your resus skills, and will be running continually throughout lunch and coffee breaks. Registration for breakout sessions will be open on the day.

CPD is available at the conference, which promises to be the event of the year for anyone with an interest in resuscitation and healthcare. Buy your tickets today!

*Note: the Annual Conference has now sold out since initial publication of the newsletter

Have you heard?

- **CPR and AED awareness in the Scottish Parliament:** The Resuscitation Council (UK) returned to the Scottish Parliament in Edinburgh on 24 September 2019 to attend a second roundtable meeting on first aid as part of a working group led by Alex Cole-Hamilton MSP. Read more >

- **Lifesaver VR headsets:** Ready to step inside, save a life? Buy your virtual reality headset today >

- **RC (UK) Online Shop:** All our Life Support manuals are available to buy via our online shop and UK delivery is free of charge. Buy now >

- **RC (UK) Membership:** We’ve revamped our membership, based on what you’d like to receive! Learn more today about the benefits of Full and Associate membership of the RC (UK) >

In Memoriam: John Stoneham 4th December 1944 – 31st July 2019

Anaesthetist Dr John Stoneham had a vision to improve resuscitation and trauma services. His loyalty, tenacity, humility and passion for his work made him one of the most well respected and loved health professionals on the Advanced Life Support (ALS) and Advanced Trauma Life Support (ATLS) circuits.

For 43 years he worked as an Anaesthetist at the Royal Surrey County Hospital (RSCH), and was an early resuscitation pioneer when he recruited the first District Resuscitation Officer for South West Surrey in 1989. From ALS in acute hospitals and the ambulance service, to setting up and becoming one of the first BASICS doctor in Surrey and Hampshire, his contribution to resuscitation was insurmountable.

He taught resuscitation to community Dentists, was Medical Director for Surrey Ambulance service, directed over 150 ATLS courses and took part in countless others.

Anaesthetic colleague Bill Fawcett remarked in his Eulogy: ‘He had a wonderful egalitarian approach and saw the whole hospital as part of a team, and it didn’t matter who you were. John’s outstanding clinical, and in particular teaching skills, sowed the seed within the department for many people to go the extra mile. I will never forget this kind, loyal, generous, warm-hearted, funny, conscientious, gentleman’.

John Stoneham, with his legendary bow tie and black brief case held together with gaffer tape, dedicated his career to improving emergency services and anaesthesiology and has left an irreplaceable void in the world of healthcare.

*(Joanna Lawrence, Educator RC (UK))*