

CPR and AED Use: The Human Aspect

Learning Objectives

After reading this section you will be able to

- Tell how often victims of sudden cardiac arrest survive if they receive CPR and early defibrillation
 - Give 2 different meanings for “success” when a rescuer does CPR
 - Tell the value of debriefing after CPR and AED use
 - Explain the role of the debriefing leader
 - Tell whom to contact after you have given CPR or used the AED
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The Human Aspect of CPR: How Often Will CPR and AED Use Succeed?

Many people have prepared themselves to take action to save the life of a fellow human being by learning CPR.

But often your best efforts won't succeed. In some lay rescuer CPR and AED programs, immediate bystander CPR and defibrillation within 3-5 minutes result in survival of about 50% of victims of witnessed VF sudden cardiac arrest. For every minute without CPR, survival from witnessed VF sudden cardiac arrest decreases 7% to 10%. When bystander CPR is provided, the decrease in survival is more gradual and averages 3% to 4% per minute from collapse to defibrillation. CPR has been shown to double and triple survival from witnessed VF sudden cardiac arrest at many intervals to defibrillation.

It's important to discuss your possible emotional reactions to a rescue attempt. It's especially important when your efforts have not resulted in a life saved.

Take Pride in Your Skills as a Heartsaver AED Rescuer

You should be proud that you are learning CPR and AED skills. We hope you never have to use these skills. But emergencies happen. Now you can be sure that you will be better prepared to do the right thing for your family and loved ones, your co-workers, and your neighbors.

The victim may not survive. Some people have a cardiac arrest simply because they have reached the end of life. Your success isn't measured only by whether a cardiac arrest victim lives or dies. Your success also will be measured by the fact that you tried. Simply take action, make an effort, and you will be judged a success.

**Stress
Reactions of
Rescuers and
Witnesses After
Rescue Efforts**

It is stressful to be present when someone has a cardiac arrest. It's especially stressful if the victim is a friend or loved one. The emergency may involve unpleasant physical details. These include bleeding, vomiting, or poor hygiene.

Any emergency can be emotionally stressful. The emergency can produce strong emotional reactions in bystanders, non-professional rescuers, and EMS professionals. These emotional reactions can be especially strong if the rescuer knows the victim or if the resuscitation attempt is unsuccessful. This stress can lead to a variety of responses and physical symptoms. They may last long after the emergency. These responses are normal.

It's *common* for a person to go through emotional shock after an unpleasant event. Such a stress reaction usually occurs right after the event or within the first few hours. Sometimes the reaction occurs later. Rescuers may feel grief, anxiety, or anger. Sometimes they feel guilt. Typical physical reactions are trouble sleeping, fatigue, irritability, changes in eating habits, and confusion. Many people say that they can't stop thinking about the event.

Remember that these reactions are *common* and *normal*. They do not mean that you are "disturbed" or "weak." Strong reactions simply mean that this event had a powerful impact on you. If you receive understanding and support from colleagues, friends or loved ones, the stress reactions usually pass quickly.

**How to Prevent
and Reduce
Stress in
Rescuers,
Families, and
Witnesses**

The best way to reduce stress after rescue efforts is very simple. *Talk about it.* Sit down with other people who witnessed the event and talk it over. Ambulance workers are encouraged to offer emotional support to non-professional rescuers and bystanders. Formal discussions should include both the non-professional rescuers and the professional rescuers.

In these discussions you will be encouraged to describe what happened. Don't be frightened about "reliving" the event. It's natural and healthy to do this. Describe what went through your mind during the rescue effort. Describe how you felt at the time. Describe how you feel now. Be patient with yourself. Most reactions will lessen in a few days. Sharing your thoughts and feelings with others will either prevent stress reactions or help reduce them. You might share your feelings with your co-workers, fellow rescuers, EMS personnel, friends, or clergy.

Leaders of AED programs may set up debriefings after rescue attempts. For example, they may set up debriefings in the homes of high-risk patients or at worksites. Such sessions are called "critical incident stress management," or CISM's. Some people are specially trained to help with these debriefings.

They may be members of your local EMS services. Or they may be part of employee assistance programs or community mental health centers or public school systems. Other people who may be able to help are local clergy or police chaplains or fire department chaplains. Hospital social workers may be able to help. Your course instructor will tell you about CISM in your program.

CISMs are held for the group of people involved in the stressful event. The debriefing is confidential. The CISM leader encourages members of the group to talk about their thoughts and feelings about the stressful event. You don't have to talk during the debriefing, but if you do, what you say may help others.

In CPR courses time limits and a full teaching agenda prevent discussion of these aspects of CPR during the course. The AHA encourages medical directors and AHA instructors to discuss the emotional impact of rescue attempts as needed after the course.

**Mental
Barriers to
Action**

Heartsaver courses prepare you to respond to an emergency. Although you are preparing yourself by taking these courses, chances are that you will never have to use your skills. Most people have never been close to a victim of cardiac arrest. Most people have seen CPR only on television or in the movies. Reality is quite different. During your Heartsaver course and while reading your student workbook, you may have had some troubling thoughts. Here are some of the concerns rescuers may have about responding to an emergency:

Concern	Explanation
<i>Will I be able to respond in a real emergency?</i>	Any emergency involving a friend, co-worker, family member, or loved one can produce strong emotional reactions. Parents, for example, may report feeling "frozen," in the first few moments of an emergency when their child was a victim. The more you practice your CPR, AED, and first aid skills and your response to an emergency, the more likely you will be to respond correctly in an emergency.
<i>What about the unpleasant physical aspects of doing CPR?</i>	A barrier device separates the rescuer from the victim's body fluids or vomit. Rescuers should carry barrier devices with them so they will have them available to use

	during CPR.
<i>Will I be embarrassed to perform CPR?</i>	Both CPR and AED use require the rescuer to move or remove clothing from the victim's chest. AED pads can't be attached unless the pads are placed directly on the skin of the chest. The rescuer must open the shirt or blouse of the cardiac arrest victim and remove the person's undergarments from the upper body. The more you practice the sequence of CPR, including moving or removing of clothing from the manikin, the more likely you are to be able to perform the same skills in an emergency.
<i>Can I hurt someone if I use the AED?</i>	If the AED detects that the victim needs a shock, your actions may help save the victim's life.

We've been talking about thoughts that may trouble you about CPR and AED use. These troubling thoughts are called mental barriers to action. Such thoughts might keep you from responding quickly in an emergency. There's no easy way to overcome these mental barriers. You should expect many of the scenes described above. You can talk to your instructor about them after your class. The practice scenarios will help you practice what to do in an actual CPR event. Think carefully about how you would act in such a scene. Mental practice is a good way to improve your performance.

The Heartsaver courses present lots of information. There's no time to talk about mental barriers to action. The AHA encourages you to refresh your CPR and AED skills. Use this CD ROM every few months to refresh your skills. Take a renewal course *every 2 years*. These sessions will strengthen your skills and build your confidence. If you refresh your skills, you are more likely to make an effective rescue effort.

Summary

Despite all the excitement about AEDs, there are limits to what you can do. Your efforts will not always succeed. What is important is taking action and trying to help another human being. Some people must overcome barriers to action if they are asked to respond to an emergency such as cardiac arrest.

The Heartsaver courses will reduce many of these barriers because you will be given many opportunities to practice. The Heartsaver courses are designed to help you develop skills so that you can perform them without hesitation.

Feel free to express your concerns openly during the course and the small-group sessions. You will have support if you ever take part in a rescue attempt. You may not know for several days whether the victim lives or dies. If the person you tried to rescue does not live, take comfort from knowing that in taking action, you did your best.

The most successful way to reduce stress after rescue efforts is very simple: Talk about it. Your efforts will not always succeed. What is important is taking action and trying to help another human being.
