

Dana Edelson: [00:38](#) Hi Liz, thanks for having me.

Liz Olson: [00:40](#) Great to have you here. Can you tell us a little about your background?

Dana Edelson: [00:44](#) Sure. So I'm adult hospitalist at the University of Chicago where I serve as the executive medical director for rescue care. I'm also the president and founder of AgileMD and the chair elect of the resuscitation systems of Care Advisory Group.

Liz Olson: [01:03](#) Well, it's great to have you here. Thanks. Let's dive right in. What would you say is the biggest major change in these new 2020 guideline updates?

Dana Edelson: [01:13](#) Probably the focus on epinephrine, for me is the one that stands out as the most... I would say probably the most important piece in all of this is that the key fundamentals haven't changed. We're still talking about good high quality chest compressions, early defibrillation, none of that has changed. So we're still looking for compression depth of five to six centimeters or two to 2.4 inches. We're still looking for a compression rate of 100 to 120 avoiding unnecessary pauses, particularly before shock, trying to make sure we fully recoil after with each chest compression, those are all basic fundamental pieces that remain. There's been some new data that's come out in the last five years that's actually been helpful and informing some of the places where recommendations were hazier. And so we think one of those places was around epinephrine.

Epinephrine has long been a staple of our guidelines, but now having data that actually shows that it improves survival in randomized controlled studies, we'd had some before we had a new big one and now a meta-analysis that came out very



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recommendation but also to give it early, because there is increasing more data that the earlier we give the epinephrine the better that seems to... The stronger the impact tends to be. Maybe that's some of the reasons why we didn't see the benefits that we wanted to do in former studies, which is because of the delay in administering that epinephrine particularly in out of hospital studies where it can be upwards of 20 minutes before that first dose gets given.

Liz Olson:

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These all in hospital cardiac arrest chain of survival has been

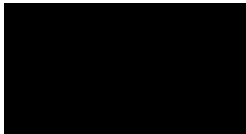


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Liz Olson:

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That's really interesting. And I think it's some times hardness to get a system to do the sea change as, okay, we're going to focus more on quality, and to adopt that and support it like in normal times. And this year when a system, a hospital is dealing with COVID, how do you also incorporate quality? I mean, there's a lot of competing priorities and certainly patient care and survival is very important, but organizational needs or focuses may have to change as you're trying to adapt for COVID. But I



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characteristics, how long TTM should be maintained, how quickly it should be started. There are ongoing trials that address TTM. And I'm wondering what effects do you think these ongoing trials will have on the current TTM recommendations?

Dana Edelson:

[13:16](#)

There was a big study that was published in 2019, another randomized controlled trial that supported some of the prior work that had been done in this latest trial. All of these studies have been set up a little bit differently and so we have to read between the lines to try to understand what's actually going on

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