

# 36<sup>TH</sup> CARDIOVASCULAR NURSING & NURSE PRACTITIONERS MEETING

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## *Guillermo R Valdes and Juli F Daniels*

*Miami Dade College, USA and Saint Xavier University, USA*

### **Early defibrillation without CPR interruption when effectively treating ventricular fibrillation: A historical clinical update**

**Background:** The American Heart Association (AHA) has developed very concise steps when treating ventricular fibrillation; however health care professionals continue to have difficulties in following the AHA Advanced Cardiac Life Support (ACLS) guidelines when consistently following the V-Fib algorithm, specifically when preparing to defibrillate and not performing continuous cardio pulmonary resuscitation.

**Methods:** A comprehensive search of electronic databases, journal references and citation searching was done, reviewing articles derived from PubMed, Cinahl, AHA, and Cochran databases. Articles were reviewed from 2010-2016.

**Purpose:** This literature clinical review will address the importance of early defibrillation without CPR interruption when initially and effectively treating Ventricular Fibrillation in order to support maintaining coronary artery perfusion pressure according to the 2015 AHA update, ACLS guidelines V-Fib Algorithm, Link et al (2015).

**Discussion:** In the majority of time, health care professionals inappropriately may interrupt CPR to prepare for defibrillation or delay CPR after defibrillation when unsuccessfully breaking the V-Fib. Going back to 2010, AHA clearly stated the significance of not interrupting CPR for long periods of time. According to several observational studies, the average time without compressions during resuscitation varied from 25% to 50%. CPR is seen as the first line of approach in resuscitation along with early defibrillation when ventricular fibrillation is present.

**Implications:** There has been sufficient research done on the dangers of delaying or interrupting CPR in V Fib. Therefore, more inquiring should be done regarding the causes of why healthcare professionals may interrupt CPR while preparing to defibrillate.

**Conclusion:** Best practices in ACLS are not discipline specific but rather competency driven. Resuscitative strategies in ACLS as clinical updates, promotes best inter-professional situational awareness and are essential when promoting effective management of challenging patient scenarios within the emergent healthcare team and setting, specifically when consistently building an inter-professional culture of safety towards quality care and positive patient outcomes reliably.

### **Biography**

Guillermo R Valdes has been a Nurse Professional for 30 years in Miami Dade County, Florida. He is an American Heart Association, Basic Life Support and Advanced Cardiac Life Support Instructor in 2011. He was awarded March of Dimes Nurse of The Year for clinical and academic education. In 2012, he received the Florida Nurses Association (FNA), South Region Award for Most Outstanding Evidence Based Project. In addition, in 2013 he was awarded Great 100 Florida Nurses for academic education and received the Nurse Educator Award for the state by FNA in 2014. In 2016 he was recognized by FNA for consistently promoting an environment of nursing excellence and by the Florida Center for Nursing as a Nurse Leader. In 2017, he continues to be recognized by his peers at FNA addressing translational evidence-based nursing when focusing on patient oriented evidence that matters. From 2014 to 2016, he has presented at FNA, QSEN, HANA, AACN, AONE, and Sigma Theta Tau International Nursing Honor Society. This year again, he will be presenting an collaborate academic EBP project at the Sigma Theta Tau Conference in Indianapolis, Indiana.

gvaldes1@mdc.edu

For over 30 years, Dr. Daniels has been an executive coach, mentor, and advocate for nurses across the United States, who are in the pursuit of clinical and administrative excellence. She began her nursing career as a critical care nurse and continues to practice on an as needed basis. She maintains certification in Critical Care Nursing and has been an item writer for the national Critical Care Registered Nurse exam (CCRN) and is a Certified Nurse Educator (CNE). Her career path led her to promote the nursing profession and advance nurses in their careers as she became a Nursing Director for Critical Care, Cardiovascular, and Respiratory Services and eventually Assistant Vice President for Patient Care Services.

daniels@sxu.edu