

# Compression Only CardioPulmonary Resuscitation in telephone assisted bystanders

<b>Submission date</b> 23/01/2011	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 08/02/2011	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 08/02/2011	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Dr Raphael van Tulder

**Contact details**  
Department of Emergency Medicine  
Medical University Vienna  
General Hospital Vienna  
Waehringerguertel 18-20/ 6D  
Vienna  
Austria  
1090  
+43 (0)1 40400 1964  
raphael.van-tulder@meduniwien.ac.at

## Additional identifiers

**Protocol serial number**  
V1.4

## Study information

**Scientific Title**

Compression Only CardioPulmonary Resuscitation CPR (COCPR) in telephone assisted bystanders: is "to push hard as you can", superior in achieving 5 - 6 cm chest compression depth than the current guideline recommendation? A randomised parallel-group simulation study

## **Acronym**

COCPR

## **Study objectives**

Recommending to "push hard as you can" in adult cardiopulmonary resuscitation (CPR) is more effective to reach target depth of 5 - 6 cm.

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

Ethics Committee of the Medical University of Vienna approved on the 11th January 2011

## **Study design**

Randomised parallel group simulation study

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

## **Health condition(s) or problem(s) studied**

Cardiopulmonary resuscitation

## **Interventions**

The scenario is planned as an out of hospital, telephone assisted, bystander CPR. Substantial information about circumstances (at home, compression only, telephone assisted bystander CPR) is given prior to participant. Outcome is blinded to the participants. After informed consent, participants are guided to a simulation room where the manikin is prepared. Only minimal study staff will have access to the scenario room to avoid distractions. Study staffs assignment is documentation of parameters and not to be involved into bystander CPR. Participants will be staffed with a telephone to call the Emergency Dispatch Center (EDC). In the EDC, a professional emergency dispatcher will be providing verbal prompts via telephone to the bystander. The EMD is randomised to give two different verbal commands: "compress with 5 cm" or "push as hard as you can". The EMD has to open one opaque envelope per call to be randomised in either control or intervention. Therefore study staff are also blinded to allocation of the bystander.

Verbal prompts, given by the EMD, are following the AMPDS protocol V12.0 for control, advising to "push 5 cm".

For the intervention a slightly adopted AMPDS protocol will be advising "push as hard as you can". No other changes will be made onto the protocol.

Another predefined precondition is that all bystanders are denying rescue breaths. Every participant is performing closed-chest compression for 10 minutes on a slightly modified Resusci Anne® Manikin (Laerdal, Norway). Data will be collected using the Laerdal® PC Skill-Reporting System - a software used with the adult size Laerdal® Resusci® Anne SkillReporter™ manikin to collect the subjects' CPR performance.

**Intervention Type**

Other

**Phase**

Not Applicable

**Primary outcome(s)**

Chest compression depth, measured continuously via the pc skillmeter software of the resusci anne skillmeter

**Key secondary outcome(s)**

1. Quality of ECC defined as number of percent of adequately achieved compression depth, continuously assessed via skillmeter pc
2. Time to measurable decay in chest compression depth, continuously assessed via skillmeter pc
3. Frequency of chest compression, continuously assessed via skillmeter pc
4. Correct recoiling of the manikins chest, continuously assessed via skillmeter pc
5. Heart rate/systolic blood pressure ratio reflecting physical strain, measured before and immediately after chest compression
6. BORG rate of perceived exertion measured at 2nd, 4th, 6th and 10th minute of chest compressions
7. Serum lactate changes
8. Systolic and diastolic blood pressure
9. Nine Hole Peg Test, measured before and immediately after chest compression

**Completion date**

03/03/2011

**Eligibility****Key inclusion criteria**

1. Voluntary participants, first aid course completed or not
2. Informed consent
3. Aged greater than 18 years
4. Blood pressure less than 150 mmHg before starting CPR

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Key exclusion criteria**

1. Health care professionals
2. Pregnancy
3. Blood pressure greater than 150 mmHg (systolic) before CPR simulation

**Date of first enrolment**

03/03/2011

**Date of final enrolment**

03/03/2011

**Locations****Countries of recruitment**

Austria

**Study participating centre**

Department of Emergency Medicine

Vienna

Austria

1090

**Sponsor information****Organisation**

Individual Sponsor (Austria)

**Funder(s)****Funder type**

Industry

**Funder Name**

RORACO GmbH (Austria)

# Results and Publications

Individual participant data (IPD) sharing plan

**IPD sharing plan summary**

Not provided at time of registration