Congresso Nazionale IRC

2019

11 · 12 OTTOBRE

Centro Congressi **Veronafiere**

IRC | Italian Resuscitation Council

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Almanacco dei 25 anni: una storia di scienza e formazione

Fulvio KETTE

Co-fondatore IRC (1994)

Membro ERC Executive Committee (1994 – 1998)

Membro Comitato Direttivo IRC (1997 – 1999)

Coordinatore Commissione ALS (2000 – 2002)

Membro Esperto ILCOR (Consensus Conferences 2000, 2005, 2010)

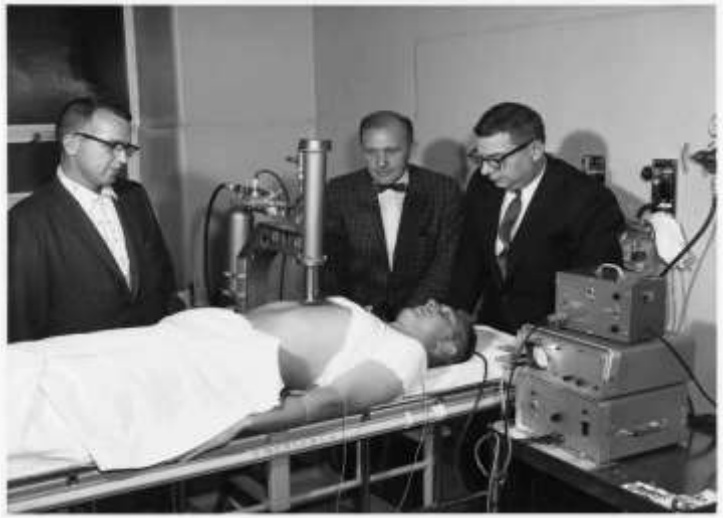
Fellow European Resuscitation Council (2018)

Ovvero:
come condensare
25 anni di storia
in 30 minuti

Italian Resuscitation Council

University of Health Science
The Chicago Medical School
North Chicago, IL

March 1988 - March 1990



"Whoever saves one life it is as he or she had saved the entire world"

is the sentence from the Talmud's book that inspired Doctor Max Harry Weil throughout his life as man, clinician, scientist, teacher, and friend.

Peter Safar and Max Harry Weil

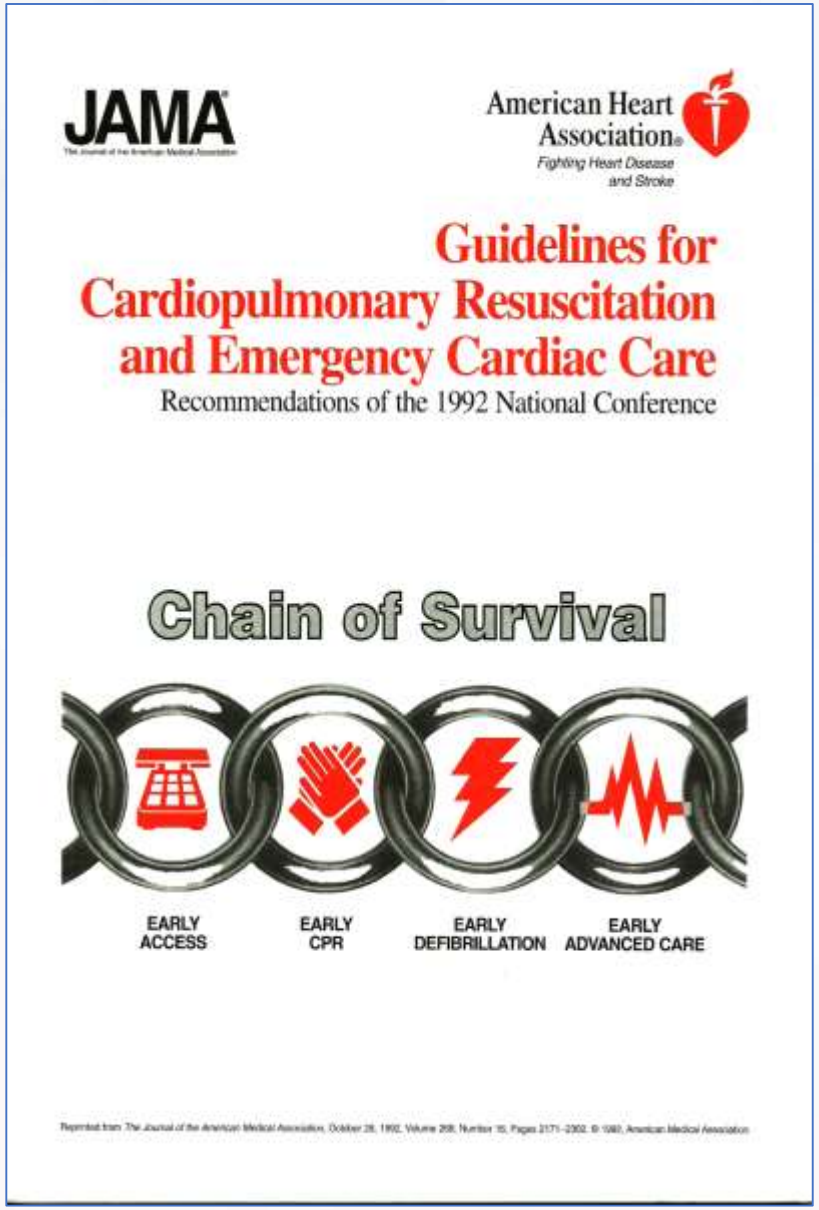
Giants of Critical Care and of Cardio-Pulmonary Resusciation

Villaggio Alimini, (Otranto), giugno 1990

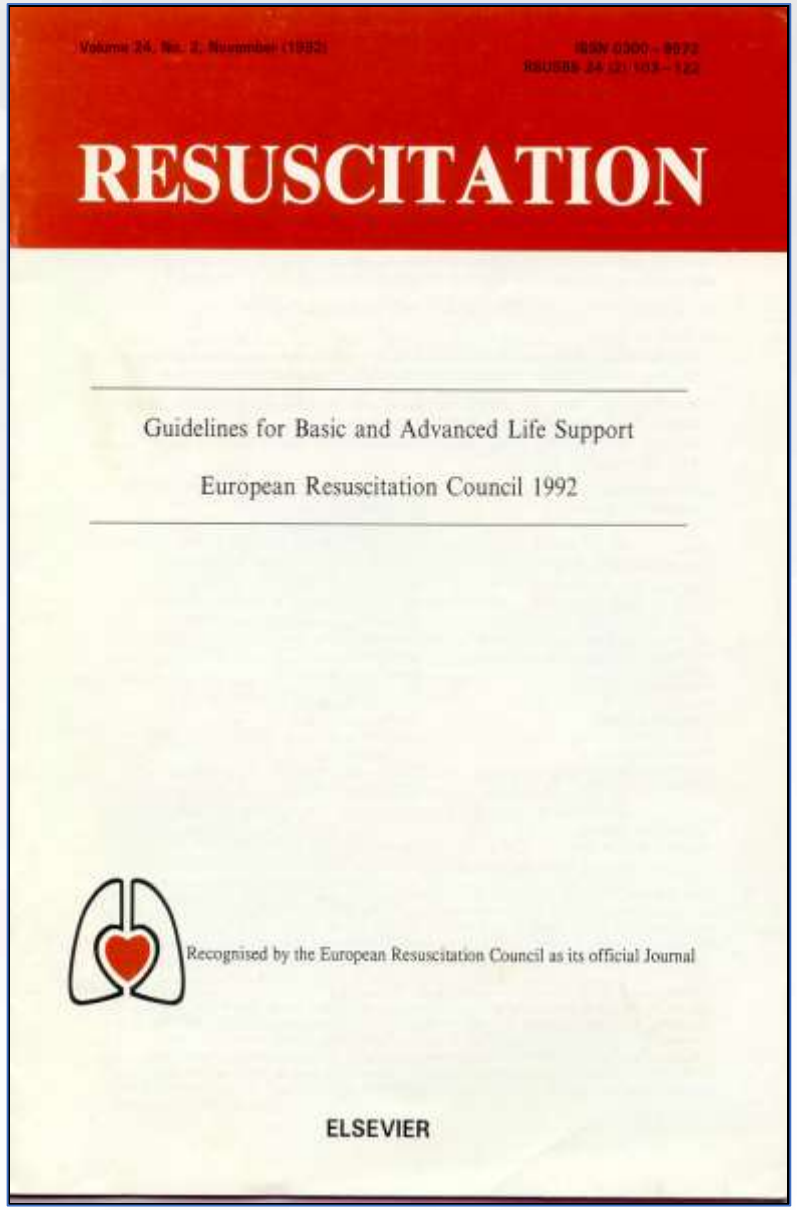
Rinaldo Cantadore, Fellow di Peter Safar
Pittsburgh Research Center

Erga Laura Cerchiari, Fellow di Peter Safar
Pittsburgh Research Center

Inizio coinvolgimento di medici ed infermieri attivi
nel campo della CPR
per la creazione di un
libro sulla Rianimazione Cardio-Polmonare


JAMA
American Heart Association
Fighting Heart Disease and Stroke
Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care
Recommendations of the 1992 National Conference
Chain of Survival
EARLY ACCESS
EARLY CPR
EARLY DEFIBRILLATION
EARLY ADVANCED CARE

1992


RESUSCITATION
Guidelines for Basic and Advanced Life Support
European Resuscitation Council 1992
Recognised by the European Resuscitation Council as its official Journal
ELSEVIER

1990-2000

1990: Prima Centrale Operativa «modello 118»

1992: d. lgs. 27/3/92

1992-1999: nascita e diffusione dei sistemi 118

Friuli Venezia Giulia Cardiac Arrest Cooperative Study

1993 - 1994

- **Rodolfo Sbrojavacca**, Medicina d'Urgenza e Pronto Soccorso, Gemona d.F. (UD)
- **Fulvio Kette**, Anestesia e Rianimazione TS
- **Gianluigi Rellini**, Cardiologia PN

Epidemiology and survival rate of out-of-hospital cardiac arrest in north-east Italy: The F.A.C.S. study

Resuscitation 1998;36:153-159

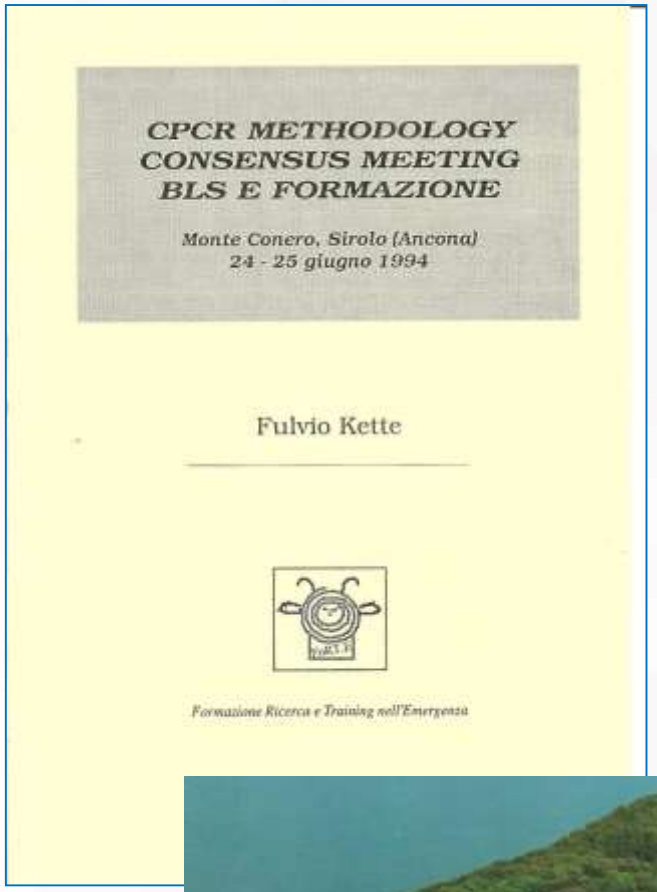
Fulvio Kette [a,*], Rodolfo Sbrojavacca [b], Gianluigi Rellini [c], Gino Tosolini [d], Marina Capasso [d], Domenico Arcidiacono [b], Guglielmo Bernardi [e], Paolo Frittitta [f]

Partecipanti: Arnetoli, Issam, Cerchiari, D'Este, Destro, Giono-Calvetto, Gordini, Kette, Lapucci, Punzo, Radeschi, Rellini, Sbrojovacca e Valagussa.

Roma, Ambasciata di Norvegia, maggio 1994

Milano, SUEM 118, Niguarda, 28 aprile 1994

Partecipanti: Barelli, Bussani, Ciccone, Costa, De Medici, De Martinis, Golino, Marinosci, Paoletti, Sandroni, Satriano e Schiraldi.



CPCR METHODOLOGY CONSENSUS MEETING
BLS E FORMAZIONE
Monte Conero, Sirolo (Ancona) 24 - 25 giugno 1994

Su iniziativa dell'Associazione FoRT.E, il giorno 24 giugno 1994 si è riunito a Monte Conero (Ancona) un Gruppo di lavoro multidisciplinare costituito da medici (rianimatori, cardiologi, medici di pronto soccorso, chirurghi) attivi nell'emergenza sanitaria pre- ed intraospedaliera e con esperienza in programmi di formazione nel Basic Life Support (BLS). I componenti del Gruppo di Lavoro sono elencati nella Tab. 1.

Lo scopo del Gruppo di lavoro era esprimere un consenso su tre ordini di questioni tutte centrate sul problema della formazione nel BLS:

I. modalità tecniche di esecuzione delle procedure di BLS raccomandate dall'American Heart Association (AHA) e dall'European Resuscitation Council (ERC).
II. pianificazione e modalità degli interventi di formazione nel BLS.
III. criteri per la formazione degli istruttori di BLS.

Vengono qui sintetizzate le conclusioni del Gruppo su questi tre punti. Mentre per il secondo ed il terzo sono state formulate delle raccomandazioni, in merito al primo punto il Gruppo ha effettuato un lavoro di analisi, confronto e commento delle linee guida dell'AHA e dell'ERC.

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3 ottobre 1994
Orvieto, Villa Ciconia,

Italian Resuscitation Council
IRC

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Direttivo provvisorio

Franco Valagussa (Cardiologia Monza),

Rodolfo Sbrojavacca (Area d'Emergenza Gemona),

GianLuigi Rellini (Cardiologia Pordenone),

Sandro Punzo (Anestesia e Rianimazione Ancona),

Giorgio Lapucci (Med. Urgenza e PS Ravenna),

Piero Dell'Agli (Chirurgia Roma)

Erga Cerchiari (Anestesia e Rianimazione Milano).

G IRC
Italian Resuscitation Council
Gruppo italiano per la rianimazione cardiopolmonare

IRC Italian Resuscitation Council

Obiettivi preliminari ed essenziali

- Formalizzazione e riconoscimento delle due prime Commissioni (definizione degli standard in BLS e sviluppo di un Registro Italiano su ACC)
- Richiesta a ERC del riconoscimento di IRC;
- Inserimento nell'Executive Committee di ERC di due suoi rappresentanti
- Organizzazione (grazie a fattiva collaborazione con Laerdal), del primo corso istruttori in BLS (Convegno APICE, Trieste, 24 ottobre 1994)

Prima seduta del primo Direttivo

- Formalizzazione del programma biennio 1995-1997 (reso noto a tutti soci):
- Consolidamento raccolta dati nel database RIACE;
- Stampa delle raccomandazioni per la
- formazione del primo soccorso vitale;
- Censimento dei primi centri di riferimento;
- Organizzazione di consensus conference
- nazionali su ALS e defibrillazione
- Precoce
- Avvio delle attività per la RCP Pediatrica;
- Formalizzazione dei vari Gruppi di Lavoro in Commissioni;
- Stampa di un notiziario (IRC News) per la diffusione delle attivita'

IRC, 1995 primo Direttivo (Gordini, Valagussa, Cerchiari, Bussani, Sbrojavacca e Punzo, assente Rellini)

CONSENSUS ALS Alzate Brianza 8, 9 e 10 ottobre 1995

Coordinatore della Consensus: Gino Tosolini
Moderatori delle sessioni: Cantadore, Destro, Kette, Peris, Rellini

Gruppi di lavoro: Barelli, Bertini, Bozano, Bussani, Cerchiari, Cremonesi, Delise, Di Pietro, Di Tizio, Gattinoni, Gordini, Lapucci, Marras, Moretti, Proietti, Radeschi, Rocchi, Roghi, Sandroni, Sbrojavacca, Scherillo, Valagussa

Abbiam speso, qui ad Alzate,
due terribili giornate:
ad ogni passo si è discussa
l'opinion di **Valagussa**
e ogni idea venuta a **Ketle**
è poi stata fatta a fette;
se **Bozano** e anche **Moretti**
sempre ha **Marras** contraddetti,
molte collere improvvise
son venute anche a **Delise**
nel sentire le opinioni
di **Rellini** e di **Sandroni,**
e ogni uscita di **Lapucci**
procurato ha molti crucci
al soave **Cantadore**
che ha respinto con furore
le ragioni di **Gordini,**
che rifiuta anche **Bertini.**
Molti pensan che **Cerchiari**
spesso è uscita dai binari,
ed è chiaro che **Scherillo**
ha cercato ogni cavillo
per dar contro a **Cremonesi,**
di cui parse son le tesi
un po' scarne anche a **Radeschi,**
che ancor litiga – e siam freschi –
sia con **Peris** che **Bussani:**
quasi vengono alle mani

discutendo, un po' per stizza,
una idea della **Di Tizio.**
Molti insulti anche a **Di Pietro,**
e anche a **Destro,** andato dietro
alle idee, meglio agli sfoghi,
che ci ha urlato Alberto **Roghi,**
che ho concluso che son gnocchi
sia **Barelli** che lo **Rocchi.**
Sbrojavacca ha messo in verso
quel che, è chiaro, è tempo perso.

Domandar se vi è consenso
mi par proprio senza senso,
e che Bosnia un po' ricalchi
questa villa, la Odescalchi.
Tosolini riuscirà
questo cerchio a riquadrar?

Rodolfo Sbrojavacca

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Abbiam speso, qui ad Alzate,
due terribili giornate… RS

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CORSO PROVIDER-ISTRUTTORI ACLS

Pila (PG) - Villa Umbra 23, 24 e 25 marzo 1997

The Oxford Redcliff Hospital ALS Course Programme

P. Hombrey, M. Ward, K. Campbell, S. Shankar,
A. Harris, P. Howard, A. Lockey, M. Hedley

A. Barelli, M. Barbero, A. Beretta,
A. Bonanome, E. Cerchiari, F. Ciappi,
P. Cremonesi, M. Gianolio, G. Gordini,
G. Guizzardi, F. Kette, M. Magnani,
M. Menarini, S. Mingazzini, A. Monti,
S. Moretti, G. Nardi, M. Palmerini, A. Peris,
P. Quintarelli, S. Rocchi, A. Roghi,
C. Sandroni, R. Sbrojavacca, F. Schiraldi,
A. Sodero, C. Realini.

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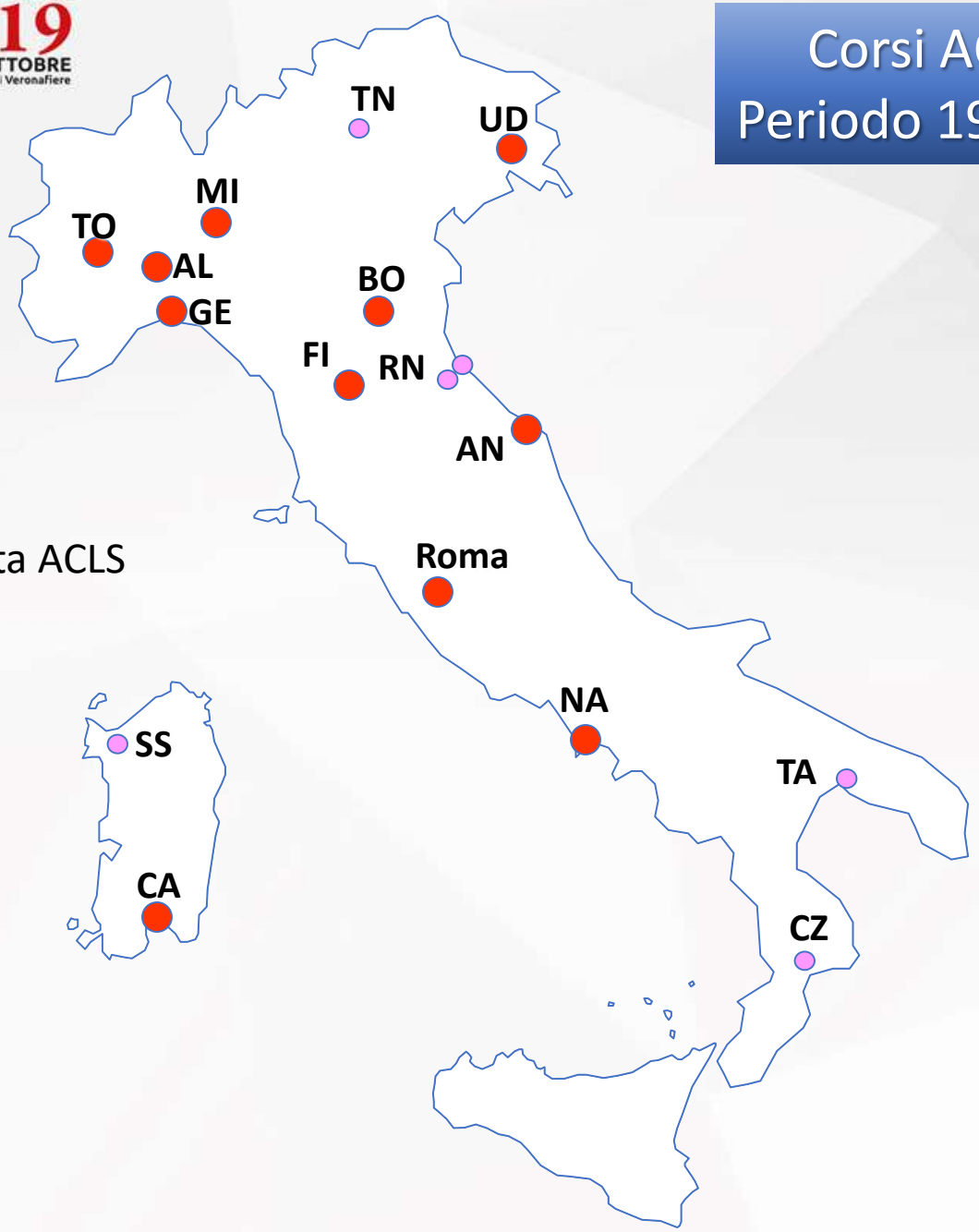
Corsi ACLS IRC
Periodo 1998 - 1999



Primi corsi pilota ACLS
Udine
Bologna
Milano
Firenze

Corsi ACLS	
Firenze:	24
Milano-Monza:	13
Genova:	12
Ancona:	7
Udine:	7
Bologna:	6
Roma:	6
Torino:	6
Napoli-Salerno:	5
Alessandria:	3
Cagliari:	3
Trento:	2
Catanzaro:	1
Sassari:	1
S. Marino:	1
Taranto:	1
TOT.:	99

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Advanced life support provider course in Italy: A 5-year nationwide study to identify the determinants of course success

Federico Semeraro[a,b,*], Andrea Scapigliati[a,c,1], Gaetano Tammaro[a,b,2], Umberto Olcese[d,3], Erga L. Cerchiari[a,b,4], Giuseppe Ristagno[a,e,5]

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Studi epidemiologici ACC in Italia

Resuscitation (2007) 72, 52–58

ELSEVIER

RESUSCITATION

www.elsevier.com/locate/resuscitation

CLINICAL PAPER

Increased survival despite a reduction in out-of-hospital ventricular fibrillation in north-east Italy☆,☆☆

Fulvio Kette*, **Tommaso Pellis**
The Pordenone Cardiac Arrest Cooperative Study Group (PACS)[1]

Resuscitation. 2017 Oct;119:48-55. doi: 10.1016/j.resuscitation.2017.06.020. Epub 2017 Jun 24.

Incidence and outcome of in-hospital cardiac arrest in Italy: a multicentre observational study in the Piedmont Region.

Radeschi G[1], Mina A[2], Berta G[3], Fassiola A[4], Roasio A[5], Urso F[6], Penso R[3], Zummo U[7], Berchialla P[8], Ristagno G[9], Sandroni C[10], Piedmont IHCA Registry Initiative.

Eur J Emerg Med. 2010 Aug;17(4):234-6. doi: 10.1097/MEJ.0b013e328330b3ef.

Emergency Medical System response to out-of-hospital cardiac arrest in Milan, Italy.

Morici N[1], De Luca G, Lucenteforte E, Chatenoud L, Fontana G, La Vecchia C, Sesana G.

Acta Biomed. 2019 Sep 13;90(9-S):64-70. doi: 10.23750/abm.v90i9-S.8710.

Out-of-hospital cardiac arrest (OHCA) Survey in Lombardy: data analysis through prospective short time period assessment.

Villa GF[1], Kette F, Balzarini F, Riccò M, Manera M, Solaro N, Pagliosa A, Zoli A, Migliori M, Sechi GM, Odone A, Signorelli C.

IRC Italian Resuscitation Council

Resuscitation. 2014 Dec;85(12):e193-4. doi: 10.1016/j.resuscitation.2014.09.015. Epub 2014 Oct 1.

The "Italian Registry of Cardiac Arrest - RIAC", a National achievement to portrait the Italian reality and to contribute to the wider European vision by "EuReCa".

Ristagno G[1], Semeraro F[2], Radeschi G[3], Pellis T[4], Gordini G[5], Ferro S[6], Cerchiari E[2].

Author information

1 Italian Resuscitation Council, Bologna, Italy; IRCCS-Istituto di Ricerche Farmacologiche "Mario Negri", Milano, Italy. Electronic address: gristag@gmail.com.

2 Italian Resuscitation Council, Bologna, Italy; Anaesthesia and Intensive Care, Maggiore Hospital, Bologna, Italy.

3 Italian Resuscitation Council, Bologna, Italy; Anaesthesia and Intensive Care, S. Luigi Gonzaga Hospital, Torino, Italy.

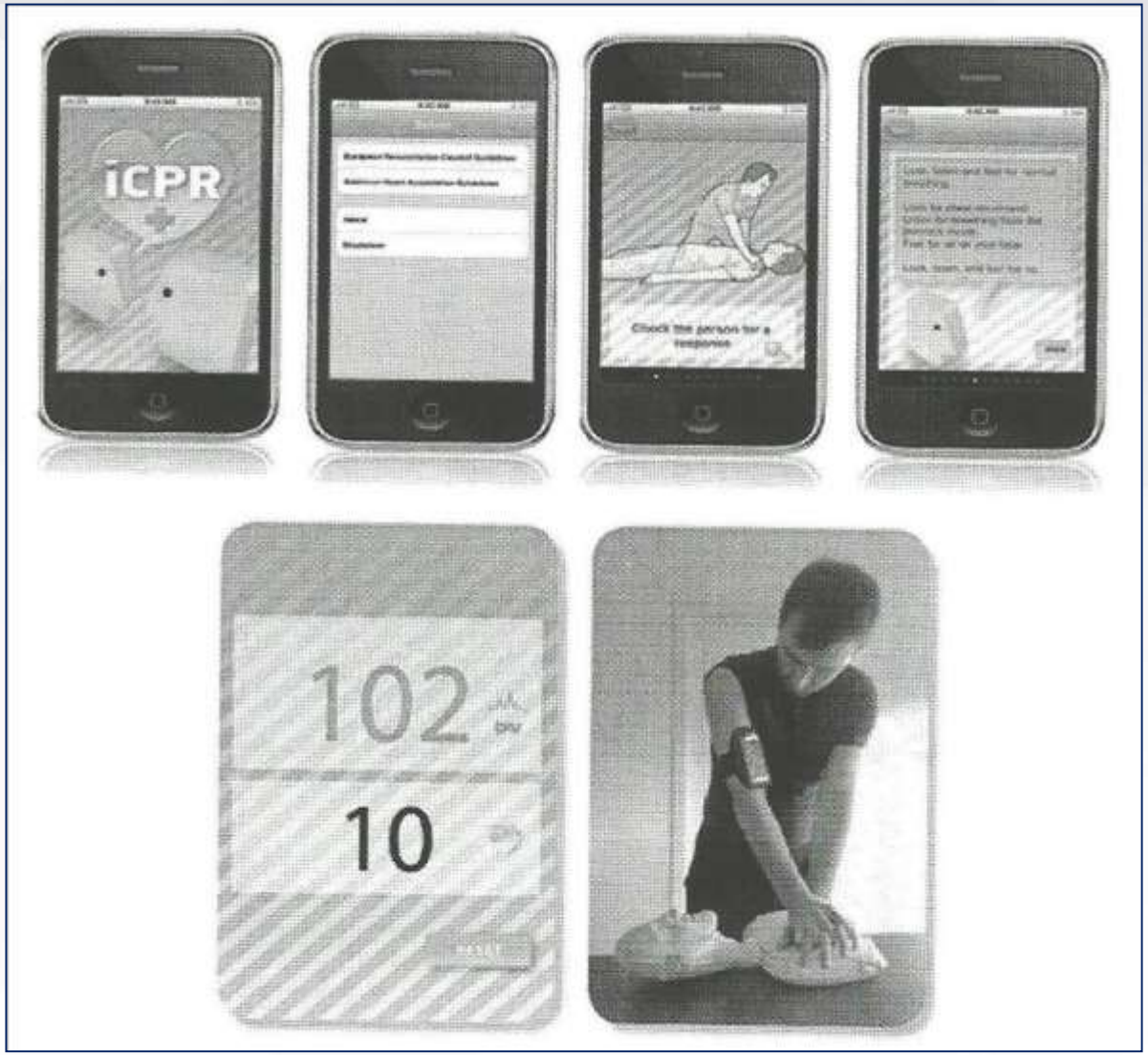
4 Italian Resuscitation Council, Bologna, Italy; Anaesthesia, Intensive Care and Emergency Medical Service, Santa Maria degli Angeli Hospital, Pordenone, Italy.

5 Italian Resuscitation Council, Bologna, Italy; Intensive Care and Emergency Medical Service, Maggiore Hospital, Bologna, Italy.

6 Assessorato per la Salute Pubblica, Regione Emilia-Romagna, Bologna, Italy.

iCPR: a new application of high-quality CPR training
Semeraro F et al, *Resuscitation, 2011;82:436*

Basic Life Support e qualita' della CPR



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RESUSCITATION
OFFICIAL JOURNAL OF THE EUROPEAN RESUSCITATION COUNCIL

EUROPEAN RESUSCITATION COUNCIL
www.erc.edu

Resuscitation. 2014 Jul;85(7):e109-10. doi: 10.1016/j.resuscitation.2014.03.306. Epub 2014 Apr 4.

Relive: a serious game to learn how to save lives.

Semeraro F[1], Frisoli A[2], Ristagno G[3], Loconsole C[4], Marchetti L[5], Scapigliati A[6], Pellis T[7], Grieco N[8], Cerchiari EL[9].

Resuscitation. 2009 Apr;80(4):489-92. doi: 10.1016/j.resuscitation.2008.12.016. Epub 2009 Feb 8.

Virtual reality enhanced mannequin (VREM) that is well received by resuscitation experts.

Semeraro F[1], Frisoli A, Bergamasco M, Cerchiari EL.

Author information

1 Department of Anaesthesia and Intensive Care, Ospedale Maggiore, Bologna, Italy. rareseed@mclink.it

< Previous Article | July 2017 Volume 116, Pages 27–32 | Next Article >

Kids (learn how to) save lives in the school with the serious game Relive

Federico Semeraro[a,b,*], Antonio Frisoli[c], Claudio Loconsole[c], Nicola Mastronicola[c], Fabio Stroppa[c], Giuseppe Ristagno[a,d], Andrea Scapigliati[a,e], Luca Marchetti[f], Erga Cerchiari[a,b]

Italian Resuscitation Council

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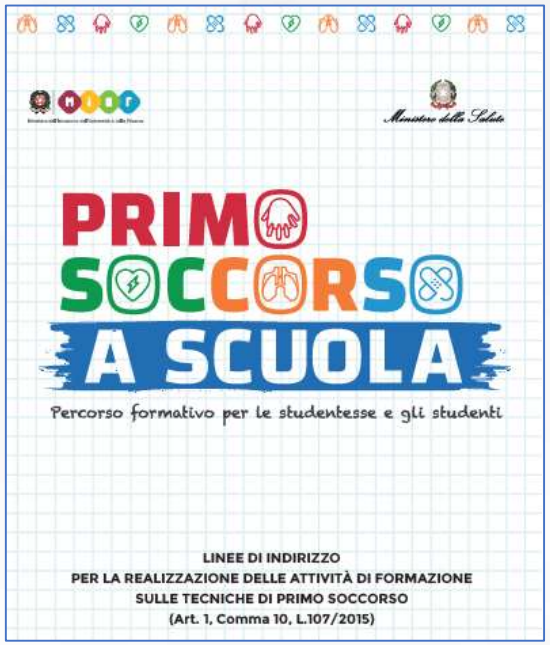
La Buona Scuola
Legge 107/2015



KIDS SAVE LIVES

IRC

viva!

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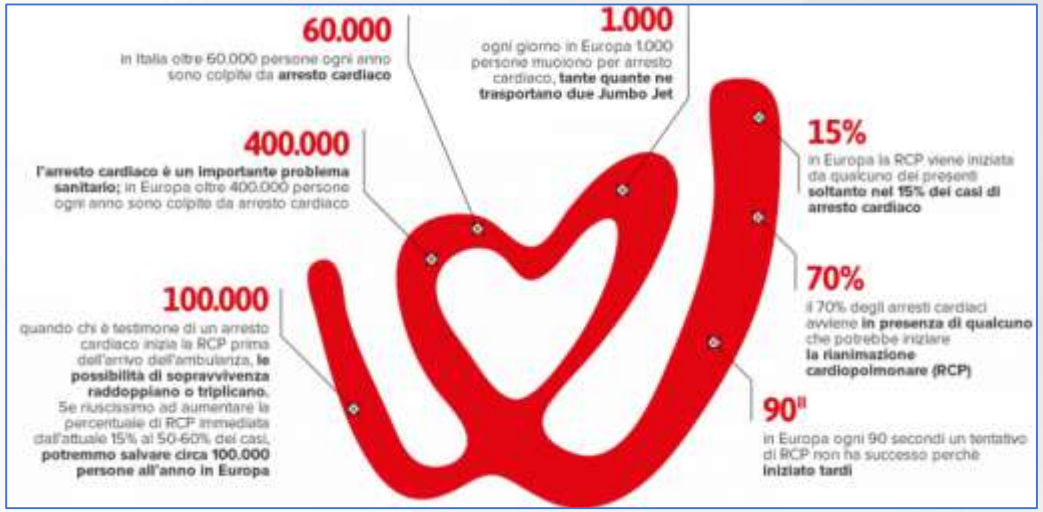


Resuscitation. 2013 Aug;84(8):e85-6. doi: 10.1016/j.resuscitation.2013.03.033. Epub 2013 Apr 11.

Social networks as a tool to promote the week of cardiac arrest awareness "Viva!" in Italy.

Cerchiari EL, Grieco N, Pellis T, Ristagno G, Scapigliati A, Semeraro F.

Italian Resuscitation Council

FK, 10/19

Int J Cardiol. 2019 Jul 8. pii: S0167-5273(19)32072-8. doi: 10.1016/j.ijcard.2019.07.016. [Epub ahead of print]

Final-year medical students' knowledge of cardiac arrest and CPR: We must do more!

Baldi E[1], Contri E[2], Bailoni A[3], Rendic K[4], Turcan V[5], Donchev N[6], Nadareishvili I[7], Petrica AM[8], Yerolemidou I[9], Petrenko A[10], Franke J[11], Labbe G[12], Jashari R[13], Pérez Dalí A[14], Borg J[15], Hertenberger N[16], Böttiger BW[17].

Author information

1 Department of Molecular Medicine, Section of Cardiology, University of Pavia, Pavia, Italy; Cardiac Intensive Care Unit, Arrhythmia and Electrophysiology and Experimental Cardiology, Fondazione IRCCS Policlinico San Matteo, Pavia, Italy; Pavia nel Cuore, Pavia, Italy; Robbio nel Cuore, Robbio, Italy. Electronic address: enrico.baldi@unipv.it.

2 Pavia nel Cuore, Pavia, Italy; Robbio nel Cuore, Robbio, Italy; AREU Azienda Regionale Emergenza Urgenza-AAT Pavia c/o Fondazione IRCCS Policlinico San Matteo Hospital, Pavia, Italy.

3 Segretariato Italiano Studenti in Medicina - SISM, Pavia, Italy.

4 Srpska Medical Students' International Committee-SaMSIC, Banja Luka, Bosnia and Herzegovina.

5 Asociaţia Studenţilor şi Rezidenţilor în Medicină-ASRM, Chișinău, Republic of Moldova.

6 Association of Medical Students in Bulgaria-AMSB, Sofia, Bulgaria.

7 Georgian Medical Students Association-GMSA, Tbilisi, Georgia; David Tvildiani Medical University, Tbilisi, Georgia.

8 Federaţia Asociaţiilor Studenţilor în Medicină din România-FASMR, Bucharest, Romania.

9 Cyprus Medical Students' Association-CyMSA, Nicosia, Cyprus.

10 Ukrainian Medical Students' Association-UKRMSA, Kiev, Ukraine.

11 Austrian Medical Students' Associations-AMSA, Wien, Austria.

12 Association Nationale des Etudiants en Médecine de France-ANEMF, Montrouge, France.

13 Kosova's Organization of Medical Students-KOMS, Pristina, Kosovo.

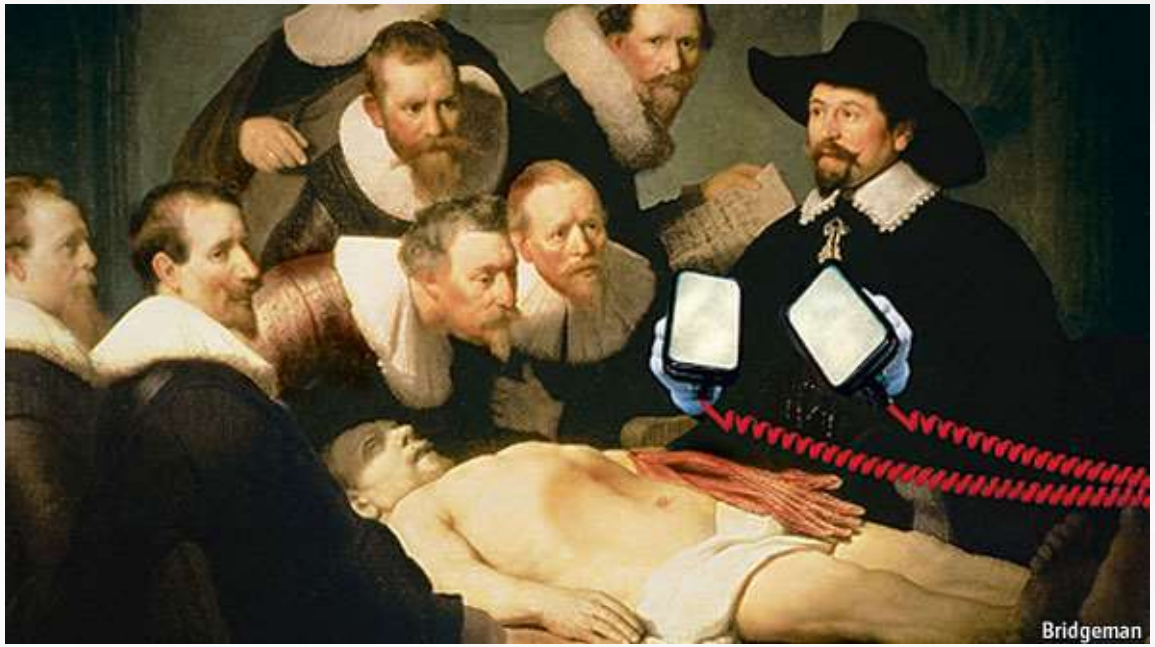
14 Federación Española de Estudiantes de Medicina para la cooperación internacional-IFMSA Spain, Valladolid, Spain.

15 Malta Medical Students' Association-MMSA, Msida, Malta.

16 German Medical Students' Association-BVMD, Berlin, Germany.

17 Department of Anaesthesiology and Intensive Care Medicine, University Hospital of Cologne, Köln, Germany; European Resuscitation Council, Niel, Belgium.

Defibrillazione Precoce (DP), DAE, Progetti PAD



Pistolese M: Esperienze cliniche con il defibrillatore automatico esterno. Cardiostimolazione 1990;8:1

Vergassola R et al: Semi-automatic external defibrillator (AED): the Italian experience. Resuscitation 1994;28:S18

Lotto A et al: Defibrillatori automatici esterni nel trattamento dell'arresto cardiaco improvviso. Cardiologia 1994;426-33

Destro A e al: Automatic external defibrillators in the hospital as well? Resuscitation 1996;31:39

DAE a polizia, VVFF, FFOO

DAE affidati a a polizia (Piacenza Progetto Vita PPV) vs EMS.

Tripling survival from SCA via early defibrillation without traditional education in CPR.

Capucci A et al, Circulation 2002;106:1070.

Alla festa dell'Unità

Defibrillatore sulla «pantera» lo salva dall'infarto

PIACENZA Deve la vita a un defibrillatore in dotazione alla polizia piacentina, un uomo di 73 anni colpito da infarto l'altra sera, mentre ballava alla festa dell'Unità di Podenzano, a una quindicina di chilometri da Piacenza.

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I DAE: un mondo tecnologico ancora sconosciuto

Clinical & Experimental Cardiology
Kette et al., J Clin Exp Cardiolog 2014, 5:1
http://dx.doi.org/10.4172/2155-9880.1000285
Research Article
Open Access

What is Ventricular Tachycardia for Automated External Defibrillators?

Fulvio Kette*, Marcella Bozzola, Aldo Locatelli and Alberto Zoll

Contents lists available at ScienceDirect
Resuscitation
journal homepage: www.elsevier.com/locate/resuscitation

Experimental paper

Electrical features of eighteen automated external defibrillators: A systematic evaluation☆

Fulvio Kette[a,*], Aldo Locatelli[a], Marcella Bozzola[a], Alberto Zoli[a], Yongqin Li[b], Marco Salmoiraghi[a], Giuseppe Ristagno[c], Aida Andreassi[a]

Trauma and Emergency Care
Research Article
ISSN: 2398-3345

Systematic assessment of the technical features of seventeen automated external defibrillators and their potential implication in the clinical setting

Fulvio Kette[1*], Aldo Locatelli[2], Marcella Bozzola[2], Guido F Villa[2], Alberto Zoli[2], Carlo Picco[2] and Aida Andreassi[2]

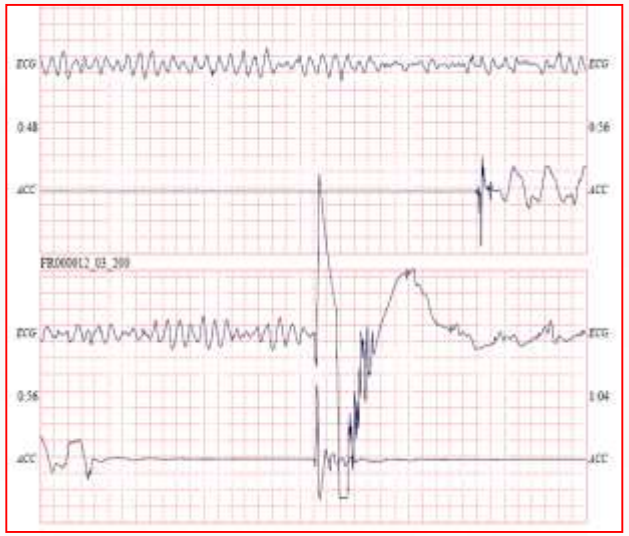
The Importance of Automated External Defibrillation Implementation Programs

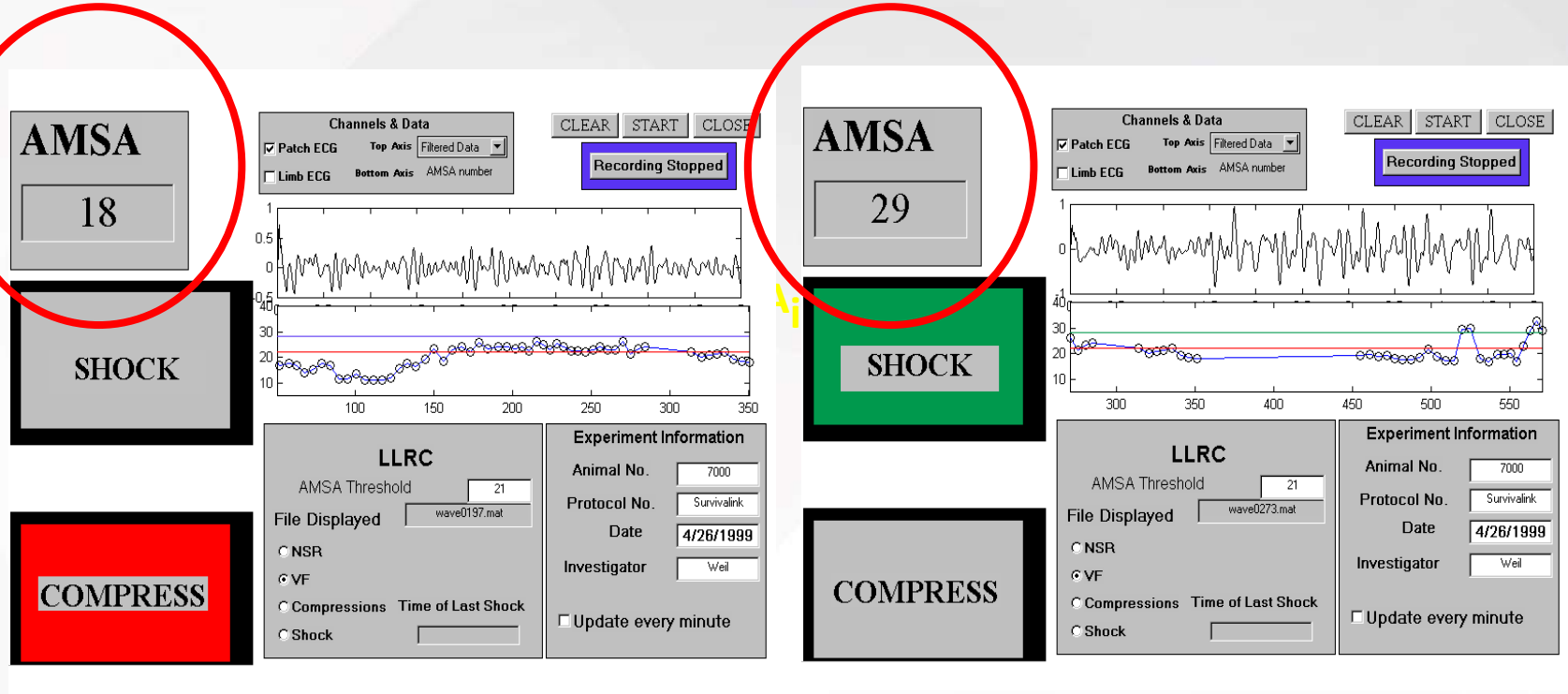
2013

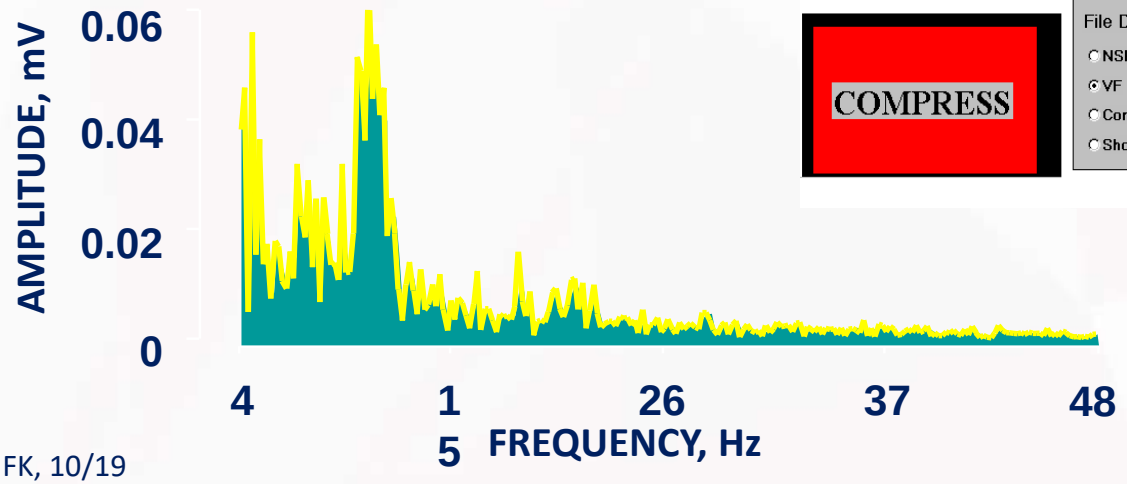
Fulvio Kette, Yongqin Li, Bihua Chen, Marcella Bozzola

IRC Italian Resuscitation Council

Amplitude Spectrum Area (AMSA)







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Resuscitation. 2013 Dec;84(12):1697-703. doi: 10.1016/j.resuscitation.2013.08.017. Epub 2013 Sep 1.

Amplitude spectrum area to guide resuscitation-a retrospective analysis during out-of-hospital cardiopulmonary resuscitation in 609 patients with ventricular fibrillation cardiac arrest.

Ristagno G[1], Li Y, Fumagalli F, Finzi A, Quan W.

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See through ECG technology during cardiopulmonary resuscitation to analyze rhythm and predict defibrillation outcome.

Affatato R[1], Li Y, Ristagno G.

Author information

1 aLaboratory of Cardiopulmonary Pathophysiology, IRCCS - Istituto di Ricerche Farmacologiche 'Mario Negri', Milan, Italy bSchool of Biomedical Engineering, Third Military Medical University and Chongqing University, Chongqing, China.

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Ruggeri L[1], Semeraro F[2], Ristagno G[3].

Author information

1 IRCCS-Istituto di Ricerche Farmacologiche "Mario Negri", Milan, Italy.
2 Department of Anesthesia and Intensive Care, Maggiore Hospital, Bologna, Italy.
3 IRCCS-Istituto di Ricerche Farmacologiche "Mario Negri", Via La Masa 19, Milan 20156, Italy. Electronic address: gristag@gmail.com.

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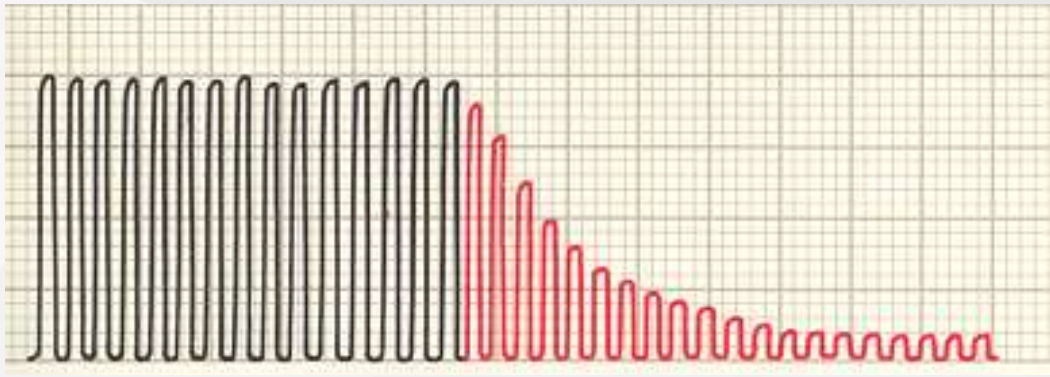
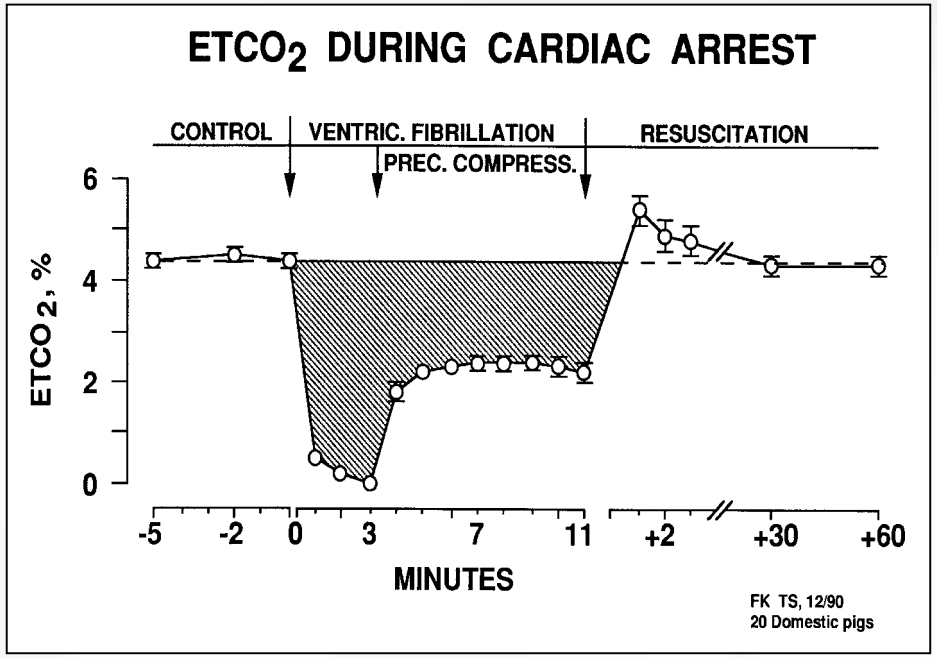
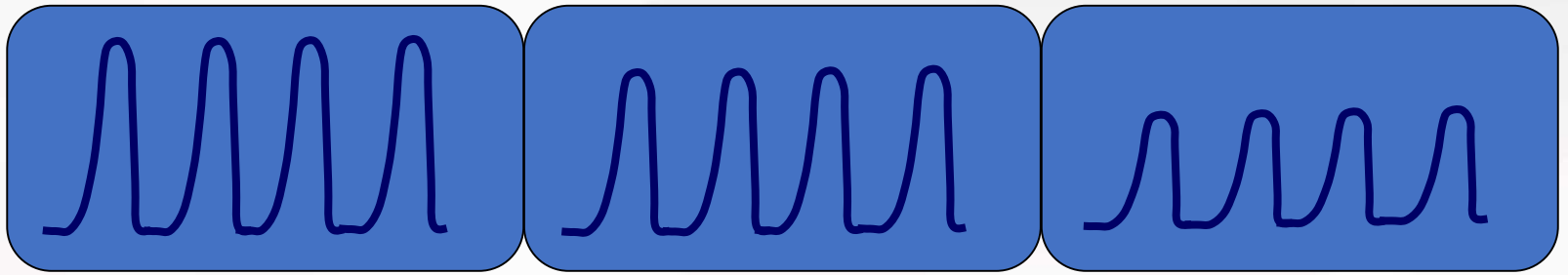




The condom experiment

(MH Weil et al, 1987)



Pressione ≠ Flusso

↳ $ETCO_2$

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Resuscitation 27 (1994) 1–8

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Review article

$ETCO_2$ monitoring during low flow states: clinical aims and limits

Giulio Trillò*[a], Martin von Planta[b], Fulvio Kette[c]

[a]Department of Research and Anaesthesia, [b]Department of Internal Medicine, University Hospital/Kantonsspital Basel, Petersgraben 4, CH-4031 Basel, Switzerland

[c]Department of Anesthesia and Intensive Care, University Hospital of Cattinara, Strada di Fiume, 34100 Trieste, Italy

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Capnography during cardiac arrest

Claudio Sandroni*, Paolo De Santis, Sonia D'Arrigo

Istituto Anestesiologia e Rianimazione Università Cattolica del Sacro Cuore, Fondazione Policlinico Universitario "Agostino Gemelli" IRCCS, Largo Francesco Vito, 1 – 00168 Rome, Italy

November 2018 Volume 132, Pages 73–77

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Resuscitation

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Editorial

End-tidal CO_2 to detect recovery of spontaneous circulation during cardiopulmonary resuscitation: We are not ready yet

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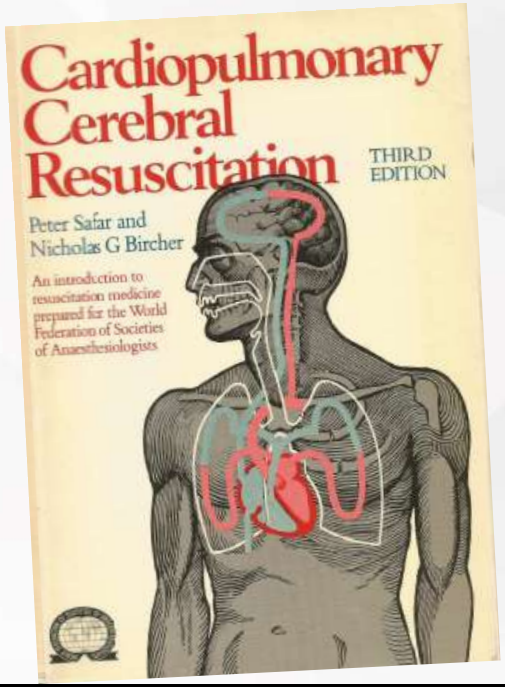

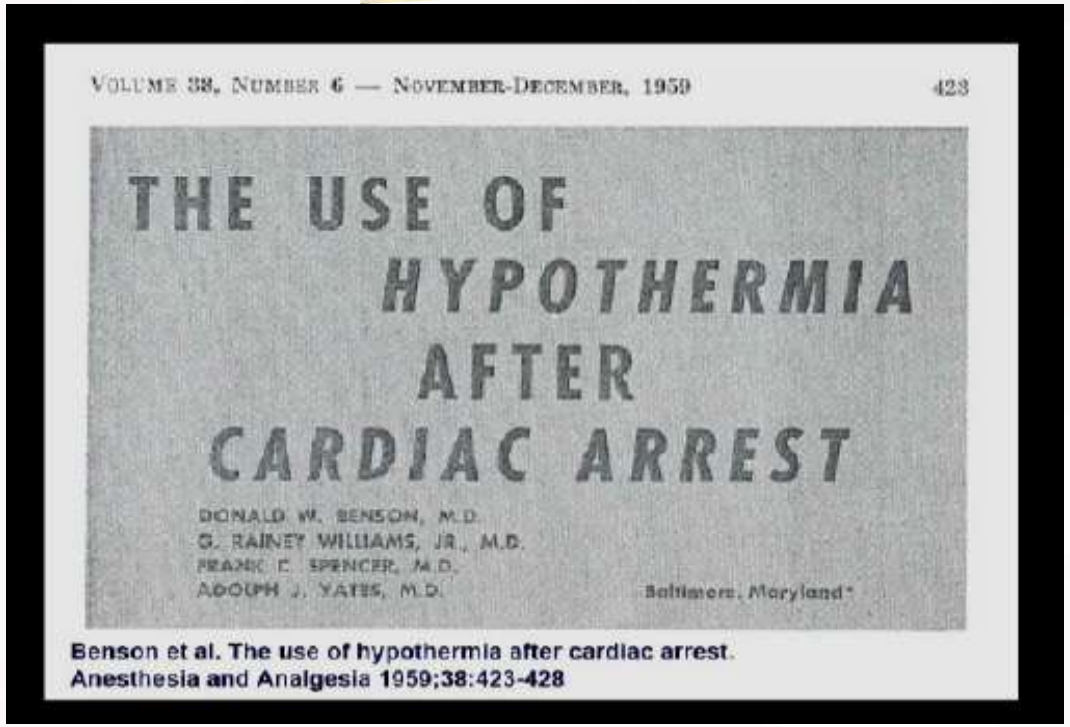

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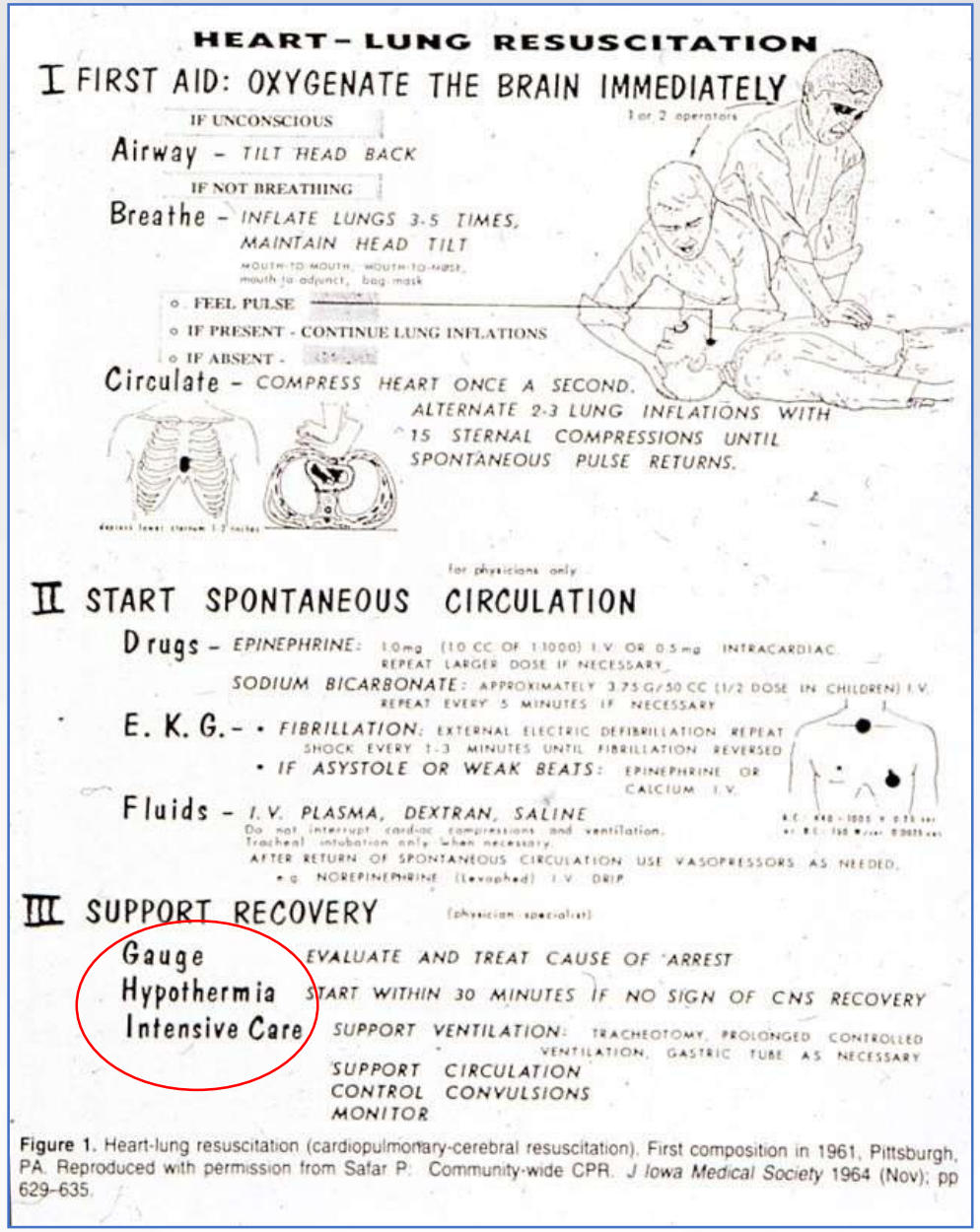

Figure 1. Heart-lung resuscitation (cardiopulmonary-cerebral resuscitation). First composition in 1961, Pittsburgh, PA. Reproduced with permission from Safar P: Community-wide CPR. *J Iowa Medical Society* 1964 (Nov); pp 629–635.

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Am J Emerg Med. 1998 Jan;16(1):17-25.

Mild protective and resuscitative hypothermia for asphyxial cardiac arrest in rats.

Xiao F[1], Safar P, Radovsky A.

Author information

1 Safar Center for Resuscitation Research (SCRR), University of Pittsburgh, PA 15260, USA.

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Therapeutic hypothermia after cardiac arrest.

Safar PJ, Kochanek PM.

ORIGINAL ARTICLE

Mild Therapeutic Hypothermia to Improve the Neurologic Outcome after Cardiac Arrest

The Hypothermia after Cardiac Arrest Study Group*

N Engl J Med. 2002 Feb 21;346(8):549-56

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N Engl J Med. 2013 Dec 5;369(23):2197-206 ORIGINAL ARTICLE

Targeted Temperature Management at 33°C versus 36°C after Cardiac Arrest

Niklas Nielsen, M.D., Ph.D., Jørn Wetterslev, M.D., Ph.D., Tobias Cronberg, M.D., Ph.D., David Erlinge, M.D., Ph.D., Yvan Gasche, M.D., Christian Hassager, M.D., D.M.Sci., Janneke Horn, M.D., Ph.D., Jan Hovdenes, M.D., Ph.D., Jesper Kjaergaard, M.D., D.M.Sci., Michael Kuiper, M.D., Ph.D., Tommaso Pellis, M.D., Pascal Stammet, M.D., et al., for the TTM Trial Investigators*

Journal of the American College of Cardiology
Volume 65, Issue 19, 19 May 2015, Pages 2104-2114
ELSEVIER

Original Investigation

Neuron-Specific Enolase as a Predictor of Death or Poor Neurological Outcome After Out-of-Hospital Cardiac Arrest and Targeted Temperature Management at 33°C and 36°C

Pascal Stammet MD *, Olivier Collignon PhD †, Christian Hassager MD, DMSc ‡, Matthew P. Wise MD, DPhil §, Jan Hovdenes MD, PhD ||, Anders Åneman MD, PhD ¶, Janneke Horn MD, PhD #, Yvan Devaux PhD **, David Erlinge MD, PhD ††, Jesper Kjaergaard MD, DMSc ‡, Yvan Gasche MD ‡‡, Michael Wanscher MD, PhD §§, Tobias Cronberg MD, PhD |||, Hans Friberg MD, PhD ¶¶, Jørn Wetterslev MD, PhD ###, Tommaso Pellis MD ***, Michael Kuiper MD, PhD †††, Georges Gilson PhD ‡‡‡ ... Niklas Nielsen MD, PhD

et al. Critical Care (2017) 21:153
DOI 10.1186/s13054-017-1729-7

RESEARCH Critical Care Open Access

Protein S100 as outcome predictor after out-of-hospital cardiac arrest and targeted temperature management at 33 °C and 36 °C

Pascal Stammet[1*], Josef Dankiewicz[2], Niklas Nielsen[3], François Fays[4], Olivier Collignon[4], Christian Hassager[5], Michael Wanscher[6], Johan Undén[7], Jorn Wetterslev[8], Tommaso Pellis[9], Anders Aneman[10], Jan Hovdenes[11], Matt P. Wise[12], Georges Gilson[13], David Erlinge[2], Janneke Horn[14], Tobias Cronberg[15], Michael Kuiper[16], Jesper Kjaergaard[5], Yvan Gasche[17], Yvan Devaux[18], Hans Friberg[19] and Target Temperature Management after Out-of-Hospital Cardiac Arrest (TTM) trial investigators

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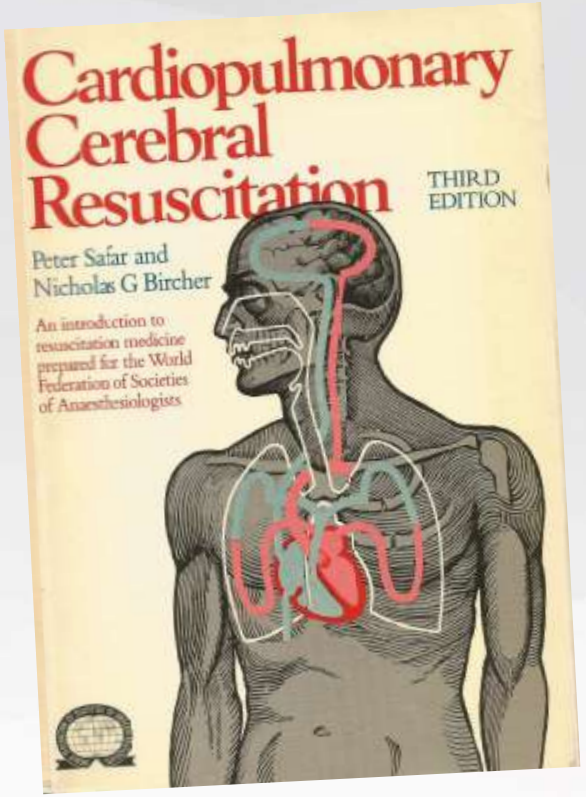
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Nicholas G Bircher
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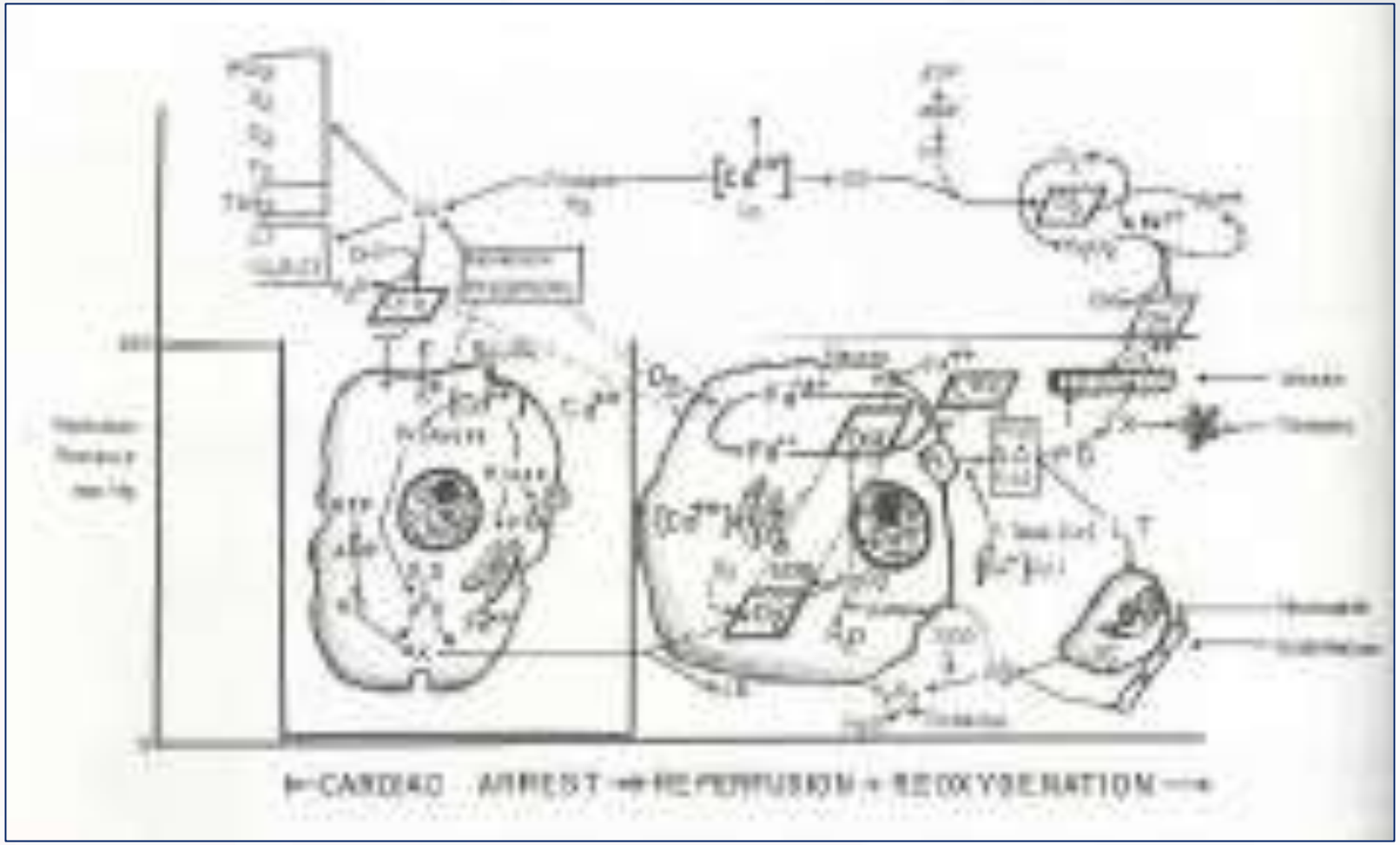
CARDIAC ARREST

Neurophysiology and neuroimaging accurately predict poor neurological outcome within 24 hours **after cardiac arrest**: The ProNeCA prospective multicentre **prognostication** study.

Scarpino M, Lolli F, Lanzo G, Carrai R, Spalletti M, Valzania F, Lombardi M, Audenino D, Celani MG, Marrelli A, Contardi S, Peris A, Amantini A, Sandroni C, Grippo A; ProNeCA Study Group.

Resuscitation. 2019 Oct;143:115-123. doi: 10.1016/j.resuscitation.2019.07.032. Epub 2019 Aug 7.

PMID: 31400398

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Death **after** awakening from post-anoxic coma: the "Best CPC" project.

Taccone FS, Horn J, Storm C, Cariou A, Sandroni C, Friberg H, Hoedemaekers CA, Oddo M.

Crit Care. 2019 Apr 3;23(1):107. doi: 10.1186/s13054-019-2405-x.

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Intensive Care Med. 2018 Dec;44(12):2102-2111. doi: 10.1007/s00134-018-5448-6. Epub 2018 Nov 26.

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Sandroni C, D'Arrigo S, Nolan JP.

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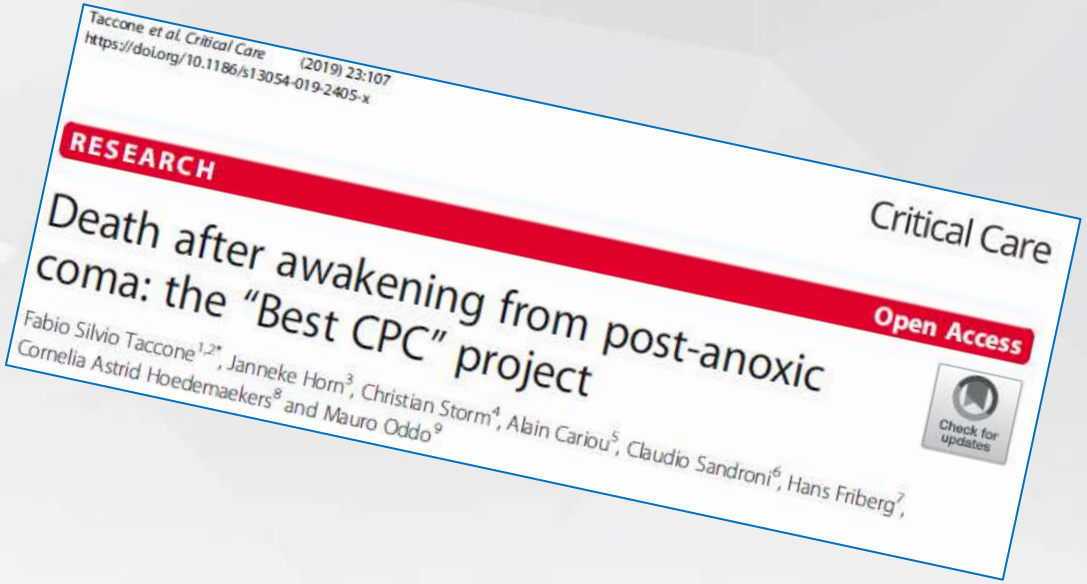
Predictors of favourable outcome **after** in-hospital **cardiac arrest** treated with extracorporeal cardiopulmonary resuscitation: A systematic review and meta-analysis.

D'Arrigo S, Cacciola S, Dennis M, Jung C, Kagawa E, Antonelli M, Sandroni C.

Resuscitation. 2017 Dec;121:62-70. doi: 10.1016/j.resuscitation.2017.10.005. Epub 2017 Oct 8. Review.



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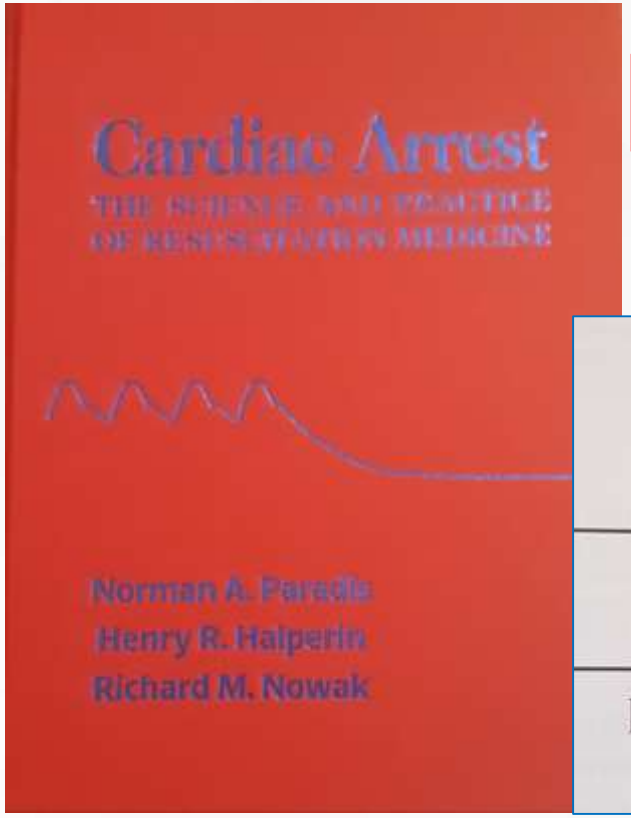


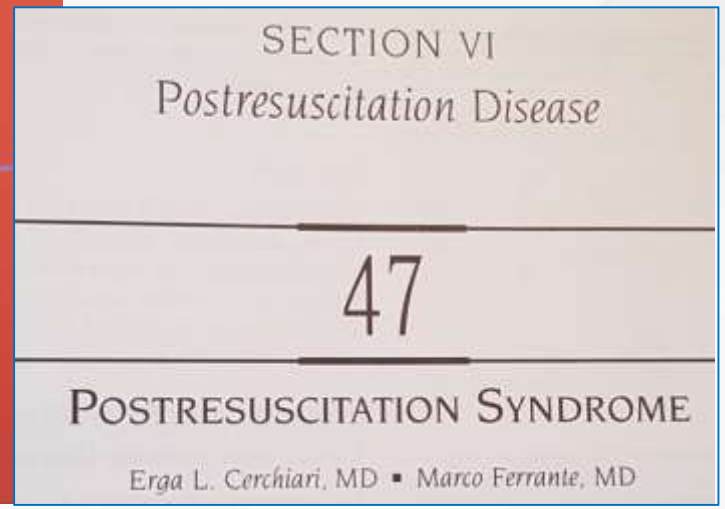
1996


37

Acid–base considerations and buffer therapy

Gad Bar-Joseph[1], Fulvio Kette[2], Martin von Planta[3], Lars Wiklund[4]

[1] Pediatric Intensive Care, Meyer Children's Hospital, Rambam Medical Center, The Ruth and Bruce Rappaport Faculty of Medicine, Technion-Israel Institute of Technology, Haifa, Israel
[2] Emergency Department and Intensive Care Unit, S. Vito al Tagliamento Hospital, Italy
[3] Internal Medicine, University of Basel, Switzerland
[4] Department of Surgical Sciences/Anesthesiology and Intensive Care Medicine, Uppsala University Hospital, Sweden


SECTION VI
Postresuscitation Disease

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POSTRESUSCITATION SYNDROME

Erga L. Cerchiari, MD ▪ Marco Ferrante, MD

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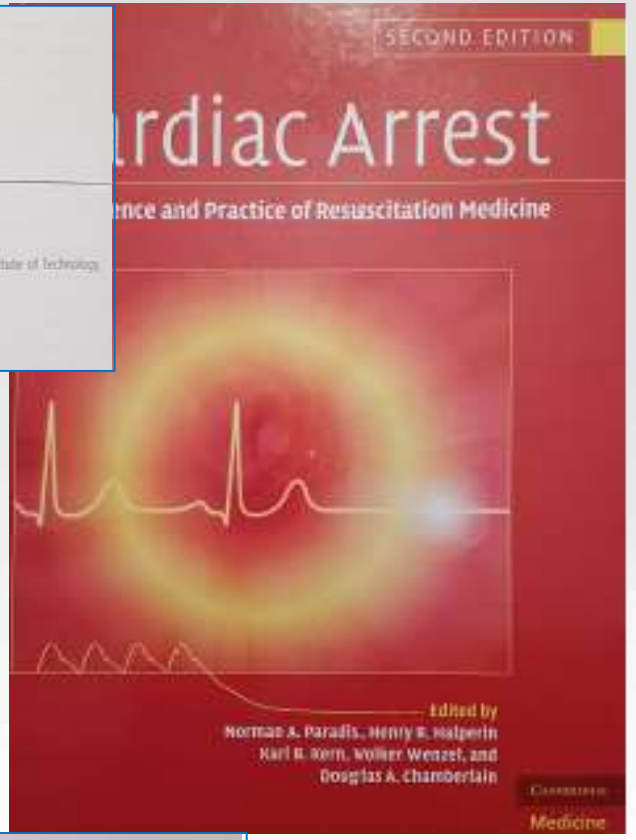

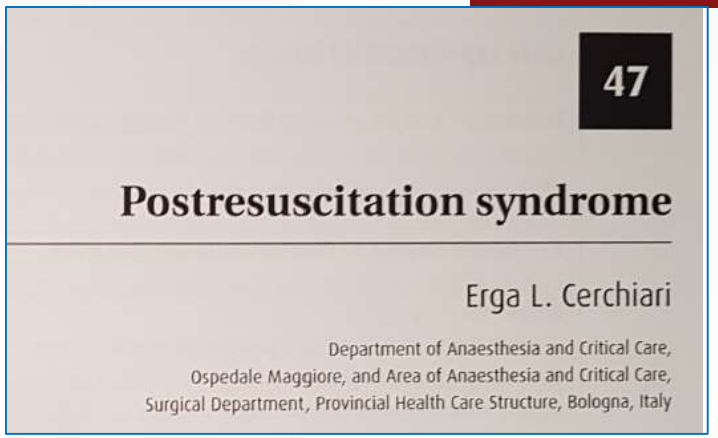
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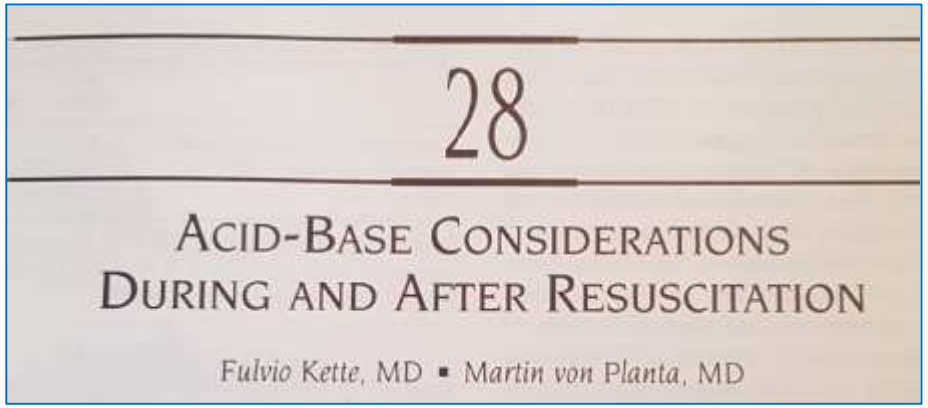
Postresuscitation syndrome

Erga L. Cerchiari

Department of Anaesthesia and Critical Care,
Ospedale Maggiore, and Area of Anaesthesia and Critical Care,
Surgical Department, Provincial Health Care Structure, Bologna, Italy


28

ACID-BASE CONSIDERATIONS DURING AND AFTER RESUSCITATION

Fulvio Kette, MD ▪ Martin von Planta, MD

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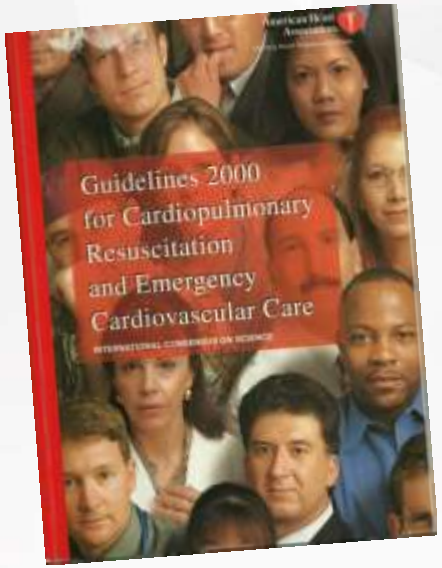

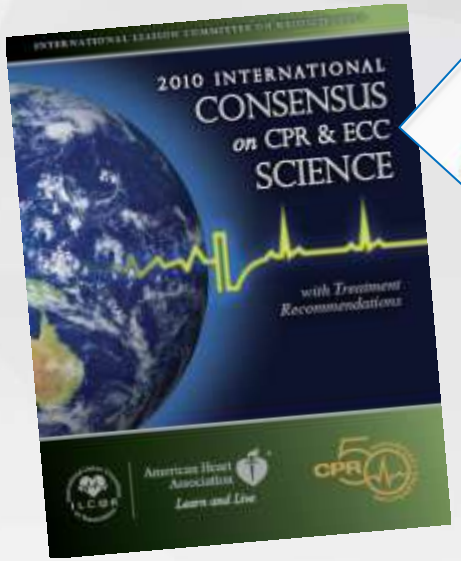

- **Consensus Conferences ILCOR:**
- **1994:** Erga Cerchiari
- **2000**: Fulvio Kette (in collaborazione anche con gli Expert Members di Innsbruck)
- **2005**: Erga Cerchiari, Fulvio Kette, Manrico Gianolio
- **2010:** Alessandro Barelli, Erga Cerchiari (Editorial Board), Claudio Sandroni (Editorial Board), Fulvio Kette, Peter Fenici, Giuseppe Ristagno, Tommaso Pellis, Claudio Sandroni, Tommaso Sanna, Andrea Scapigliati
- **2015**: Giuseppe Ristagno, Tommaso Pellis, Claudio Sandroni

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Eur J Emerg Med. 2006 Aug;13(4):197-203.

The first Italian trauma registry of national relevance: methodology and initial results.

Di Bartolomeo S[1], Nardi G, Sanson G, Gordini G, Michelutto V, Ciminello M, Giugni A, Cingolani E, Cancellieri F.

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Emergency medical service treated out-of-hospital cardiac arrest: Identification of weak links in the chain-of-survival through an epidemiological study.

Sanson G[1], Verduno J[2], Zambon M[3], Trevi R[3], Caggegi GD[3], Di Bartolomeo S[4], Antonaglia V[3].

Author information

1 School of Nursing, University of Trieste, Italy gsanson@units.it.
2 Department of Cardiology, University Hospital, Udine, Italy.
3 Emergency Medical Service System, Azienda per i Servizi Sanitari, Trieste, Italy.
4 Department of Anesthesia, University Hospital, Udine, Italy Department of Clinical Governance, Agenzia Sanitaria e Sociale Regionale Emilia Romagna, Italy.

Internal and Emergency Medicine
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Impact of ‘synchronous’ and ‘asynchronous’ CPR modality on quality bundles and outcome in out-of-hospital cardiac arrest patients

Authors | Authors and affiliations

Gianfranco Sanson, Giuseppe Ristagno, Giuseppe Davide Caggegi, Athina Patsoura, Veronica Xu, Marco Zambon,

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Biban P[1], Filipovic-Grcic B, Biarent D, Manzoni P; International Liaison Committee on Resuscitation (ILCOR); European Resuscitation Council (ERC); American Heart Association (AHA); American Academy of Pediatrics (AAP).

Pediatr Crit Care Med. 2018 Mar;19(3):264-265. doi: 10.1097/PCC.0000000000001433.

"Doctor, Is My Child Going to Survive?" Does a New Score to Predict Mortality Following Pediatric In-Hospital Cardiac Arrest "GO-FAR" Enough?

Biban P[1].

Resuscitation. 2010 Dec;81(12):1607-8. doi: 10.1016/j.resuscitation.2010.09.010. Epub 2010 Oct 20.

The four-stage approach to teaching skills: the end of a dogma?

Barelli A, Scapigliati A.

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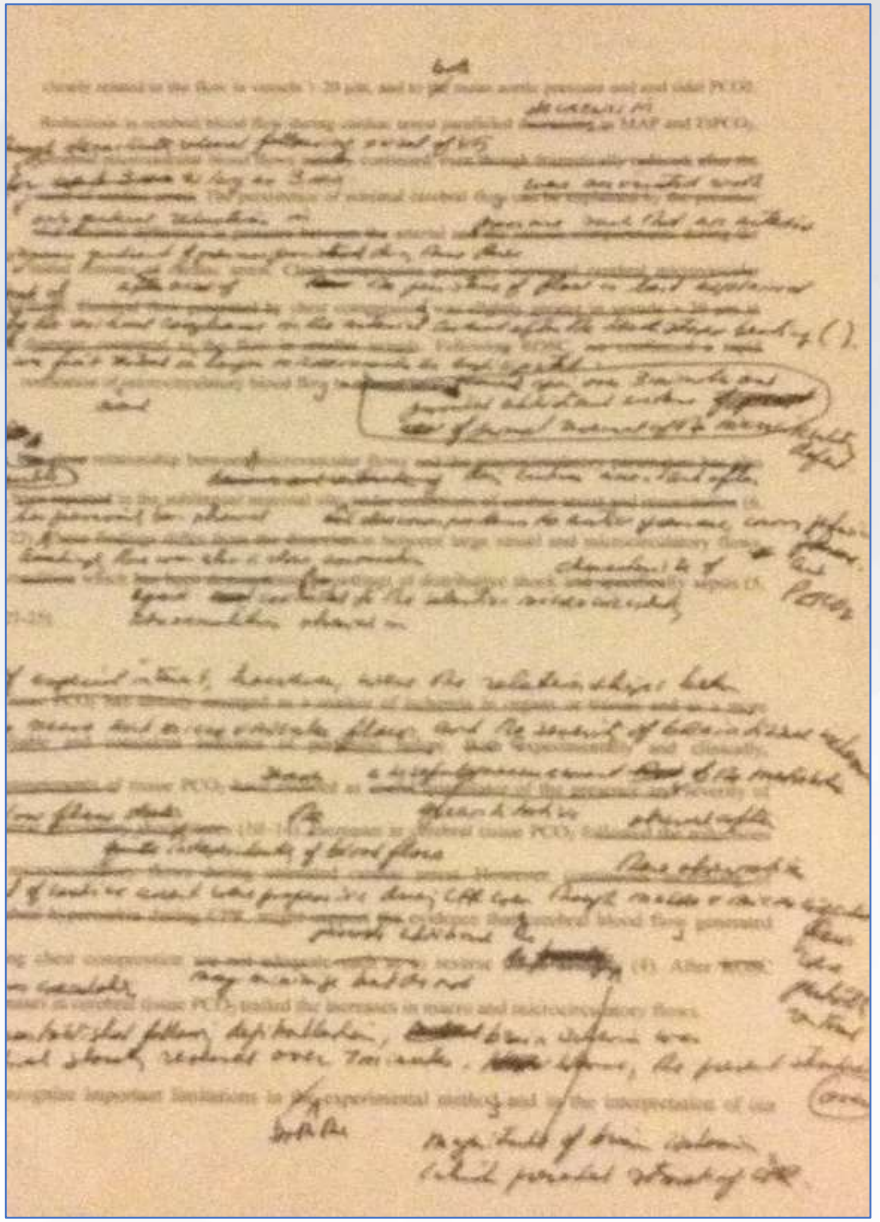

Max Weil's Japanese fellow with over 65 versions before finalizing the manuscript

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Dare uno sguardo indietro nel tempo non significa avere una visione nostalgica del passato, ma vuol dire conoscere la propria storia ed apprendere quanto si e' fatto per crescere ancora e costruire un futuro migliore

Fulvio Kette

Io c'ero
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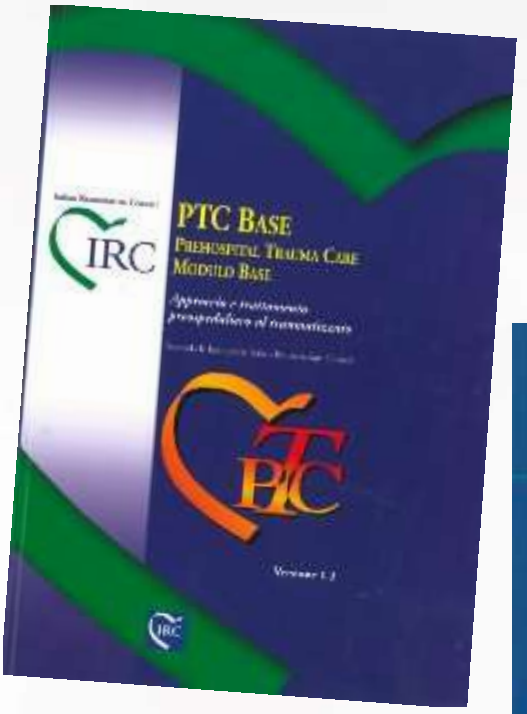

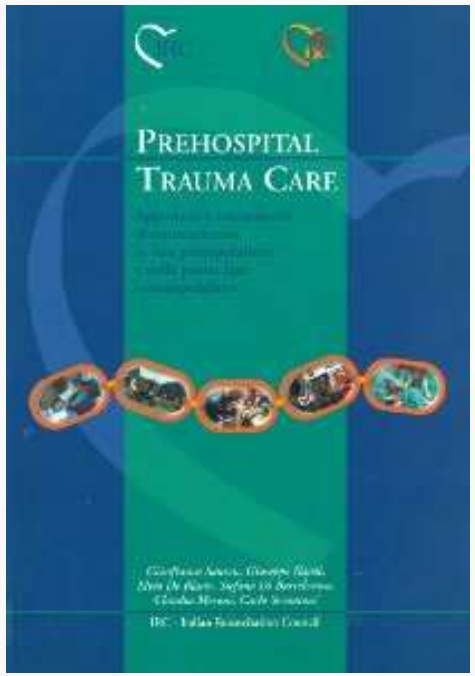

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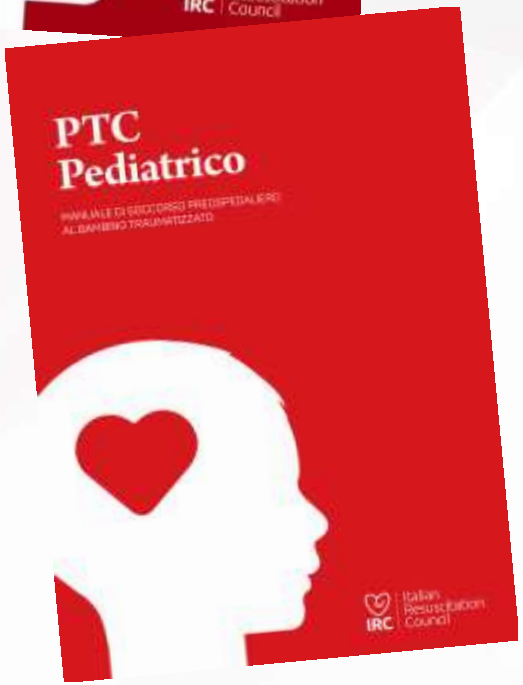

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Nel 1997 è stata pubblicata la prima edizione del manuale ACLS di Italian Resuscitation Council. Quel manuale, su cui molti di noi hanno studiato e che conservano gelosamente, è rimasto poi una semplice rilegatura di fotocopie ma porta con sè un grande valore storico per la rianimazione cardiopolmonare italiana ed affettivo per quanti si sono impegnati agli albori della diffusione della cultura dell'arresto cardiorespiratorio in Italia.

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Eur Heart J. 2018 May 14;39(19):1664. doi: 10.1093/eurheartj/ehy196.

AED use before EMS arrival: When survival becomes a matter of law and system in Italy, which can be improved.

Baldi E[1], Savastano S[1].

Author information

1 Division of Cardiology Fondazione IRCCS Policlinico San Matteo 27100 Pavia, Italy.

RESUSCITATION 142 (2019) 25–27

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Resuscitation

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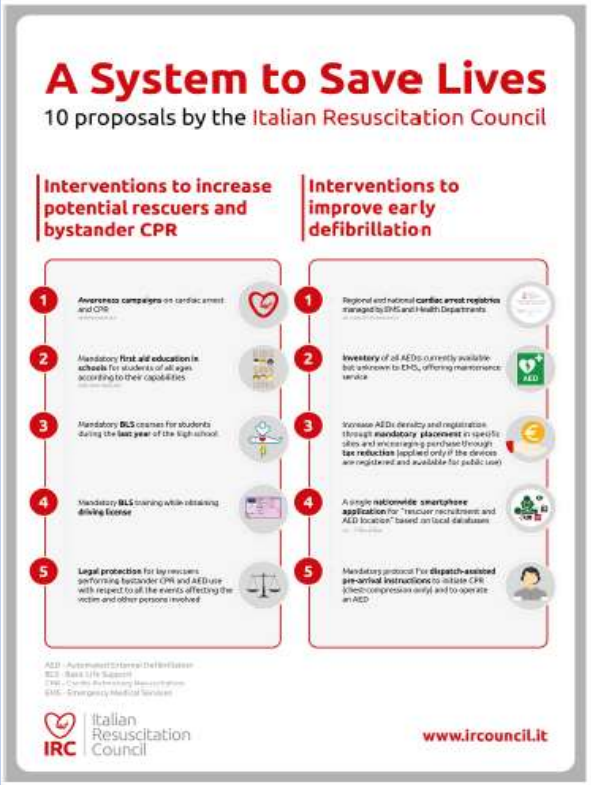
Letter to the Editor

Settembre 2019

A system to save lives in Italy: A cultural challenge for community and government



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