

Reassessment Campaign on Veterinary Resuscitation (RECOVER) Creating Consensus Guidelines on Veterinary CPR

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We have established an ACVECC committee to strategically reassess the scientific evidence on how to best conduct cardiopulmonary cerebral resuscitation (CPR) in dogs and cats, to summarize these findings in a scientific consensus statement on veterinary CPR, and to generate evidence-based consensus guidelines for clinical management of cardiac arrest in small animals.

A recent study published in *JVECC* (Boller *et al.*, 2010) documented considerable variation in CPR technique among veterinary practitioners, and poor compliance with peer-reviewed published recommendations that are composites of the opinions of individual veterinary experts and of recent American Heart Association (AHA) guidelines for CPR. The advent of a widely employed cohesive educational strategy in human CPR, a powerful tool to improve outcomes after cardiac arrest, was only possible with the availability of an accepted consensus on how to optimally perform CPR. Accordingly, the lack of such standardized veterinary CPR training is likely one of the major contributors to the variation noted in Boller *et al.*'s study, but more importantly may also compromise patient outcomes. It is the goal of the work proposed in this document to generate, for the first time, evidence-based consensus guidelines for veterinary CPR. It is expected that the resulting process will not only lead to the best possible recommendations on how to conduct veterinary CPR, but will also unveil critical scientific gaps and thus result in a research roadmap in veterinary CPR. Moreover, it will be the basis for effective large-scale veterinary CPR training for a broad variety of rescuers, including non-veterinarians.

The Reassessment Campaign on Veterinary Resuscitation (RECOVER) brings together distinguished experts in veterinary resuscitation science with professional contributors from other disciplines and will employ a process similar to that used to generate the AHA guidelines for CPR. These are developed through the work of the International Liaison Committee on Resuscitation (ILCOR), a working group composed of members of a number of international organizations that conducts in-depth standardized literature reviews targeted at hundreds of individual issues in emergency cardiac care. Each issue is evaluated using a standardized worksheet. The worksheets are used to formulate a final consensus statement on CPR, which regional organizations (e.g., AHA) utilize to generate local guidelines.

RECOVER is organized into six domains: (1) Preparedness and Prevention; (2) Basic Life Support; (3) Advanced Life Support; (4) Monitoring; (5) Post Cardiac Arrest Care; (6) Large Animal. Each domain has a chair that is responsible for identifying and evaluating a series of specific key issues. For each key issue, a RECOVER member will be assigned to complete a standardized worksheet. The Domain Chairs will use the worksheets to compose a draft document for each domain, which will be reviewed and approved by all members of the domain. These documents, containing detailed analyses of the scientific data will then be used to generate a draft of a Veterinary Clinical CPR Guidelines document to be presented at IVECCS 2011 to the ACVECC and VECCS membership for review (see Gantt chart below).

After a period of commenting, open feedback, and editing, the guidelines will be published in a special issue of *JVECC* and will consist of a series of 7 papers, one summary review for each of the six coresdomains, and a consensus statement summarizing the final recommendations and guidelines generated.

RECOVER is co-chaired by Drs. Fletcher and Boller. The RECOVER Advisory Committee is composed of its co-chairs, the Domain Chairs, the ACVECC President, and a group of experts from academia, private practice, and industry. This open call is being made to the ACVECC membership for volunteers to complete the key issue worksheets, and Domain Chairs will assign volunteers to each key issue. The Steering Advisory Committee will also solicit input from allied organizations (such as ACVA and ACVIM) and experts in human resuscitation. Care will be taken to equally include ACVECC members from different practice structures.