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Revolving back to the basics in cardiopulmonary resuscitation (Conference Paper)

Roppolo, L.P.^a, Wigginton, J.G.^a, Pepe, P.E.^{bcd}

^a Department of Surgery/Emergency Medicine, University of Texas Southwestern Medical Center at Dallas, Parkland Health and Hospital System, Dallas, TX, United States

^b Emergency Medicine Administration, UT Southwestern Medical Center, Mailstop 8579, 5323 Harry Hines Boulevard, Dallas, TX 75390-8579, United States

^c City of Dallas Medical Emergency Services, Office of City Manager, Dallas, United States

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Abstract

Since the 1970s, most of the research and debate regarding interventions for cardiopulmonary arrest have focused on advanced life support (ALS) therapies and early defibrillation strategies. During the past decade, however, international guidelines for cardiopulmonary resuscitation (CPR) have not only emphasized the concept of uninterrupted chest compressions, but also improvements in the timing, rate and quality of those compressions. In essence, it has been a "revolution" in resuscitation medicine in terms of "coming full circle" to the 1960s when basic CPR was first developed. Recent

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Intravenous fluid resuscitation for the trauma patient

By: **Roppolo, LP** (Roppolo, Lynn P.)^[1,2]; Wigginton, J (Wigginton, Jane G.)^[1,2,3]; Pepe, PE (Pepe, Paul E.)^[1,2,4,5,6,7]

CURRENT OPINION IN CRITICAL CARE
Volume: 16 Issue: 4 Pages: 283-288
DOI: 10.1097/MCC.0b013e32833bf774
Published: AUG 2010
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Abstract

Purpose of review

Although longstar

patients with presumed internal hemorrhage, recent experimental and clinical data suggest a more discriminating approach that first considers concurrent head injury, hemodynamic stability, and the presence of potentially uncontrollable hemorrhage (e. g., deep truncal injury) versus a controllable source (e. g., distal extremity wound).

Recent findings

The data suggest that rapid intravenous fluid infusions could be used for patients with isolated extremity, thermal or head injury.

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