

Supplemental Oxygen Use by Lay Rescuers in Cardiopulmonary Resuscitation and Programs of Public Access Defibrillation (PAD)

The *ECC Guidelines 2000* support the use of supplementary oxygen by healthcare providers during basic and advanced life support. Oxygen administration may be useful in the treatment of hypoxia in patients during the period immediately before or after an arrest. It also may be useful for first aid for some specific medical and environmental conditions. At this time, however, there is insufficient data for the AHA to recommend for or against the use of oxygen by *lay rescuers* during the first minutes of **cardiopulmonary resuscitation, including that performed in programs of public access defibrillation**. There *is* evidence that prompt bystander CPR and immediate defibrillation (especially within the first 3 minutes following collapse) can substantially improve survival from cardiopulmonary arrest. There is also evidence that increasing the complexity of resuscitation skills (eg, by adding oxygen use to the other skills) will decrease skill mastery and retention. For these reasons, the American Heart Association recommends that lay rescuers master the skills of CPR and use of an AED.

The decision to use oxygen in a *lay rescuer* program of **resuscitation or public access defibrillation** is at the discretion of the program medical director. Ideally such programs will use protocols and perform quality improvement monitoring to determine the impact (if any) of oxygen use on time to initiation of CPR, time to first shock, and survival.

Please contact the AHA ECC website to watch for new AHA statements and updates on CPR science and recommendations: www.americanheart.org/cpr.