Clinical Question: The concern you have about your nursing unit or area of practice: Mechanical versus Manual CPR

P: General Public / Critical access hospital
I: Ability to provide adequate CPR Mechanical
C: Manual vs Mechanical CPR
O: Higher percentage of ROSC with better Neurological Outcomes

*Due February 28th with signed approval by leader/manager PICO(t) topic

<table>
<thead>
<tr>
<th>Discussed with and Approved by Nurse Leader</th>
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<td>Ashley Haas</td>
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Print Nicole Delean  Signature  

Date 13/11/18

**Search terms:**

**Evidence:** Summarize key findings and cite (APA format) – three sources

* Open Access Emergency Medicine

Cochrane Library

World Journal of Emergency Medicine


* Device led to better results in terms of fatigue reduction and correct compression rate than standard manual compression.

* Machines do not pause or get tired, they provide consistent pressure and timing of each chest compression.

* Allows for effective CPR during patient transportation while improving rescuer safety.

* The results are encouraging, with the vast majority of survivors having good neurological status at 180 days - 99% in the LUCAS group, 94% in manual group.

Conclusion/Recommendations: Looking @ critical access Hospitals
And how Mechanical CPR can be beneficial.

Ideas/suggestions for next steps:
* Applying for Grants
* Setting up Fundraisers

Identify your collaborative partners if you were to follow this through to next steps:
* Talked to managers
* Fundraisers, and Grants

* Due April 30th completed template (scan to brenda.monnot@ascension.org)