

MSU-ES Dawg Tracks



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*Cough-CPR/ A Simple Test for Hearts
Smile Test/ A Simple Test for Strokes*



It's been almost two years since we talked about Cough-CPR and the Smile Test for stroke detection. Both of these subjects keep recurring at times. The incident is that if you think that you might be experiencing a heart attack, there is a method that might help you to get to a hospital. They call it the Cough-CPR, where you are supposed to breathe in real hard and cough alternately. I spoke with representatives of the Phillips Companies, who were demonstrating their AEDs, (Automatic Electronic Defibrillators) at a safety seminar. The gentleman was familiar and had the same documents on file that I have concerning this Cough-CPR. He asked me to pull up the American Heart Association on the computer and read their comments on COUGH-CPR.

First of all, the American Heart Association does not endorse COUGH-CPR. As noted in their textbook, *Basic Life Support for Healthcare Providers*, the American Heart Association **DOES NOT TEACH THIS AS PART OF THEIR CURRICULUM IN ANY COURSE.** During a sudden arrhythmia (abnormal heart rhythm), it may be possible for a conscious, responsive person to cough forcefully and maintain enough blood flow to the brain to remain conscious for a few seconds until all the arrhythmia disappears or is treated. Blood flow is maintained by increased pressure in the chest that occurs during the forceful coughs. This has been mislabeled "Cough-CPR," although it is not a form of traditional resuscitation. "Cough-CPR" should not be routinely taught in lay-rescuer courses, because it would only complicate the teaching of traditional CPR. It would add information that's not generally useful in a pre-hospital setting. In virtually all lay-rescuer CPR courses, the finding that signals an emergency is the victim's unresponsiveness. This signals the rescuer to begin the "A, B, C's of CPR. Unresponsive victims will not be able to perform "Cough-CPR."

This coughing technique to maintain blood flow during brief arrhythmias has been useful in the hospital, particularly during cardiac catheterization. In such cases, the patient's ECG is monitored continuously and a physician is present. During this procedure, the patient may develop sudden arrhythmias. If a life-threatening arrhythmia is detected within 10-15 seconds and before the patient loses consciousness, a physician or nurse may tell the patient to cough. Repeated, forceful coughing can help the person stay conscious until the arrhythmia disappears or is treated. Therefore, the usefulness of "Cough/CPR" is generally limited to monitored patients with a witnessed arrest in the hospital setting.

AMERICAN HEART ASSOCIATION

The best strategy is to be aware of the early warning signs for heart attack and cardiac arrest and respond to them by calling 9-1-1.

If you're driving alone and you start having severe chest pain or discomfort that starts to spread to your arm and up into your jaw (the scenario presented in the Internet article), pull over and flag down another motorist for help or phone 9-1-1 on a cellular phone.

Since we discussed the "Cough-CPR," it is probably good to discuss the other test that is passed over the Internet and other media, the "Smile Test-A Simple Test for Stroke." The American Stroke Association does not endorse the "Smile Test."

The facts: A scientific poster presented at the 2003 **International Stroke Conference** titled "Untrained Adults can Identify Symptoms of Stroke by Directed Use of Cincinnati Prehospital Stroke Scale" suggested that asking three questions could help bystanders identify a stroke.

1. Ask the individual to smile
2. Ask him or her to raise both arms
3. Ask the person to speak a simple sentence coherently

This presentation by researchers of the University of North Carolina-Chapel Hill School of Medicine was one of 450 presentations made at the conference hosted by the **American Stroke Association**. The poster showed positive results, but was a very small study. The research was funded by a grant from the **American Stroke Association**. However, the **American Stroke Association** has not taken a position on this topic or endorsed it.

STROKE WARNING SIGNS ARE:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Suddenly not seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden severe headaches with no cause.

If you should recognize one or more of these signs or experience one of these symptoms, CALL 9-1-1 IMMEDIATELY!

TIME LOST IS BRAIN LOST!!

**BE SAFE TODAY &
ALIVE TOMORROW**

**DON'T KICK THE SAFETY
HABIT!!**

Ted Gordon-Risk Mgmt. / Loss Control Mgr.

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Excerpts: [www.AmericanHeartAssociation](http://www.AmericanHeartAssociation.org) 7/28/2008
[www.AmericanStrokeAssociation](http://www.AmericanStrokeAssociation.org)