

Editorial I

A NATIONAL RESUSCITATION COUNCIL

The College of Anaesthesiologists of Sri Lanka has decided to form a National Resuscitation Council. So far it is the College of Anaesthesiologists, which has been carrying out programmes of resuscitation according to the guidelines of the Resuscitation Council of the UK. With the help of the World Health Organization, the Sri Lankan government has initiated a health sector development project, which will assist the college to set up a National Resuscitation Council. This is very timely and will be essential if we are to progress with advances and research in this field.

We in Sri Lanka boast of very high health indices but there is room for further reduction in morbidity and mortality if the initial management of the sick and injured is improved. This is sadly a neglected aspect, which should be addressed starting with the curriculum of undergraduate medical students. In most hospitals it is the intern who first attends to the patient in the ward as very few hospitals have emergency treatment units or resuscitation areas in the out patient departments. It is important to recognize that unless the patient is adequately resuscitated initially, no accurate definitive diagnosis later will save his or her life.

What will be the functions of the Resuscitation Council? It will have to set down guidelines for resuscitation, implement the concept of adhering to these guidelines thereby ensuring uniformity and correct practice, audit and assess the outcome of patients, and promote research in this field.

Guidelines will have to be initially set adhering to existing universal guidelines for a given period of time. Thereafter the results should be reviewed by the Resuscitation Council and changes made if necessary according to the response of our patients and local resources.

Assessing the outcome of patients will need proper documentation. This will be a problem if one is not committed. In the initial stages the health sector development project could make the necessary forms available. As medical officers need to fill the forms after the event, they should not be lengthy but should carry all vital information needed for review at regular intervals.

The council will have to promote scientific research in this field and review the results of research to ensure progress.

What aspects of resuscitation should we consider? Both adult and paediatric, basic and advanced life support should be addressed. The surveillance and evaluation subcommittee of the Trauma Secretariat of the Ministry of Health is already evaluating trauma resuscitation.

Regional councils can be set up in the Provincial hospitals. These will be the focal point in the province for education, assessment and evaluation. These regional councils should report to the National Resuscitation Council, which can help and support the activities in the form of providing resources and guidance.

Finally let this initiative be the starting point of establishing emergency medical teams in all hospitals in the country so that in the event of detecting early warning signs of deterioration (pulse, respiratory rate, level of consciousness, temperature) in an inward patient medical help can be immediately summoned. Timely intervention in such a situation will possibly save the life of a patient we would otherwise lose.

All medical officers in outpatient departments need to be certified in resuscitation. The Ministry of Health must ensure that medical officers in such departments should get the training at least within three months of their appointments if not at the time of appointment. Undoubtedly this will not only reduce morbidity

and mortality but also give tremendous job satisfaction to these doctors.

How long should certification be valid? Guidelines in resuscitation keep changing every four years. Hence the need for recertification. This issue too should be addressed by the Resuscitation Council. Revalidation will not only ensure effective resuscitation but will promote research on the subject as well.

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