C.A.R.E.
CARDIAC ADVANCED
RESUSCITATION EDUCATION

REACT ABOUT

REACT

Interventional cardiology, like many other procedure-based disciplines, has changed over the last 25 years. Previously, large numbers of patients with relatively few comorbidities would undergo single vessel PCI (via a femoral approach) with an occasional PPM insertion being performed at the end of the day. Now, two decades later we are regularly performing multivessel PCI (often in the emergency context of AMI) in patients with IABP's in cardiogenic shock. New technologies e.g. biventricular pacemakers, ICD's, wireless pacing systems, complex ablation procedures, watchman devices, etc abound, bringing with themselves new complications. Finally, percutaneous valvular interventions on the aortic, mitral and pulmonary valves are becoming increasingly commonplace often in elderly patients with poorly performing ventricles. Furthermore, in this fast-changing clinical environment, hospitals (in attempts to strengthen governance) and patients themselves have become less accepting of complications.

Despite these massive changes, the organisation of how cardiologists and support staff in the catheter laboratory, work has not moved on in any way. This is most noticeable in situations where patients become acutely unstable or even undergo cardiac arrest during (or relatively soon after) a complex cardiological procedure. Other disciplines have recognized similar changes in practice and technology. Cardiac surgery has recognised this and developed CSU-ALS (Cardiac Surgical Unit Advanced Life Support) to help deal with such situations in an efficient and timely team-based manner. Trauma teams have similarly integrated this into ATLS.

Due to these multiple competing pressures, it was felt that standard Adult Cardiac Life Support (ACLS) was not fit for purpose in today's Cardiac Catheterization Laboratory. Specific protocols needed to be developed to answer these questions and to address these new complications in the most efficient way possible. Thus, was formed a group of dedicated clinicians (cardiologists, anesthesiologists, nurses, technicians and radiographers) who realized these difficulties existed and sort parallels in the emergency treatment guidelines that other disciplines had devised. Furthermore, they realized that these protocols could only be efficiently performed if modern techniques of human factor training were integrated into the practical organisation of such multi-disciplinary teams.

These simple protocols and principles are the basis of what we teach. Using simple practical guidelines rooted in the principles of ACLS, modern human factors training, self-explanatory visual aids and

utilizing the whole multi-disciplinary team we created the REACT™ course.

Due to the rapid pace of technological and practical change, twinned with the enormous connectivity of modern medicine it is mandatory that we are able to communicate new complications (and ways 'out of them') and integrate them into our guidelines. We have thus designed in from the outset a networking facility which incorporates into the design of our protocols to ensure that they remain relevant.

We are delighted that you are joining this network and thank you for your interest in REACT™.

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MISSION

To ensure that cardiac patients receive the best possible care during the worst possible times

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