

Paramedic Students' and Laypersons' Attitudes Towards Participation in Witnessed Resuscitation

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Introduction: Family presence during resuscitation is a controversial issue among medical staff and laypersons. For approximately two decades, few recommendations emerged, but medical staff remained reluctant to adopt these practices in most Polish emergency departments.

Objectives: This study aimed to elucidate the knowledge of witnessed resuscitation among young Poles, and their attitudes toward staff dedicated to support family members during resuscitation.

Methods: Fifty paramedic students at Pomeranian Medical University and 50 non-medical students at the University of Szczecin were surveyed. The questionnaire comprised of ten questions regarding the respondents' attitudes to being offered the opportunity to stay in the resuscitation room while advanced life support (ALS) procedures were performed on a relative with cardiac arrest.

Results: Only 22% of paramedics and 6% of non-medical students had prior knowledge that they could be allowed in the resuscitation room. A total of 72% of non-medical students and 42% paramedics would stay in the resuscitation room during resuscitation if given such an opportunity. Regardless of personal preferences to stay or not stay in the resuscitation room, 24% of paramedics and 64% of non-medical students would like to be given such an opportunity. A total of 74% of the respondents in both groups wanted to have a dedicated staff person trained in supporting relatives while resuscitation was performed on a family member. Both groups wanted nurses (78% of paramedics; 50% of non-medical students) and psychologists (44% of paramedics; 44% of non-medical students) to undergo training, thus allowing active support of the family member witnessing resuscitation. Interestingly, both groups neglected the role of the priest (only 12% of paramedics and 6% of non-medical students wanted a priest as a staff support). Most of the respondents wanted only minor procedures to be witnessed (venous access and wound repair—62% and 60%, respectively). Only 30% of paramedics and 34% of non-medical students would like to be present during more invasive procedures like defibrillation or tracheal intubation.

Conclusions: Family presence during resuscitation is a relatively unknown issue in Poland, regardless of the professional background of the respondents. Polish non-medical students are more interested in having the opportunity to stay in the resuscitation room while ALS procedures are performed on their loved ones than paramedics-in-training. Nurses working in emergency departments should be trained to become staff facilitators during witnessed resuscitation.

Keywords: advanced life support (ALS); family; paramedics; Poland; relatives; support staff; witnessed resuscitation

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Conception of Integrative Medicine

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Introduction: Disorders affecting the biological integrity of an organism (BIO) that result from disasters and emergencies, require a definition of the organism's structural and functional wholeness, which makes it necessary to apply the methods of integrative medicine to correct critical disorders of the organism.

Methods: This research is based on the study of the main parameters of homeostasis of 257 patients with its acute disorders, which were caused by serious mechanical (75) and chemical (68) traumas, heavy hemorrhage (48), eclampsia (27), and sepsis (40). The average of the age of the patients was 43 ±2.7 years. There were 112 women and 145 men. The irreversible character of homeostasis disorders resulted in 40 deaths among patients who suffered a serious mechanical injury, 34 deaths among patients with chemical trauma, 25 deaths among patients with heavy hemorrhage, two deaths among patients with eclampsia, and 19 deaths among patients who suffered sepsis. The conclusion about the character of disorders of BIO was made on the basis of indirect calorimetric method and was estimated according to previous research.¹

Results: After applying the original system for assessment of clinical status, it was determined that BIO has five categories of clinical status: (1) without disorders; (2) critical dysfunction; (3) threatening dysfunction; (4) insufficiency; and (5) disorders of structural and functional integrity. According to the categories, a methodology of rehabilitation of the structural and functional wholeness of the organism was developed, involving status homeostasis assessment, status stabilization, vigorous resuscitation, status correction, and status replacement. Stages of renewal of biological stability were determined, which corresponded to each category of clinical status.² The system of evaluation of disorders of structural and functional integrity of the organism of critically ill/injured patients was developed. This makes it possible to determine the universal clinical index of the severity of the disorders.

Conclusions: This technology has universal application for evaluating the severity of the clinical dysfunction and the effects of intensive therapy of critical patients.

References

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Keywords: biological integrity; chemical; disorders; eclampsia; hemorrhage; homeostasis; integrative; medicine; organism; sepsis; severity; trauma

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