

Page 475: . . . four chest thrusts are delivered in rapid succession *in the same manner* [my emphasis] as external chest compressions are performed in the infant (Fig. 5, lower panel). [Fig. 5 illustrates chest compression for infant CPR.]

Page 469: . . . even properly performed external chest compression may cause rib fractures in some patients. Other complications that may occur despite proper CPR technique include fracture of the sternum, costochondral separation, pneumothorax, hemothorax, lung contusions, lacerations of the liver, and fat emboli.

In addition, Dr. Montgomery's 1986 AHA Standards and Guidelines (2) state in regard to choking infants:

Page 2960: . . . four chest thrusts are performed in the same location as external chest compression but at a slower rate (Fig. 7). [Fig. 7 illustrates how to perform CPR chest compressions in infants.]

Doctors Montgomery and Greensher state they would like to end their controversy. They need only inform the AHA and AAP that they were in error and that the public should be warned that back blows and chest thrusts for the treatment of choking adults, children, and infants are "hazardous, even lethal" and that there is no known published report of a choking infant being saved by chest thrusts (5).

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## Abdominal Thrusts: Overzealous Application May Be Hazardous to Small Children

Dr. Heimlich's past and continuing objection to the treatment of choking utilizing back blows and chest thrusts is well known.

As a result of the recommendation of the 1985 National Conference, the Heimlich Maneuver became established as the single recommended method for relieving choking in adults and children over 1 year of age. This aspect is now a non-issue.

For infants under 1 year of age, the consensus was to remain with the previous recommendations of back blows in a dependently positioned infant and, if this fails, to use four chest thrusts followed by opening the airway and ventilating the infant.

We can understand Dr. Heimlich's great concern about potential damage from back blows and chest thrusts, for we have similar concerns for the overzealous application of abdominal thrusts (Heimlich Maneuver) on infants and young children. Recent published literature adds to the concern that the Heimlich Maneuver may be hazardous or even lethal, especially when these data are extrapolated to the infant or small child (1-4). Dr. Heimlich alludes to data of injury to choking children from back blows and chest thrusts but when challenged fails to produce factual support.

Children have benefited from the continuing controversy over the treatment for choking victims because the public has become alert to the hazards of choking on a variety of foods and objects. Long overdue, however, is a shift in our energy and resources into good research and good data collection on the progress to date from the current recommendations rather than continuing these arguments.

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