

عنوان مقاله:

NEW TERMINATION-OF-RESUSCITATION MODELS AND PROGNOSTICATION IN OUT-OF-HOSPITAL CARDIAC ARREST USING ELECTROCARDIOGRAM RHYTHMS DOCUMENTED IN THE FIELD AND THE EMERGENCY DEPARTMENT

محل انتشار:

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خلاصه مقاله:

Background and Aim : Electrocardiogram (ECG) rhythms, particularly shockable rhythms, are crucial for planning cardiac arrest treatment. There are varying opinions regarding treatment guidelines depending on ECG rhythm types and documentation times within pre-hospital settings or after hospital arrivals. We aimed to determine survival and neurologic outcomes based on ECG rhythm types and documentation times. Methods : This prospective observational study of 50 emergency medical centers was performed using non-traumatic out-of-hospital cardiac arrest registry data between October 2016 and October 2018. From among 3500 adult participants, 2800 patients with pre-hospital and hospital ECG rhythm data were enrolled. Patients were divided into 3 groups: those with initial-shockable, converted-shockable, and never-shockable rhythms. Patient characteristics and survival outcomes were compared between groups. Results : Total survival to discharge after cardiac arrest was 15.5%, and discharge with good neurologic outcomes was 7.2%. Survival to discharge rates and favorable neurologic outcome rates for the initial-shockable group were the highest at 35.3% and 35.4%, respectively. There were no differences in survival to discharge rates and favorable neurologic outcome rates between the converted-shockable (4.7% and 2.6%, respectively) and never-shockable groups (5.9% and 1.5%, respectively). Conclusion : Survival outcomes and TOR predictions varied depending on ECG rhythm types and documentation times within pre-hospital field or emergency department and should, in the future, be considered in treatment algorithms and prognostications of patients with out-of-hospital cardiac arrest.

کلمات کلیدی:

Cardiopulmonary Resuscitation; Electrocardiography; Heart Arrest; Out-of-Hospital Cardiac Arrest

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