Introduction:

With the availability of new equipment and standardized guidelines from the American Heart Association resuscitation effort post cardiac arrest improved over time. But whether these translated to improved outcome is not clear. Severe disability and poor performance on admission was predictive of worse outcomes.1 The survival rate also influenced by severity of illness as shown by requirement of vasopressor support or ventilator support.1

Study design:

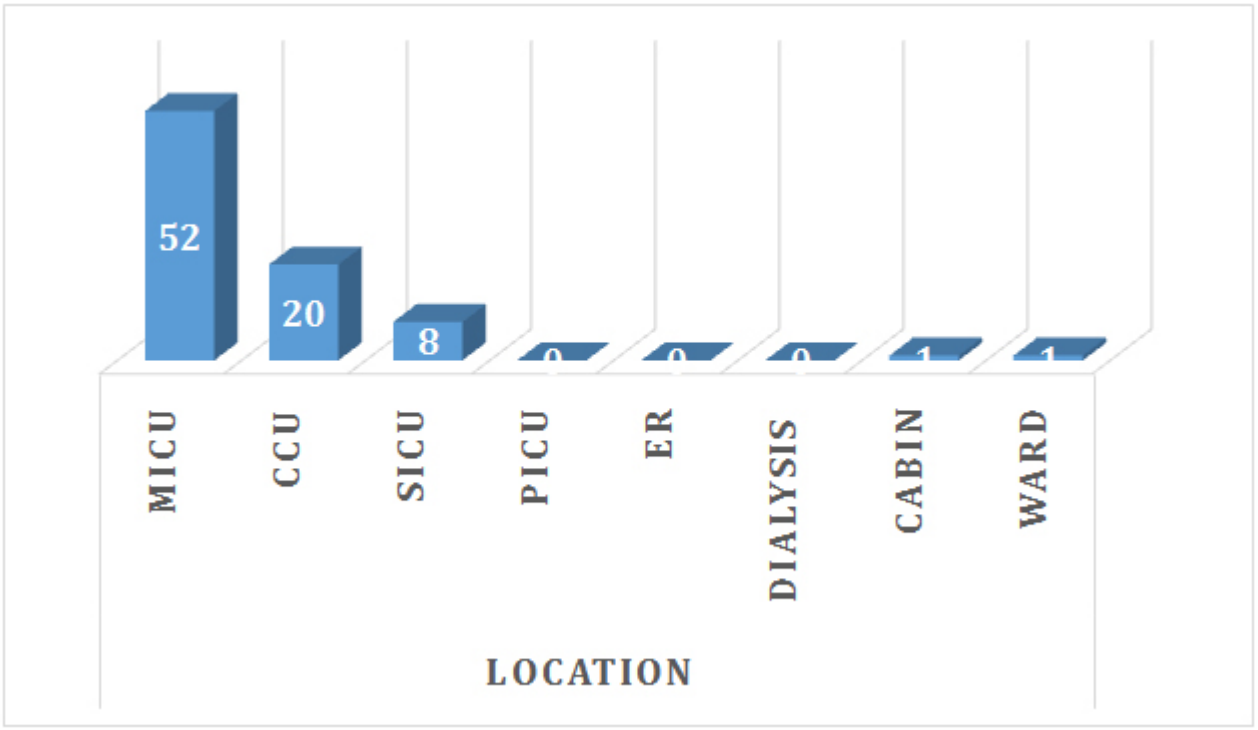
This is a retrospective study with one year duration wef June’2017 to July’2018. Total of 82 no of cases included in the study. All intra hospital cardiac arrest cases were included.

Results and Discussion:

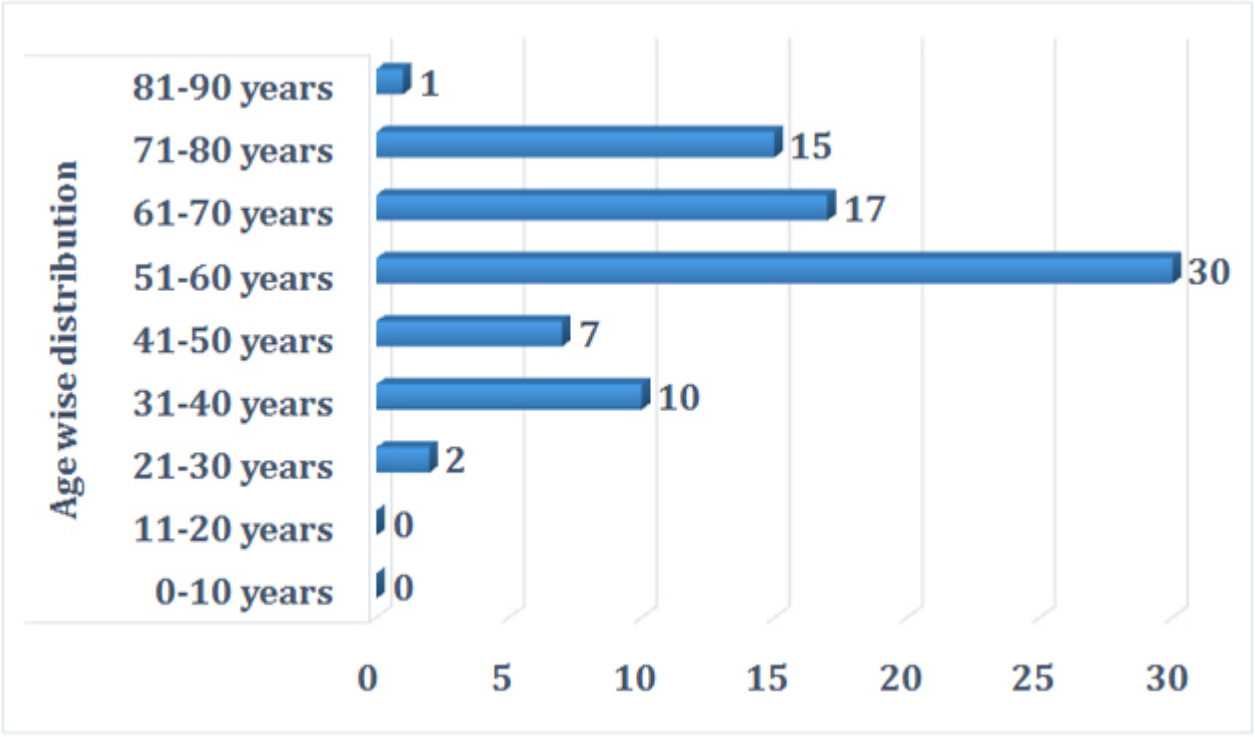
The incidence of cardiac arrest is found to be highest in 59-60 years age group. Analysis showed that more males develop cardiac arrest than women. The Revival rate of cardiac arrest in the hospital is 32%. Average time between time the event was recognized and the time chest compression was initiated within 10 secs.Average time between time event was recognized and time first assisted ventilation was conducted within 1 min.Average time between the time event was recognized and the time intubation was carried out is 1.35 mins. Average duration of CPR is 30 mins approximately.

AHA declared a survival rate of 24.8% in 2016 during In-Hospital Cardiac Arrest2.

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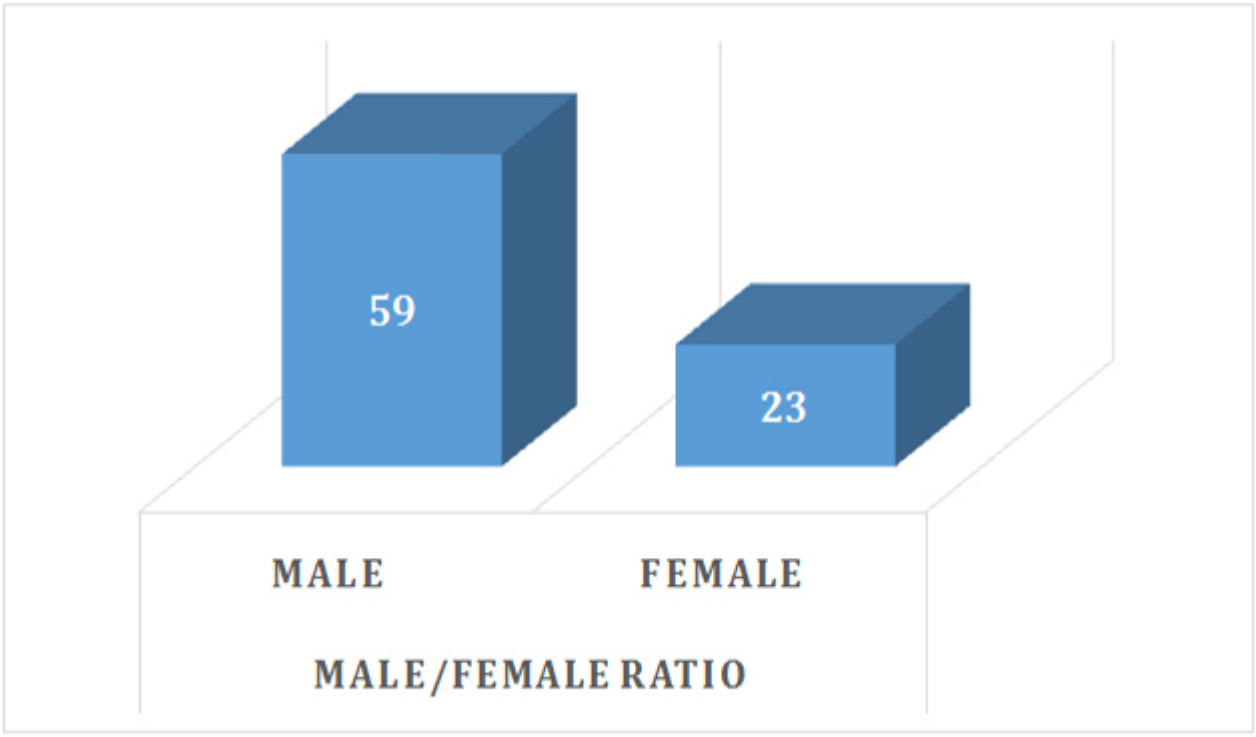


Location wise Medical ICU is a place where maximum no of cardiac arrest occurs.



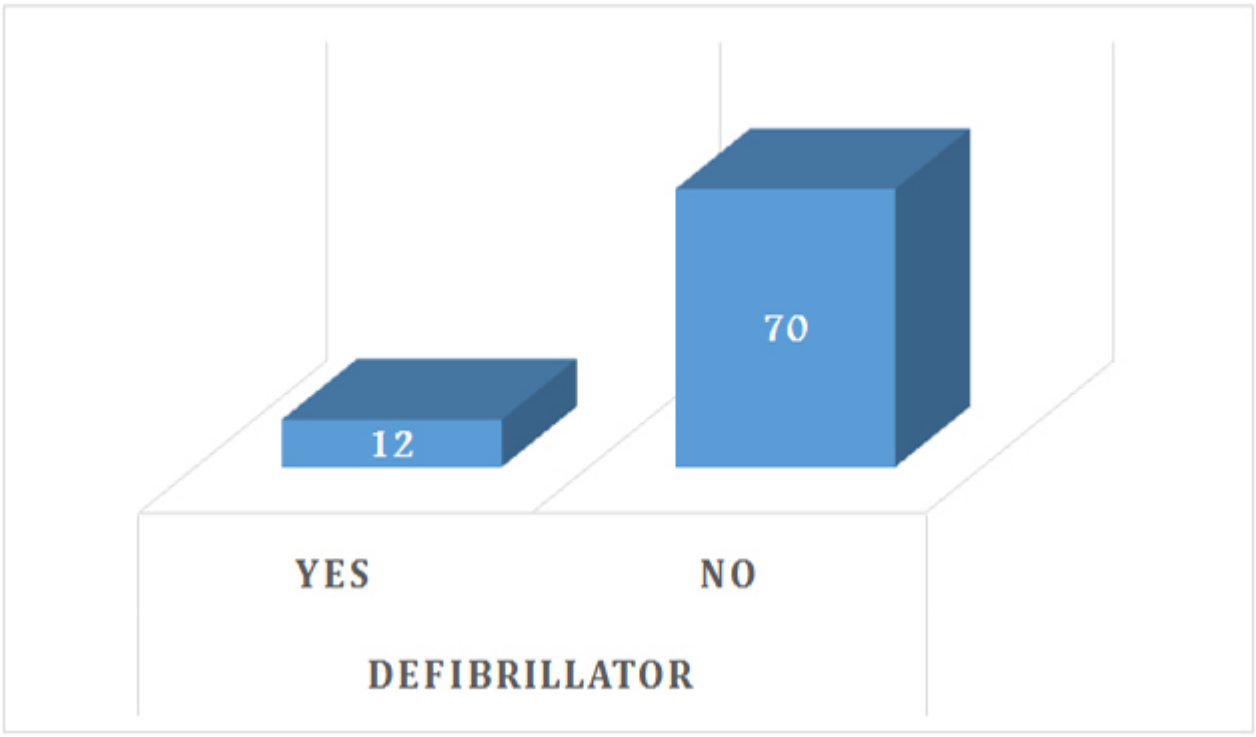
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Patients in the age group of 51 to 50 years are most vulnerable to develop cardiac arrest in our study.



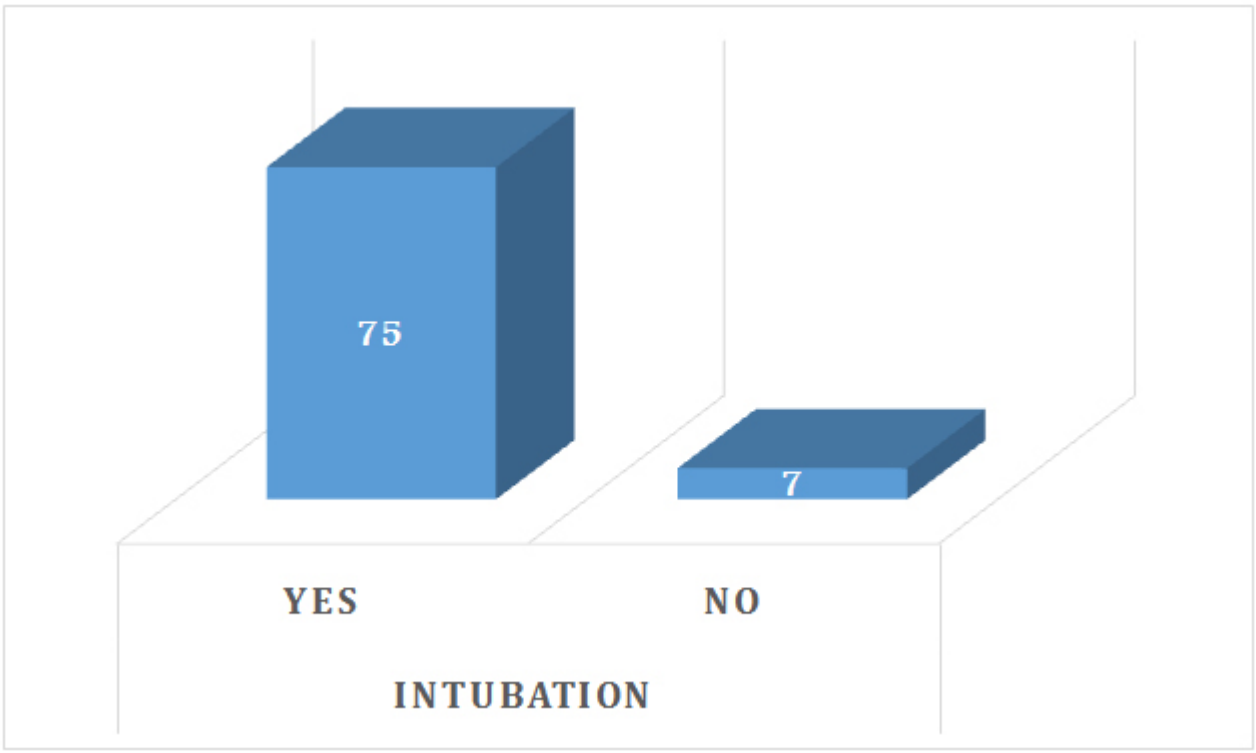
Male patients are more likely to suffer a cardiac arrest as shown in figure above.

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Difribilator use is only 14.64% showing patients are more severely sick and that is influencing outcome.

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Intubation

Definite airway use is more as because during pre arrest more no of patients are severely sick and as its in hospital, the access to advanced airway and skill is readily available.

To conclude with survival rate of 32% is much higher than AHA declares which is 24.8% but then the survival rate depends on many factors like severity of illness and comorbid illness with old age. The benchmark for which is still not clear. But we should always focus on continuous training, mock drills, hospital specific protocols and analysis of each and every event to improve outcome.

References:

1. Larkin GL, Copes WS, Nathanson BH, Kaye W. Pr-resuscitation factors associated with mortality in 49,130 cases of in-hospital cardiac arrest: a report from the National Registry for Cardiopulmonary Resuscitation. Resuscitation. 2010;81(3):302-311.
2. https://cpr.heart.org/AHAECC/CPRAndECC/ResuscitationScience/UCM_477263_AHA-Cardiac-Arrest-Statistics.jsp%5BR=301,L,NC%5D.

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