

## **AIM OF THE WORK**

To study the outcome of cardiopulmonary resuscitation of adults in ER in the Alexandria Main University Hospital.

## PATIENTS

The study was carried out on 100 adult male and female patients, who were admitted to the Emergency Department in Alexandria Main University Hospital with the diagnosis of cardiac arrest at their presentation or during hospital admission.

### **Inclusion criteria:**

1. Adult male and female patients with cardiac arrest who received CPR

### **Exclusion criteria:**

1. Patients aged less than 16 years.
2. Patients with cardiac arrest and didn't receive CPR.

## METHODS

All patients included in the study were subjected on admission to the followings:

1. Confirming the diagnosis of cardiac arrest based on initial examination in ER using the guidelines criteria.
2. All patients were subjected to CPR according to recent European Resuscitation Council (ERC), <sup>(98)</sup> guidelines of CPR.
3. Data recording during and after CPR were include:
  - a) Patient name, age, sex and brief history.
  - b) Time of starting CPR and its duration.
  - c) First presenting rhythm and the rhythm after return of spontaneous circulation (ROSC).
  - d) Time of the first delivered shock and number of shocks.
  - e) All drugs that the patient had received.
  - f) Outcome of CPR (survivor or not) .
4. Patients who survived, the following data were collected:
  - a) The initial event before the cardiac arrest.
  - b) Chronic diseases such(DM, Hypertention, Coronary artery disease) and/ or current medications.
  - c) Risk factors for coronary artery disease (e.g DM, hypertension, smoking, obesity, etc).

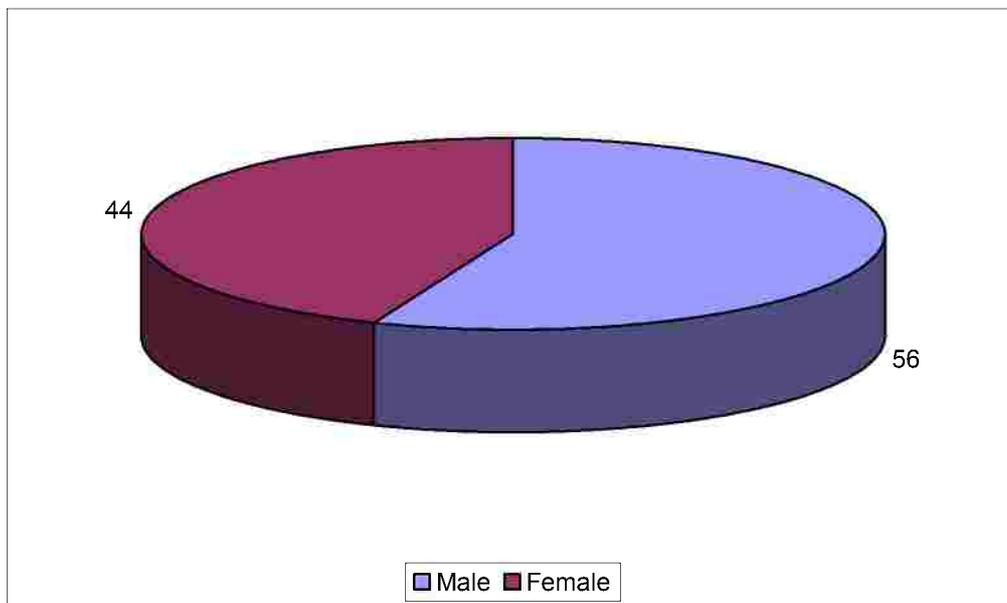
## RESULTS

Results of the present study are shown in the following tables and figures:

**Table (II):** Demographic characteristics of the studied patients (n=100).

<b>Age (years)</b>	<b>Range</b>	17.0 - 87.0
	<b>Mean <math>\pm</math> SD</b>	48.08 $\pm$ 18.2
<b>Gender</b>	<b>Male</b>	56
	<b>Female</b>	44

This table shows that the studied patients had a mean age of 48.08  $\pm$  18.2 years. They included 56 males and 44 females.

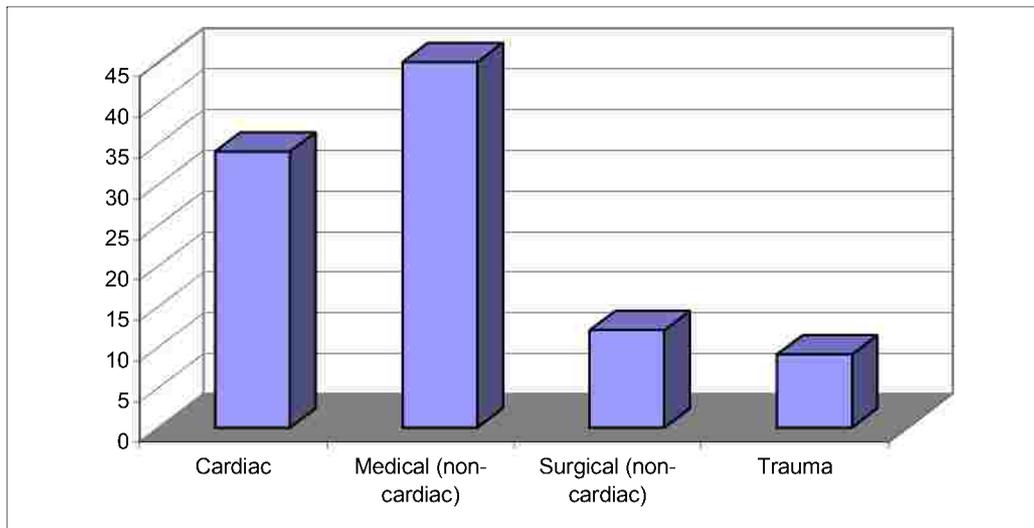


**Figure (4)** Gender distribution in the studied patients; include 56 males and 44 females.

**Table (III):** Causes of admission in the studied patients (n=100).

	No	%
<b>Cardiac</b>	34	34.0
<b>Medical (non-cardiac)</b>	45	45.0
<b>Surgical (non-cardiac)</b>	12	12.0
<b>Trauma</b>	9	9.0

This table shows the causes of admission in the studied patients. Cardiac causes were reported in 34 patients while other medical and surgical causes were reported in 45 and 12 patients respectively. Trauma was the cause of admission in 9 patients.

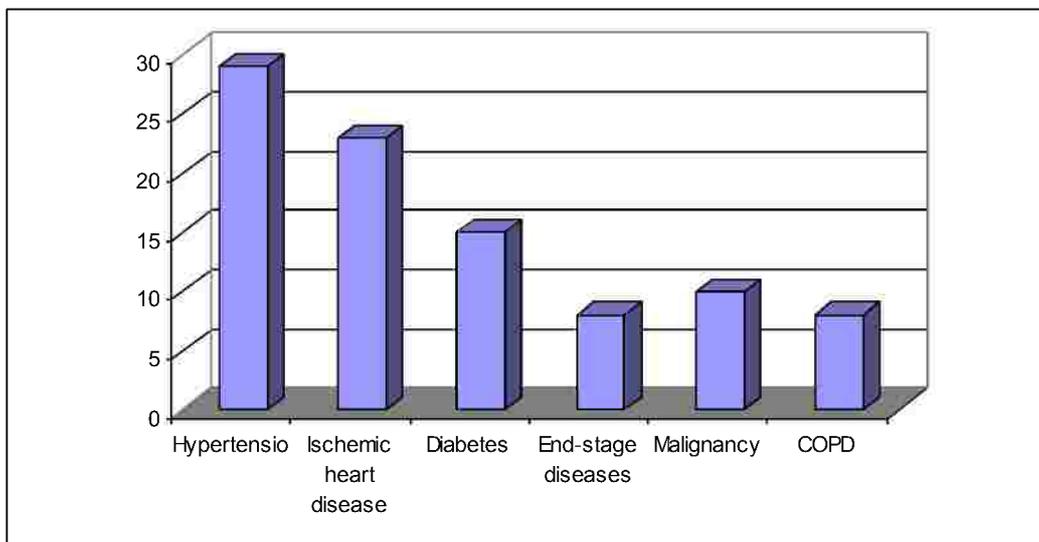


**Figure (5):** Shows the causes of admission in the studied patients. Cardiac causes were reported in 34 patients while other medical and surgical causes were reported in 45 and 12 patients respectively. Trauma was the cause of admission in 9 patients.

**Table (IV):** Preexisting conditions in the studied patients (n=100).

	<b>No</b>	<b>%</b>
<b>Hypertension</b>	29	29.0
<b>Ischemic heart disease</b>	23	23.0
<b>Diabetes</b>	15	15.0
<b>End-stage diseases</b>	8	8.0
<b>Malignancy</b>	10	10.0
<b>COPD</b>	8	8.0
<b>Two or more conditions</b>	10	10.0
<b>One or less conditions</b>	90	90.0

Table IV and Figure (6) show that hypertension was the most common preexisting in the studied patients followed by ischemic heart disease, diabetes and malignancy. 10 patients had two or more conditions while the remainder 90 patients had one or less conditions.

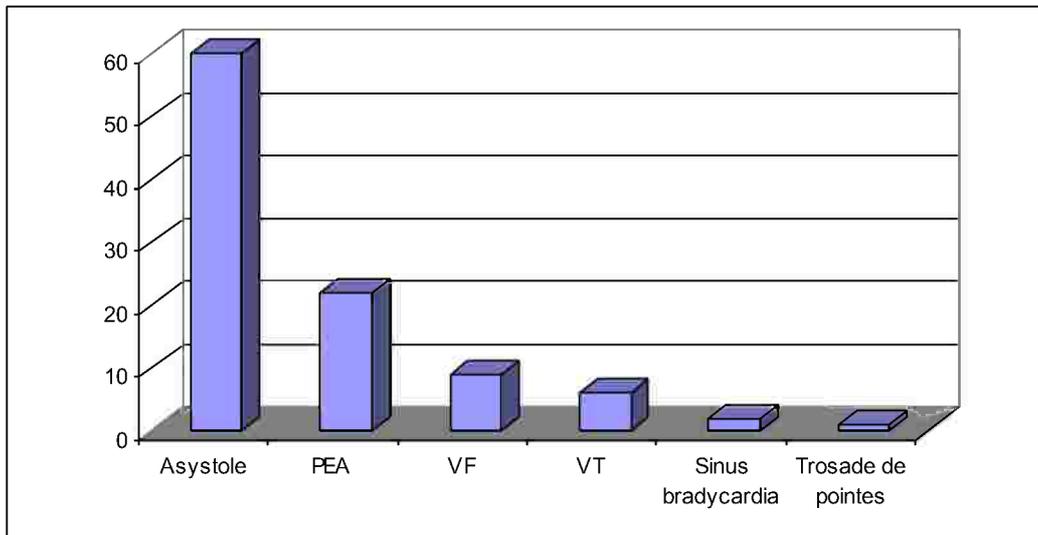


**Figure (6):** Preexisting conditions in the studied patients.

**Table (V):** Initial rhythm in the studied patients (n=100).

	No	%
<b>Asystole</b>	60	60.0
<b>PEA</b>	22	22.0
<b>VF</b>	9	9.0
<b>VT</b>	6	6.0
<b>Sinus bradycardia</b>	2	2.0
<b>Trosade de pointes</b>	1	1.0
<b>Total</b>	100	100

Table V and Figure (7) show the initial rhythm of the studied patients. Asystole was the most common presenting rhythm (60.0 %) followed by PEA (22.0 %) and VF (9.0 %) while VT, sinus bradycardia and trosade de pointes were found in 6, 2 and 1 patients respectively.



**Figure (7)** The initial rhythm in the studied patients.

**Table (VI):** CPR characteristics in the studied patients (n=100).

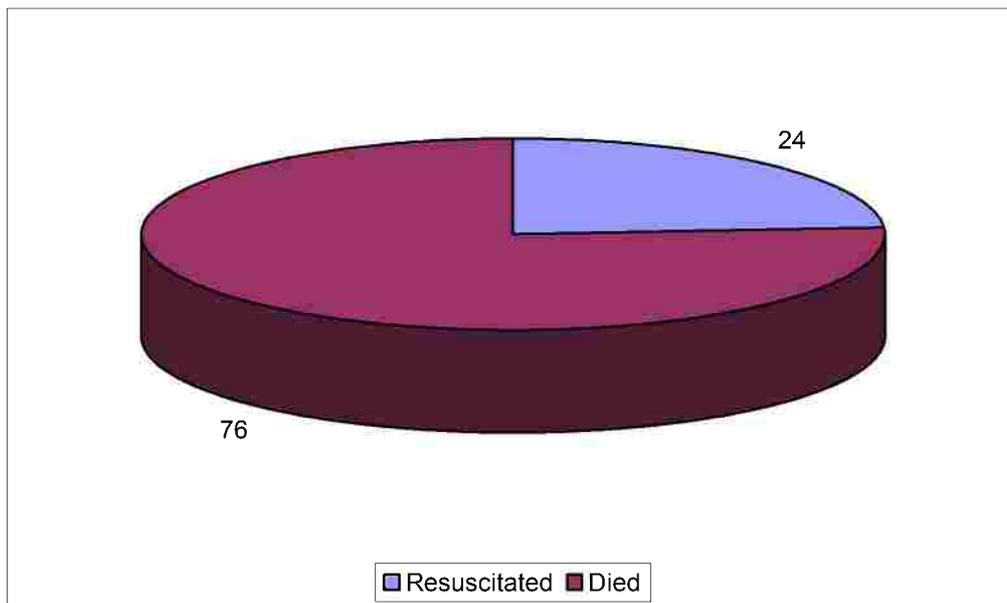
	<b>Range</b>	<b>Mean ± SD</b>
<b>Starting Time</b>	0.0 - 10.0 (min)	0.25 ± 1.24 min
<b>Duration of CPR</b>	5.0 - 90.0 (min)	33.3 ± 18.5 min
<b>Duration to 1<sup>st</sup> shock</b>	1.0 - 30.0 (min)	9.4 ± 8.4 min
<b>Number of shocks</b>	1.0 – 6.0	2.7 ± 1.45

This table shows CPR characteristics in the studied patients. The time to starts CPR was  $0.25 \pm 1.24$  minutes. The mean duration of CPR was  $33.3 \pm 18.5$  minutes. The mean number of shocks was  $2.7 \pm 1.45$  while duration of the 1<sup>st</sup> shock was  $9.4 \pm 8.4$  minutes.

**Table (VII):** CPR outcome in the studied patients (n=100).

	<b>No</b>	<b>%</b>
<b>Resuscitated</b>	24	24.0 %
<b>Died</b>	76	76.0 %

This table shows that only 24 patients who had CPR were resuscitated while the remainder 76 died.



**Figure (8):** CPR outcome in the studied patients, only 24 patients who had CPR were resuscitated while the remainder 76 died.

**Table (VIII):** Comparison between survivors and non-survivors regarding the demographic characteristics.

		Non-survivors N=76	Survivors n=24	Student t test	
				t	p
<b>Age</b>		51.3 ± 16.7	47.0 ± 18.6		
				Chi-square test	
				X2	P
<b>Gender</b>	<b>Male</b>	43	13	0.043	0.84
	<b>Female</b>	33	11		

This table shows no statistically significant differences between survivors and non-survivors regarding the demographic characteristics

**Table (IX):** Comparison between survivors and non-survivors regarding the cause of admission.

	Survivors N=24	Non-survivors n=76	Chi-square test	
			X2	P
<b>Cardiac</b>	9	25	0.99	0.8
<b>Medical (non-cardiac)</b>	14	31		
<b>Surgical (non-cardiac)</b>	5	7		
<b>Trauma</b>	3	6		

This table shows no significant differences between survivors and non-survivors regarding the causes of admission.

**Table (X):** Comparison between survivors and non-survivors regarding the preexisting condition.

	Survivors N=24	Non-survivors n=76	Chi-square test	
			X2	P
<b>More than two</b>	-	10	3.5	0.061
<b>One or less</b>	24	66		

This table shows higher frequency of cases with more than two preexisting conditions in non-survivors when compared with survivors. However, the difference was statistically marginal.

**Table (XI):** Comparison between survivors and non-survivors regarding the initial rhythm.

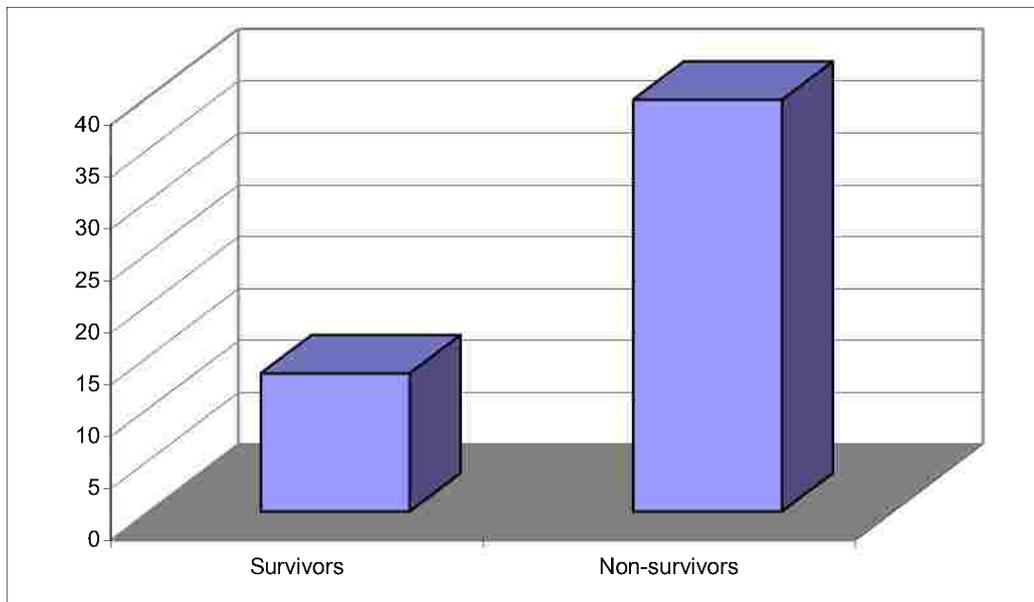
	Survivors N=24	Non-survivors n=76	Chi-square test	
			X2	P
Asystole	10	50	17.9	0.003*
PEA	4	18		
VF	5	4		
VT	4	2		
Sinus bradycardia	0	2		
Trosade de pointes	1	-		

This table shows higher frequency VT/VF in survivors when compared with non-survivors.

**Table (XII):** Comparison between survivors and non-survivors regarding the CPR parameters.

	Survivors N=24	Non-survivors n=76	Student t test	
			t	p
<b>Starting Time</b>	0.0 ± 0.0	0.32 ± 1.41	-2.02	0.046*
<b>Duration of CPR</b>	13.3 ± 7.75	39.67 ± 16.27	-10.76	0.0001*
<b>Duration to 1<sup>st</sup> shock</b>	8.7 ± 8.4	10.1 ± 8.9	-0.36	0.72
<b>Number of shocks</b>	2.2 ± 1.3	3.2 ± 1.47	-1.59	0.12

This table shows that survived patients had significantly shorter time to start CPR and shorter CPR time when compared with non-survivals.



**Figure (9):** Comparison between CPR durations in survivors and non-survivors(survived patients had significantly shorter time to start CPR and shorter CPR time when compared with non-survivals).

**Table (XIII):** Comparison between survivors and non-survivors regarding the used medication.

	Survivors N=24	Non-survivors n=76	Chi-square	
			X <sup>2</sup>	p
<b>Adrenaline</b>	24	76	0.0	1.0
<b>Atropine</b>	7	17	0.46	0.49
<b>Bicarbonate</b>	12	28	3.6	0.058
<b>Calcium gluconate</b>	3	9	1.3	0.25
<b>Amiodarone</b>	3	7	0.21	0.64
<b>Potassium chloride</b>	1	1	0.75	0.38
<b>Fluids</b>	7	16	0.68	0.41
<b>Magnesium sulphate</b>	1	1	0.75	0.38
<b>Thrombolytics</b>	1	-	3.2	0.074
<b>Lidocaine</b>	1	-	3.2	0.074
<b>Dopamine infusion</b>	1	1	0.75	0.38
<b>Glucose infusion</b>	1	1	0.75	0.38

This table shows no significant differences between survivors and non-survivors regarding the used medications.