

RECOMMENDATION

In the light of this study the following recommendations are given:

- Early recognizing of acutely ill patients, early diagnosis of cardiac arrest and bystander CPR dramatically improve survival from cardiac arrest, so use methods include formal training in CPR techniques to improve bystander, including nurses and paramedics, willingness to perform CPR to improve outcome of cardiac arrest.
- Training of emergency medical members in teamwork and leadership skills should continue using latest guideline criteria to minimize interruptions and improving outcome.
- In-hospital resuscitation events and outcomes should be collected to provide data on CPR process and outcome allowing participants to evaluate their resuscitation performance and improving it.
- Community and hospital-based resuscitation programs should systematically monitor cardiac arrests, the level of resuscitation care provided, and outcome.
- Gold standard arrest events and time intervals as(emergency recognition and start of CPR) should be recorded for all arrests and used for intra- and interhospital comparisons.

REFERENCES

1. Jameson, J. N. St C.; Dennis L. Kasper; Harrison, Tinsley Randolph; Braunwald, Eugene; Fauci, Anthony S.; Hauser, Stephen L; Longo, Dan L. (2005). Harrison's principles of internal medicine. New York: McGraw-Hill Medical Publishing Division. ISBN 0-07-140235-7.
2. Mallinson, T (2010). "Myocardial Infarction". Focus on First Aid (15): 15. Retrieved 2010-06-08.
3. Holzer M, Behringer W (April 2005). "Therapeutic hypothermia after cardiac arrest". Curr Opin Anaesthesiol 18 (2): 163–8.
4. Safar P (December 1986). "Cerebral resuscitation after cardiac arrest: a review". Circulation 74 (6 Pt 2): IV138–53.
5. Rippe, James M.; Irwin, Richard S. (2003). Irwin and Rippe's intensive care medicine. Hagerstown, MD: Lippincott Williams & Wilkins. ISBN 0-7817-3548-3.
6. Lick C J, Aufderheide TP, Niskanen RA, et al. Take Heart America: A comprehensive, community-wide, systems-based approach to the treatment of cardiac arrest. Crit Care Med. Jan 2011;39(1):26-33.
7. Mickeys S, Terr J. Cardiac Resuscitation. New England J of Medicine. 2001; 344: 1304-13.
8. Marik PE, Zaloga GP: CPR in terminally ill patients: Resuscitation 2001; 6: 49-99.
9. Eisenberg MS, Mengert TJ. Cardiac resuscitation. N Engl J Med 2001; 30: 344-1304.
10. Soar J, Perkins GD, Abbas G, et al. European Resuscitation Council Guidelines for Resuscitation 2010. Section 8. Cardiac arrest in special circumstances: electrolyte abnormalities, poisoning, drowning, accidental hypothermia, hyperthermia, asthma, anaphylaxis, cardiac surgery, trauma, pregnancy, electrocution. Resuscitation 2010;81:1399–431.
11. Engdhal J, Holmberg M, Karlson B. The epidemiology of out of hospital "sudden cardiac arrest". Resuscitation. 2002; 52: 235-75.

12. Smith GB, Osgood V, Cran S. A multiprofessional training course in the care of the acutely ill adult patient. *Resuscitation*. 2002; 50: 281-99.
13. Ahmed J, Weisberg LS. Hyperkalemia in dialysis patients. *Semin Dial*. 2001;14:348–56.
14. Herlitz J, Eek M, Holmberg M. Characteristics and outcome among patients having out of hospital cardiac arrest at home compared with elsewhere. *Heart*. 2002; 40: 47-59.
15. Halpern NA, Bettles L, Greenstin R. Federal and nationwide intensive care units and health care cost. *Crit Care Med*. 2001; 22: 1985-92.
16. American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care". *Circulation* 112 (24 Suppl): IV1–203. December 2005.
17. Hillman K, Parr M, Flabouris A. Redefining in hospital resuscitation: the concept of medical emergency team. *Resuscitation*. 2001; 5: 48-105.
18. Schreiber W, Gabreil D, Ster F. Thrombolytic therapy after cardiac arrest and its effect on neurological outcome. *Resuscitation*. 2002; 20: 52-63.
19. Holleran RS. When is dead, dead? The ethics of resuscitation in emergency care. *Nurs Clin North Am*. 2002; 8: 11-37.
20. Hallenbeck J, Zoppo G. Advances in the vascular pathophysiology of ischemic stroke. *Resuscitation*. 2000;98:73-81.
21. [Best Evidence] Ezekowitz JA, Rowe BH, Dryden DM, et al. Systematic review: implantable cardioverter defibrillators for adults with left ventricular systolic dysfunction. *Ann Intern Med*. Aug 2007;21;147(4):251-62.
22. Mehra R. Global public health problem of sudden cardiac death. *Journal of Electrocardiology*. Nov-Dec 2007;40(6 Suppl):S118-22.
23. Gillum RF. Sudden coronary death in the United States: 1980-1985. *Circulation*. Apr 1989;79(4):756-65.

24. Kannel WB, Cupples LA, D'Agostino RB. Sudden death risk in overt coronary heart disease: the Framingham Study. *Am Heart J*. Mar 1987;113(3):799-804.
25. Kuller LH. Sudden death--definition and epidemiologic considerations. *Prog Cardiovasc Dis*. Jul-Aug 1980;23(1):1-12.
26. Noll J, Lockey A, Garbott D. Adult advanced life support (management of cardiac arrest). *European Resuscitation Council* 2010; 5: 109-16.
27. Valenzuela TD, Roe DJ, Cretin S, Spaite DW, Larsen MP. Estimating effectiveness of cardiac arrest interventions: a logistic regression survival model. *Circulation* 1997;96:3308–13.
28. Holmberg M, Holmberg S, Herlitz J. Factors modifying the effect of bystander cardiopulmonary resuscitation on survival in out-of-hospital cardiac arrest patients in Sweden. *Eur Heart J* 2001;22:511–9.
29. Holmberg M, Holmberg S, Herlitz J, Gardelov B. Survival after cardiac arrest outside hospital in Sweden. *Swedish Cardiac Arrest Registry*. *Resuscitation* 1998;36:29–36.
30. Waalewijn RA, Tijssen JG, Koster RW. Bystander initiated actions in out-of-hospital cardiopulmonary resuscitation: results from the Amsterdam Resuscitation Study (ARREST). *Resuscitation* 2001;50:273–9.
31. SOS-KANTO Study Group. Cardiopulmonary resuscitation by bystanders with chest compression only (SOS-KANTO): an observational study. *Lancet* 2007;369:920–6.
32. Iwami T, Kawamura T, Hiraide A, et al. Effectiveness of bystander-initiated cardiac-only resuscitation for patients with out-of-hospital cardiac arrest. *Circulation* 2007;116:2900–7.
33. Caffrey S. Feasibility of public access to defibrillation. *Curr Opin Crit Care* 2002;8:195–8.
34. Valenzuela TD, Roe DJ, Nichol G, Clark LL, Spaite DW, Hardman RG. Outcomes of rapid defibrillation by security officers after cardiac arrest in casinos. *N Engl J Med* 2000;343:1206–9.

35. Waalewijn RA, de Vos R, Tijssen JG, Koster RW. Survival models for out-of-hospital cardiopulmonary resuscitation from the perspectives of the bystander, the first responder, and the paramedic. *Resuscitation* 2001;51:113–22.
36. NoLL J, Lockey A, Garbott D. Adult advanced life support (Post Resuscitation Care). *European Resuscitation Council* 2010; 5: 139-48.
37. Carr BG, Goyal M, Band RA, et al. A national analysis of the relationship between hospital factors and post-cardiac arrest mortality. *Intensive Care Med* 2009;35:505–11.
38. Carr BG, Kahn JM, Merchant RM, Kramer AA, Neumar RW. Inter-hospital variability in post-cardiac arrest mortality. *Resuscitation* 2009;80:30–4.
39. Olasveengen TM, Sunde K, Brunborg C, Thowsen J, Steen PA, Wik L. Intravenous drug administration during out-of-hospital cardiac arrest: a randomized trial. *JAMA* 2009;302:2222–9.
40. Holmberg M, Holmberg S, Herlitz J. Low chance of survival among patients requiring adrenaline (epinephrine) or intubation after out-of-hospital cardiac arrest in Sweden. *Resuscitation* 2002;54:37–45.
41. Pytte M, Kramer-Johansen J, Eilevstjonn J, et al. Haemodynamic effects of adrenaline (epinephrine) depend on chest compression quality during cardiopulmonary resuscitation in pigs. *Resuscitation* 2006;71:369–78.
42. Prengel AW, Lindner KH, Ensinger H, Grunert A. Plasma catecholamine concentrations after successful resuscitation in patients. *Crit Care Med* 1992;20:609–14.
43. Stiell IG, Wells GA, Field B, et al. Advanced cardiac life support in out-of-hospital cardiac arrest. *N Engl J Med* 2004;351:647–56.
44. Engdahl J, Bang A, Lindqvist J, Herlitz J. Can we define patients with no and those with some chance of survival when found in asystole out of hospital? *Am J Cardiol* 2000;86:610–4.
45. Dumot JA, Burval DJ, Sprung J, et al. Outcome of adult cardiopulmonary resuscitations at a tertiary referral center

- including results of “limited” resuscitations. *Arch Intern Med* 2001;161:1751–8.
46. Kilgannon JH, Jones AE, Shapiro NI, et al. Association between arterial hyperoxia following resuscitation from cardiac arrest and in-hospital mortality. *JAMA* 2010;303:2165–71.
 47. NoLL J, Lockey A, Garbott D. Adult advanced life support (Post Resuscitation Care). *European Resuscitation Council* 2006; 5: 139-48.
 48. Nolan JP, Neumar RW, Adrie C, et al. Post-cardiac arrest syndrome: epidemiology, pathophysiology, treatment, and prognostication. A Scientific Statement from the International Liaison Committee on Resuscitation; the American Heart Association Emergency Cardiovascular Care Committee; the Council on Cardiovascular Surgery and Anesthesia; the Council on Cardiopulmonary, Perioperative, and Critical Care; the Council on Clinical Cardiology; the Council on Stroke. *Resuscitation* 2008;79:350-79.
 49. Laver S, Farrow C, Turner D, Nolan J. Mode of death after admission to an intensive care unit following cardiac arrest. *Intensive Care Med* 2004;30:2126–8.
 50. Nolan J.P. et al. / *Resuscitation* 81 (2010) 1219–1276.
 51. Krahn, AD, Gollob, M, Yee, R, et al. Diagnosis of unexplained cardiac arrest: role of adrenaline and procainamide infusion. *Circulation* 2005; 112:2228.
 52. Becker, R, Melkumov, M, Senges-Becker, JC, et al. Are electrophysiological studies needed prior to defibrillator implantation?. *Pacing Clin Electrophysiol* 2003; 26:1715.
 53. Josephson, ME, Horowitz, LN, Spielman, SR, et al. Comparison of endocardial catheter mapping with intraoperative mapping of ventricular tachycardia. *Circulation* 1980; 61:395.
 54. Viskin, S, Belhassen, B. Idiopathic ventricular fibrillation. *Am Heart J.* 1990; 120:661.

55. Herlitz, J, Andersson, E, Bang, A, et al. Experiences from treatment of out-of-hospital cardiac arrest during 17 years in Goteborg. *Eur Heart J* 2000; 21:1251.
56. Rea, TD, Eisenberg, MS, Becker, LJ, et al. Temporal trends in sudden cardiac arrest: a 25-year emergency medical services perspective. *Circulation* 2003; 107:2780.
57. Vreede-Swagemakers, JJ, Gorgels, AP, Dubois-Arbouw, WI, et al. Out-of-hospital cardiac arrest in the 1990s: A population-based study in the Maastricht area on incidence, characteristics and survival. *J Am Coll Cardiol* 1997; 30:1500.
58. Vos, R, de Haes, HCJM, Koster, RW, et al. Quality of life after cardiopulmonary resuscitation. *Arch Intern Med* 1999; 159:249.
59. Weaver, WD, Cobb, LA, Hallstrom, AP, et al. Factors influencing survival after out-of- hospital cardiac arrest. *J Am Coll Cardiol* 1986; 7:752.
60. Engdahl, J, Bang, A, Lindqvist, J, Herlitz, J. Can we define patients with no and those with some chance of survival when found in asystole out of hospital?. *Am J Cardiol* 2000; 86:610.
61. Gray, WA, Capone, RJ, Most, AS. Unsuccessful emergency resuscitation: Are continued efforts in the emergency department justified? *N Engl J Med* 1991; 325:1393.
62. Myerburg, RJ, Estes, D, Zaman, L, et al. Outcome of resuscitation from bradyrhythmic or asystolic prehospital cardiac arrest. *J Am Coll Cardiol* 1984; 4:1118.
63. Levine, RL, Wayne, MA, Miller, CC. End-tidal carbon dioxide and outcome of out-of-hospital cardiac arrest. *N Engl J Med* 1997; 337:301.
64. Bunch, TJ, White, RD, Gersh, BJ, et al. Outcomes and in-hospital treatment of out-of-hospital cardiac arrest patients resuscitated from ventricular fibrillation by early defibrillation. *Mayo Clin Proc* 2004; 79:613.

65. Vreede-Swagemakers, JJM, Gorgels, APM, Dubois-Arbouz, WI, et al. Circumstances and causes of out-of-hospital cardiac arrest in sudden death survivors. *Heart* 1998; 79:356.
66. Goldstein, S, Landis, JR, Leighton, R, et al. Characteristics of the resuscitated out-of-hospital cardiac arrest victim with coronary heart disease. *Circulation* 1981; 64:977.
67. Kuisma, M, Alaspaa, A. Out-of-hospital cardiac arrest of non-cardiac origin. Epidemiology and outcome. *Eur Heart J* 1997; 18:1122.
68. Niemann, JT, Cairns, CB, Sharma, J, et al. Treatment of prolonged ventricular fibrillation: Immediate countershock versus high-dose epinephrine and CPR preceding countershock. *Circulation* 1992; 85:281.
69. Baum, RS, Alvarez, H, Cobb, LA. Survival after resuscitation from out-of-hospital ventricular fibrillation. *Circulation* 1974; 50:1231.
70. Olson, DW, LaRochelle, J, Fark, D, et al. EMT-defibrillation: The Wisconsin experience. *Ann Emerg Med* 1989; 18:806.
71. Callans, DJ. Out-of-hospital cardiac arrest--the solution is shocking. *N Engl J Med* 2004; 351:632.
72. Eisenberg, MS, Horwood, BT, Cummins, RO, et al. Cardiac arrest and resuscitation: a tale of 29 cities. *Ann Emerg Med* 1990; 19:179.
73. Thompson, RJ, McCullough, PA, Kahn, JK, et al. Prediction of death and neurologic outcome in the emergency department in out-of-hospital cardiac arrest survivors. *Am J Cardiol* 1998; 81:17.
74. Stiell, IG, Wells, GA, Field, BJ, et al, for the OPALS Study Group. Improved out-of-hospital cardiac arrest survival through the inexpensive optimization of an existing defibrillation program: OPALS study phase II. *JAMA* 1999; 281:1175.
75. Thompson, RG, Hallstrom, AP, Cobb, LA. Bystander-initiated cardiopulmonary resuscitation in the management of ventricular fibrillation. *Ann Intern Med* 1979; 90:737.

76. Stiell, IG, Wells, GA, Field, B, et al. Advanced cardiac life support in out-of-hospital cardiac arrest. *N Engl J Med* 2004; 351:647.
77. Valenzuela, TD, Roe, DJ, Cretin, S, et al. Estimating effectiveness of cardiac arrest interventions. A logistic regression survival model. *Circulation* 1997; 96:3308.
78. Rea, TD, Eisenberg, MS, Culley, LL, Becker, L. Dispatcher-assisted cardiopulmonary resuscitation and survival in cardiac arrest. *Circulation* 2001; 104:2513.
79. Cobb, LA, Fahrenbruch, CE, Walsh, TR, et al. Influence of cardiopulmonary resuscitation prior to defibrillation in patients with out-of-hospital ventricular fibrillation. *JAMA* 1999; 281:1182.
80. Wik, L, Hansen, TB, Fylling, F, Steen, T. Delaying defibrillation to give basic cardiopulmonary resuscitation to patients with out-of-hospital ventricular fibrillation: a randomized trial. *JAMA* 2003; 289:1389.
81. Tresch, DD, Thakur, RK, Hoffmann, RG, et al. Comparison of outcome of paramedic-witnessed cardiac arrest in patients younger and older than 70 years. *Am J Cardiol* 1990; 65:453.
82. Longstreth, WT Jr, Cobb, LA, Fahrenbruch, CE, Copass, MK. Does age affect outcomes of out-of-hospital cardiopulmonary resuscitation?. *JAMA* 1990; 264:2109.
83. Wuerz, RC, Holliman, CJ, Meador, SA, et al. Effect of age on prehospital cardiac resuscitation outcome. *Am J Emerg Med* 1995; 13:389.
84. Hoeyweghen, RJ, Bossaert, LL, Mullie, A, et al. Survival after out-of-hospital cardiac arrest in elderly patients. Belgian Cerebral Resuscitation Study Group. *Ann Emerg Med* 1992; 21:1179.
85. Kim, C, Becker, L, Eisenberg, MS. Out-of-hospital cardiac arrest in octogenarians and nonagenarians. *Arch Intern Med* 2000; 160:3439.
86. Kannel, WB, Wilson, PWF, D'Agostino, RB, et al. Sudden coronary death in women. *Am Heart J* 1998; 136:205.

87. Libberthson, RR, Nagel, EL, Hirschman, JC, Nussenfeld, SR. Prehospital ventricular defibrillation. Prognosis and follow-up course. *N Engl J Med* 1974; 291:317.
88. Taffet, GE, Teasdale, TA, Luchi, RJ. In-hospital cardiopulmonary resuscitation. *JAMA* 1988; 260:2069.
89. Bedell, SE, Delbanco, TL, Cook, EF, Epstein, FH. Survival after cardiopulmonary resuscitation in the hospital. *N Engl J Med* 1983; 309:569.
90. Murphy, DJ, Murray, AM, Robinson, BE, et al. Outcomes of cardiopulmonary resuscitation in the elderly. *Ann Intern Med* 1989; 111:199.
91. Dorian, P, Cass, D, Schwartz, B, et al. Amiodarone as compared with lidocaine for shock-resistant ventricular fibrillation. *N Engl J Med* 2002; 346:884.
92. Myerburg, RJ, Conde, CA, Sung, RJ, et al. Clinical, electrophysiologic, and hemodynamic profile of patients resuscitated from prehospital cardiac arrest. *Am J Med* 1980; 68:568.
93. Herlitz, J, Eek, M, Holmberg, M, et al. Characteristics and outcome among patients having out of hospital cardiac arrest at home compared with elsewhere. *Heart* 2002; 88:579.
94. Rea, TD, Paredes, VL. Quality of life and prognosis among survivors of out-of-hospital cardiac arrest. *Curr Opin Crit Care* 2004; 10:218.
95. Zeiner, A, Holzer, M, Sterz, F, et al. Hyperthermia after cardiac arrest is associated with an unfavorable neurologic outcome. *Arch Intern Med* 2001; 161:2007.
96. Walraven, C, Forster, AJ, Parish, SC, et al. Validation of a clinical decision aid to discontinue in-hospital cardiac arrest resuscitation. *JAMA* 2001; 285:1602.
97. Roberts, D, Landolfo, G, Light, HB, et al. Early predictors of mortality for hospitalized patients suffering cardiopulmonary arrest. *Chest* 1990; 97:413.

98. Nolan JP, Soar J, Zideman DA, et al. European Resuscitation Council Guidelines for Resuscitation 2010. Section 1. Executive Summary. *Resuscitation* 2010;81.
99. Reisfield GM, Wallace SK, Munsell MF et al (2006) Survival in cancer patients undergoing in-hospital cardiopulmonary resuscitation: a meta-analysis. *Resuscitation* 71(2):152–160
100. Herlitz J, Bang A, Aune S et al (2001) Characteristics and outcome among patients suffering in-hospital cardiac arrest in monitored and non-monitored areas. *Resuscitation* 48(2):125–135
101. Iqbal F (1994) In hospital cardiopulmonary resuscitation—analysis of 188 CPRs. *J Pak Med Assoc* 44(8):190–193
102. Cummins RO, Chamberlain D, Hazinski MF et al (1997) Recommended guidelines for reviewing, reporting, and conducting research on in-hospital resuscitation: the in-hospital ‘Utstein Style’. *Circulation* 95:2213–2239.
103. Berg RA, Hemphill R, Abella BS, Aufderheide TP, Cave DM, Hazinski MF, et al. Part 5. Adult basic life support: 2010 American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. *Circulation* 2010;122:S685e705.
104. Sugerman NT, Herzberg D, Leary M, Weidman EK, Harzberg DL, Vanden Hoek TL, et al. Rescuer fatigue during actual in-hospital cardiopulmonary resuscitation with audiovisual feedback: a prospective multicenter study. *Resuscitation* 2009;80:981e4.
105. Wik L, Kramer-Johansen J, Myklebust H, Sørebo H, Svensson L, Fellows B, et al. Quality of cardiopulmonary resuscitation during out-of-hospital cardiac arrest. *JAMA* 2005;293:299e304.
106. Suraseranivongse S, Chawaruechai T, Saengsung P et al (2006) Outcome of cardiopulmonary resuscitation in a 2300-bed hospital in a developing country. *Resuscitation* 71(2):188–193
107. Enohumah KO, Hinz J, Bahr J, Neumann P, Quintel M. Outcome of cardiopulmonary resuscitation in the intensive care units of a university hospital. *Afr J Reprod Health*. 2006 Apr;10(1):104-15.

108. Khan NU, Razzak JA, Ahmed H, Furqan M, Saleem AF, Alam H, ul Huda A, Khan UR, Rehmani R. Cardiopulmonary resuscitation: outcome and its predictors among hospitalized adult patients in Pakistan. *Int J Emerg Med.* 2008 Apr;1(1):27-34.
109. Amer MS, Abdel Rahman TT, Aly WW, Ahmad NG. Cardiopulmonary resuscitation: Outcome and its predictors among hospitalized elderly patients in Egypt. *Geriatr Gerontol Int.* 2013 Jun 10. doi: 10.1111/ggi.12099. [Epub ahead of print].
110. Möhnle P, Hüge V, Polasek J, Weig I, Atzinger R, Kreimeier U, Briegel J. Survival after cardiac arrest and changing task profile of the cardiac arrest team in a tertiary care center. *Scientific World Journal.* 2012;2012:294512.
111. Chalkias A, Koutsovasilis A, Mystrioti D, Dragoumanos V, Xanthos T. Outcomes of cardiopulmonary resuscitation efforts in a Greek tertiary hospital. *Acute Card Care.* 2013 Jun;15(2):34-7.
112. Goldberger ZD, Chan PS, Berg RA, Kronick SL, Cooke CR, Lu M, Banerjee M, Hayward RA, Krumholz HM, Nallamothu BK; American Heart Association Get With The Guidelines—Resuscitation (formerly National Registry of Cardiopulmonary Resuscitation) Investigators. Duration of resuscitation efforts and survival after in-hospital cardiac arrest: an observational study. *Lancet.* 2012 Oct 27;380(9852):1473-81.
113. Ferguson RP, Phelan T, Haddad T, Hinduja A, Dubin NH. Survival after in-hospital cardiopulmonary resuscitation. *South Med J.* 2008 Oct;101(10):1007-11.
114. Krittayaphong R, Saengsung P, Chawaruechai T, Yindeengam A, Udompunturak S. Factors predicting outcome of cardiopulmonary resuscitation in a developing country: the Siriraj cardiopulmonary resuscitation registry. *J Med Assoc Thai.* 2009 May;92(5):618-23.
115. Jones P, Miles J, Mitchell N. Survival from in-hospital cardiac arrest in Auckland City Hospital. *Emerg Med Australas.* 2011 Oct;23(5):569-79.
116. Patel MJ, Khan NU, Furqan M, Awan S, Khan MS, Kashif W, Sorathia AL, Hussain SA, Mir MU. APACHE II scores as

predictors of cardio pulmonary resuscitation outcome: Evidence from a tertiary care institute in a low-income country. Saudi J Anaesth. 2012 Jan;6(1):31-5.

117. Peberdy MA, Kaye W, Ornato JP, Larkin GL, Nadkarni V, Mancini ME, Berg RA, Nichol G, Lane-Trullt T. Cardiopulmonary resuscitation of adults in the hospital: a report of 14720 cardiac arrests from the National Registry of Cardiopulmonary Resuscitation. Resuscitation. 2003 Sep;58(3):297-308.

الملخص العربي

توقف القلب هو وقف النشاط الميكانيكي للقلب ، ويتم تأكيده بعدم وجود نبض وتوقف التنفس (أو احتضارية التنفس).

الإنعاش القلبي الرئوي، الصدمات الكهربائية في وقت مبكر، والرعاية المناسبة ل (ما بعد توقف القلب)، يؤدي إلى تحسين البقاء على قيد الحياة والنتائج العصبية.

نتائج السكتة القلبية من الكبار في قسم الطوارئ يختلف تبعا لعدة عوامل، وهي متغيرات متعلقة بالمستشفى، ومتغيرات متعلقة بالمريض ومتغيرات تابعة لتوقف القلب .

تشمل دراستنا 100 مريض من الذكور و الإناث البالغين، والذين تم نقلهم إلى قسم الطوارئ في المستشفى الرئيسي الجامعي بالاسكندرية- كلية الطب، وقدم تشخيصهم بالسكتة القلبية وتلقوا الإنعاش القلبي الرئوي أثناء عرضهم بقسم الطوارئ أو أثناء احتجازهم بالمستشفى.

كان الهدف من هذه الدراسة هو تسجيل نتائج الإنعاش القلبي الرئوي للبالغين بقسم الطوارئ فيما يتعلق ب: العمر، والجنس، والتاريخ المرضي، ووقت بدء الإنعاش القلبي الرئوي، ومدة الإنعاش، اول ايقاع للقلب، كم مضى من الوقت حتى تم اعطاء أول صدمة كهربائية، عدد الصدمات، والعقار الذي تم اعطائه للمريض، وفيما يخص الناجين: اول ايقاع للقلب بعد عودة الدورة الدموية التلقائية، والأمراض المزمنة والحدث الأولي قبل توقف القلب.

في هذه الدراسة، كان متوسط عمر المرضى (48.08 ± 18.2) عاما. كان من بينهم 56 من الذكور و 44 من الإناث. 34 مريضا يعانون من أسباب قلبية، 45 يعانون من اسباب طبية و 12 يعانون من اسباب جراحية. ارتفاع الضغط المرضى كان هو الحالة الأكثر شيوعا في المرضى الخاضعين للدراسة تليها أمراض قصور القلب والسكري ثم السرطان. وكان 10 من المرضى يعانون من حالتين مرضيتين أو أكثر، في حين أن 90 مريضا يعانون من حالة واحدة أو أقل.

كشفت دراستنا أن، توقف الانقباض كان الايقاع القلبي الأكثر شيوعا (60٪)، و يليه النشاط الكهربائي عديم النبض (22٪)، والرجفان البطيني (9٪)، في حين أن عدم انتظام دقات القلب البطيني، بطء القلب الجيبي و عدم انتظام دقات القلب البطيني متغيرة المحور تم العثور عليها في 1,2,6 على التوالي.

في هذه الدراسة، كان وقت بداية الإنعاش القلبي الرئوي بعد (0.25 ± 1.24) دقيقة. و كان متوسط مدة الإنعاش (18.5 ± 33.3) دقيقة. و اوضحت دراستنا فيما يخص الصدمات الكهربائية ان متوسط عدد الصدمات هو (1.45 ± 2.7)، بينما كانت الصدمة الكهربائية الأولى عند الدقيقة (8.4 ± 9.4).

وفي دراستنا كان 24 مريضا فقط ممن خضعوا للإنعاش القلبي الرئوي قد عادوا للحياة ، بينما توفي 76 مريضا. ولا توجد فروق ذات دلالة إحصائية بين الناجين وغير الناجين بخصوص أي من الخصائص الديموغرافية ولا اسباب دخول المستشفى.

أظهرت هذه الدراسة تردد كبير لوجود أكثر من حالتين مرضيتين موجودتين من قبل في غير الناجين بالمقارنة مع الناجين، وكذلك ارتفاع تردد الرجفان البطيني و عدم انتظام دقات القلب البطيني في الناجين بالمقارنة مع غير الناجين.

في هذه الدراسة، كان المرضى الناجين هم من خضعوا لوقت قصير جدا حتى بداية الإنعاش، كما كانت مدة الإنعاش قصيرة بالمقارنة مع غير الأحياء.

دراسة لنتائج إنعاش القلب والرئة للبالغين
بقسم الطوارئ بالمستشفى الرئيسى الجامعى
بالإسكندرية ، (دراسة تسجيلية)

رسالة

مقدمة الى كلية الطب – جامعة الإسكندرية
إيفاءً جزئياً لشروط الحصول على درجة
الماجستير فى طب الطوارئ

مقدمة من

نعم عبد الله العراقى

سرحان

بكالوريوس الطب والجراحة ، جامعة المنصورة

2015

المشرفون

الأستاذ الدكتور / صلاح محمد الطحان

أستاذ أمراض القلب والأوعية الدموية

كلية الطب

جامعة الإسكندرية

المشرف المشارك

الدكتور / عمرو كمال بهجت

مدرس أمراض القلب والأوعية الدموية

كلية الطب

جامعة الإسكندرية

دراسة لنتائج إنعاش القلب والرئة للبالغين
بقسم الطوارئ بالمستشفى الرئيسي الجامعي
بالإسكندرية ، (دراسة تسجيلية)

مقدمة من

نعم عبد الله العراقي

سرحان

للحصول على درجة

الماجستير في طب الطوارئ

موافقون

.....

لجنة المناقشة والحكم على الرسالة

أ.د/ نجوى محمود القبيه

أستاذ التخدير والعناية المركزة الجراحية

كلية الطب

جامعة الإسكندرية

.....

أ.د/ كمال محمود احمد

أستاذ أمراض القلب والأوعية الدموية

معهد البحوث الطبية

.....

أ.د/ صلاح محمد الطحان

أستاذ أمراض القلب والأوعية الدموية

كلية الطب

جامعة الإسكندرية

لجنة الإشراف

الأستاذ الدكتور / صلاح محمد الطحان

.....

أستاذ أمراض القلب والأوعية الدموية

كلية الطب

جامعة الإسكندرية

المشرف المشارك

الدكتور / عمرو كمال بهجت

.....

مدرس أمراض القلب والأوعية الدموية

كلية الطب

جامعة الإسكندرية