

## 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.

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## 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

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كلية الطب

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المشرف المشارك

الدكتور / عمرو كمال بهجت

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للحصول على درجة

الماجستير في طب الطوارئ

موافقون

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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

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