Key messages aimed at improving the care of people admitted to hospital, with a return of spontaneous circulation, following an out-of-hospital cardiac arrest (OHCA)

PRE-HOSPITAL CARE



MESSAGE 1. BYSTANDER CARDIOPULMONARY RESUSCITATION, INCLUDING USE OF PUBLIC ACCESS DEFIBRILLATORS, IMPROVES OUTCOME

Patients whose OHCA was witnessed had a 2.5x greater chance of survival to hospital discharge compared with an unwitnessed OHCA 35.5% (145/409) patients in this study who received bystander CPR survived to hospital discharge compared with 20.0% (21/105) patients who did not

A public access defibrillator was used on 16.9% (28/166) of the patients where a defibrillator was used. 18 of the 28 patients were discharged home

IN-HOSPITAL CARE



MESSAGE 2. STANDARDISING ADVANCE TREATMENT PLANS HELPS PATIENTS RECEIVE REALISTIC TREATMENT BASED ON THEIR WISHES E.G. 'DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION' (DNACPR) DECISIONS

3.2% (21/661) of patients had a DNACPR decision in place prior to the admission and a further 48.9% (323/661) had a DNACPR decision made during the admission

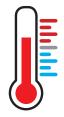
An electronic system for advanced care directives that included DNACPR decisions was in place in 36.5% (65/178) of hospitals Integration of electronic systems with ambulance services was in place in 23/65 hospitals and with general practice in 36/65 hospitals



MESSAGE 3. DELAYING THE ASSESSMENT OF NEUROLOGICAL PROGNOSIS BY AT LEAST 72 HOURS AFTER THE RETURN OF SPONTANEOUS CIRCULATION AIDS DECISION-MAKING

Formal prognostication took place in 48.0% (134/279) of patients where it was indicated Timing of neuroprognostication was not appropriate for 19.8% (26/131) of patients in the view of the case reviewers

The final assessment of neurological prognosis was made <72 hours after hospital admission for 57/84 patients



MESSAGE 4. ENSURE GOOD TEMPERTATURE CONTROL IS USED FOLLOWING AN OHCA AS UNCONTROLLED TEMPERATURE IS ASSOCIATED WITH A WORSE OUTCOME

A policy for targeted temperature management was available in 77.8% (130/167) of hospitals 41.4% (104/253) patients admitted to intensive care within 24 hours of return of spontaneous circulation, did not receive targeted temperature management when it was indicated

Temperature management was rated as 'good' in only 18.7% (41/219) of patients and as 'poor or unacceptable' in 57.5% (126/219) patients

ONGOING CARE



MESSAGE 5. PROVIDE ONGOING PHYSICAL, NEUROLOGICAL, CARDIAC AND EMOTIONAL SUPPORT TO ENSURE GOOD QUALITY OF LIFE FOR SURVIVORS OF AN OHCA

71.1% (133/187) of OHCA survivors were assessed for physical rehabilitation 29.4% (55/187) of OHCA survivors were assessed for neurological rehabilitation 59.0% (72/122) of OHCA survivors were offered cardiac rehabilitation (where applicable) 20.0% (21/105) of OHCA survivors were offered psychological review