

# 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 TEMPERATURE 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**