Introduction:
There are studies that determine events related to poor outcome in cardiac arrest. In our study, following parameters were determined OHCA patients; age median years, Asian/Europe/Syrian, Bystander CPR, Bystander AED, EMS defibrillation, initial cardiac rhythm, prehospital ROSC, corneal and pupillary light reflex and day survival. We determined poor prognostic sign with post-cardiac arrest patients. In this study, we identified the causes of poor outcome in patients with OHCA.

Methods:
This was a single-centre, retrospective study. We determined incidence and epidemiological factors including: demographics, initial cardiac rhythm. Our study population were non-traumatic OHCA. Our ICU, All OHCA patient were evaluated with ECHO, and fluid, inotrope and vasoressor were added according to cardiac performance.

Results:
During our study, 5970 patients who were admitted to intensive care unit between 2012-2019 were screened. 133 of these patients were out-of-hospital arrest and 41 of them were in-hospital arrest. Development of cerebral oedema during treatment in hospital remains a poor prognostic sign. The evaluation of initial cardiac rhythm is useful to predict neurological outcome in post-cardiac arrest patients.

Conclusion:
Survival after OHCA remains low. The evaluation of initial cardiac rhythm is useful to predict mortality and neurological outcome in post-cardiac arrest patients.

References: