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## Bystander resuscitation as a measure of success

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**Introduction:** In Austria the most common cause of death, with a probability of 42%, is a sudden cardiac arrest. The aim of this article is to confirm the efficacy of lay person reanimation.

**Methods:** A 12-month retrospective study was conducted in order to evaluate nonclinical cardiac arrests from 1 September 2014 to 30 October 2015. Data from the protocols of the Emergency Support Points (LKH-University Hospital of Graz) and the Reanimation Phone Registry were documented according to the Utstein style.

**Results:** From the total number of 232 (17:100,000 inhabitants) nonclinical cardiac arrest cases, 59 were cancelled before the arrival of the ambulance. Through this we arrive at a patient population of n=173 well-analyzed cardiac arrests. The majority 65.3% (113/173) of the emergency patients was male and the average age of the patient was 71 years. In 39.9% (69/173) of the cases, the cardiac arrest was observed by a lay person and in 31.8% (55/173) lay reanimation was performed thereafter. Telephone-assisted reanimation took place in 22 cases. Over the 12 months, automated external defibrillators (AED) were used four times. In total, 60 of the cardiac arrests took place less than 300 m away from an AED and would have been easily reachable during the average time period of 11.5 min before the arrival of an ambulance. In summary, advanced cardiac life support (ACLS) was carried out on 71.7% (124/173) of the patients. Of that number, 45 patients were transported to hospital and 6.9% (12/173) were released or survived the cardiac arrests for more than 30 days. Overall, 75% (9/12) of the patients that survived long-term were reanimated by a lay person.

**Conclusion:** Through lay person resuscitation a significant improvement in the long-term survival of patients can be achieved. The offer of dispatcher-assisted resuscitation aims to further increase in the rate of lay person resuscitation and the use of automated external defibrillators (AED).

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