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Short term outcome of cardiopulmonary resuscitation at a tertiary care center in Pakistan

Introduction: Cardiopulmonary resuscitation (CPR) is a series of lifesaving actions that improve the chance of survival following cardiac arrest. There is limited data regarding the frequency and outcome of in-hospital pediatric cardiopulmonary resuscitation from developing countries.

Aim: The aim of this study was to assess the short term outcome of CPR in children at a tertiary care hospital from Pakistan and to compare with previous outcome before implementation of RRT and PALS training program.

Methods: A prospective record review conducted at the Aga Khan University Hospital, Karachi from July 2012 to June 2013. Children between one month to 14 years of age, who developed in hospital cardiac arrest (IHCA) and require CPR, were included in the study. Data collection was reported according to Utstein style. The outcome was sustained return of spontaneous circulation (initial survival) and hospital discharge (final survival).

Results: A total of 89 cardiopulmonary resuscitation were performed. Incidence of CPR was 0.85% for all admissions; (8.5 CPR/1000 admissions). Return of spontaneous circulation (ROSC) was achieved in 44% (n=26) and 24% (n=16) patients were alive at time of discharge. Our data suggested that CPR of <20 min duration was associated with better outcome in sustained ROSC and survival at discharge ($p<0.001$). On comparison with previous study conducted in same center before implementation of PALS and RRT, we observed better outcome in form of survival at discharge from 11% to 26% ($p<0.001$).

Conclusion: We observed that less duration of CPR (<20 minutes) is predictor for better outcome. Significant improvement in outcome of IHCA noted after implementation of PALS.

Biography

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