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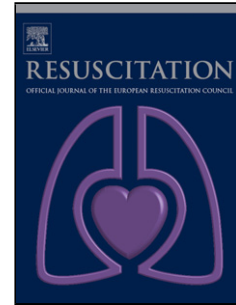
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Capnography during cardiac arrest

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Abstract

Successful resuscitation from cardiac arrest depends on provision of adequate blood flow to vital organs generated by cardiopulmonary resuscitation (CPR). Measurement of end-tidal expiratory pressure of carbon dioxide (ETCO₂) using capnography provides a noninvasive estimate of cardiac output and organ perfusion during cardiac arrest and can therefore be used to monitor the quality of CPR and predict return of spontaneous circulation (ROSC). In clinical observational studies, mean ETCO₂ levels in patients with ROSC are higher than those in patients with no ROSC. In prolonged out of hospital cardiac arrest, ETCO₂ levels <10 mmHg are consistently associated with a poor outcome, while levels above this threshold have been suggested as a criterion for considering patients for rescue extracorporeal resuscitation. An abrupt rise of ETCO₂ during CPR suggests that ROSC has occurred. Finally, detection of CO₂ in exhaled air following

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