

Accepted Manuscript

Title: Reduced critical care utilization: Another victory for effective bystander interventions in cardiac arrest

Author: Christopher B. Fordyce

PII: S0300-9572(17)30334-9

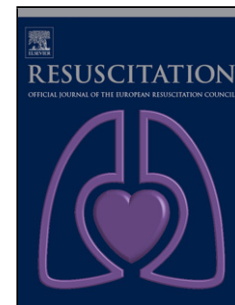
DOI: <http://dx.doi.org/doi:10.1016/j.resuscitation.2017.08.009>

Reference: RESUS 7277

To appear in: *Resuscitation*

Received date: 4-8-2017

Accepted date: 7-8-2017



Please cite this article as: Fordyce Christopher B.Reduced critical care utilization: Another victory for effective bystander interventions in cardiac arrest.*Resuscitation* <http://dx.doi.org/10.1016/j.resuscitation.2017.08.009>

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Reduced critical care utilization: Another victory for effective bystander interventions in cardiac arrest

Christopher B. Fordyce, MD, MHS, MSc¹

¹Division of Cardiology, University of British Columbia, Vancouver, British Columbia, Canada

ADDRESS FOR CORRESPONDENCE

Christopher B. Fordyce, MD, MHS, MSc

2775 Laurel St – 9th Floor

Vancouver, BC, Canada

Phone 604-875-5230

Fax 604-675-3007

Email: cfordyce@mail.ubc.ca

KEYWORDS: Out-of-hospital cardiac arrest, critical care utilization, cardiopulmonary resuscitation, bystander

WORD COUNT: 810 (body of text)

The importance of effective bystander interventions for out-of-hospital cardiac arrest (OHCA) has become increasingly evident. Patients receiving timely bystander CPR and defibrillation have improved in-hospital and long-term outcomes compared to those who received delayed interventions, including improved survival over time among systems implementing these care processes¹⁻³. Patients who survive to hospital discharge have been found to have a relatively good prognosis^{4,5}, suggesting that the early pre- and in-hospital risks do not persist, and supporting future efforts to improve early

Download English Version:

<https://daneshyari.com/en/article/5620148>

Download Persian Version:

<https://daneshyari.com/article/5620148>

[Daneshyari.com](https://daneshyari.com)