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Cardiac arrest in the air

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Abstract

Data on which to base guidelines on the management of in-flight medical emergencies are severely limited by the lack of uniform national and international reporting. In-flight cardiac arrest is rare during commercial passenger flights, but where the initial rhythm is shockable, survival rate to hospital is around 23%.

With minor adjustments (for lack of space, noisy environment, limited medical facilities, etc.), standard CPR and use of an AED are appropriate. The ability to perform advanced life support procedures is very limited.

Diversion of an aircraft is costly, and may incur risks to safety as well as inconvenience to passengers. It is mainly justified if a victim regains a circulation or remains in a shockable rhythm.

Voluntary attendance by healthcare professionals at in-flight cardiac arrests is common, but may have little effect on survival of the patient.

The legal position of healthcare professionals who volunteer to assist at an in-flight emergency is complicated, but successful prosecution or litigation is very rare.

Future national and international discussion and research in the field is needed. In the meantime, deliberately didactic and pragmatic advice on the management of in-flight cardiac arrest is offered. It is hoped that this will stimulate discussion.

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