



1. REGISTRIES

- Health systems should have population-based registries which monitor the incidence, case mix, treatment and outcomes for cardiac arrest
- Registries should adhere to the Utstein recommendations

2. OUT OF HOSPITAL CARDIAC ARREST

- Data from registries should inform health system planning and responses to cardiac arrest
- All European countries are encouraged to participate in the European Registry of Cardiac Arrest (EuReCa) collaboration

3. IN HOSPITAL CARDIAC ARREST

- Data from registries should inform health system planning and responses to cardiac arrest

4. LONG TERM OUTCOMES

- Clinicians should be alert to longer term consequences of cardiac arrest and refer for specialist support where required

5. POST CARDIAC ARREST REHABILITATION

- There is a need for more research and greater provision of post resuscitation rehabilitation services



REGISTRIES

KEY EVIDENCE

29

countries participated in the European Registry of Cardiac Arrest (EuReCa) collaboration



Out of hospital cardiac arrest registries exist in approximately

70%

of European countries but the completeness of data captures varies widely

KEY RECOMMENDATIONS



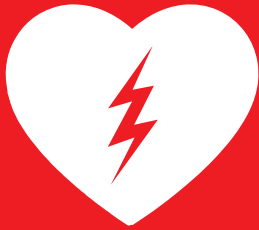
Health systems should have population-based registries which monitor the incidence, case mix, treatment and outcomes for cardiac arrest



Registries should adhere to the Utstein recommendations for data definitions and outcome reporting

EPIDEMIOLOGY OF OUT OF HOSPITAL CARDIAC ARREST

KEY EVIDENCE



The annual incidence of OHCA in Europe is between 67 to 170 per 100 000 inhabitants



The rate of bystander CPR varies between and within countries (average 58%, range 13% to 83%)



The use of automated external defibrillators (AEDs) remains low in Europe (average 28%, range 3.8% to 59%)



Survival rates at hospital discharge are on average 8%, varying from 0% to 18%

KEY RECOMMENDATIONS



Data from registries should inform health system planning and responses to cardiac arrest



All European countries are encouraged to participate in the European Registry of Cardiac Arrest (EuReCa) collaboration



EPIDEMIOLOGY OF IN HOSPITAL CARDIAC ARREST

KEY EVIDENCE



The annual incidence of IHCA in Europe is between 1.5 and 2.8 per 1,000 hospital admissions



Factors associated with survival are the initial rhythm, the place of arrest and the degree of monitoring at the time of collapse



Survival rates at 30 days / hospital discharge range from 15% to 34%

KEY RECOMMENDATIONS



Data from registries should inform health system planning and responses to cardiac arrest



LONG TERM OUTCOMES

KEY EVIDENCE



Amongst survivors with a good neurological outcome, neurocognitive, fatigue and emotional problems are common and cause reduced health related quality of life



Patients and relatives may develop post-traumatic stress disorder

KEY RECOMMENDATIONS



Clinicians should be alert to longer term consequences of cardiac arrest amongst patients and relatives and refer for specialist support where required

POST CARDIAC ARREST REHABILITATION

KEY EVIDENCE



There is wide variation in the provision of rehabilitation services following cardiac arrest



Many patients do not have access to post cardiac arrest rehabilitation



Resuscitation guidelines are based on substantially less studies compared to guidelines for acute cardiovascular events/ heart failure

KEY RECOMMENDATIONS



There is a need for more research and greater provision of post resuscitation rehabilitation services