
Delays In Defibrillation Not Explained By Traditional Hospital Factors

The American Heart Association recommends that defibrillation be performed within two minutes of cardiac arrest, according to background information in the article. Longer delays to defibrillation are associated with lower survival rates following cardiac arrest in the hospital. Previous studies have found that factors associated with individual patients, such as being admitted to the hospital for a non-cardiac diagnosis and experiencing cardiac arrest on evenings and weekends, predicted delayed defibrillation. However, less is known about whether differences between hospitals are associated with these delays.

Paul S. Chan, M.D., M.Sc., of the Saint Luke's Mid-America Hospital Institute, Kansas City, Mo., and colleagues analyzed records from 7,479 adult inpatients with cardiac arrest (average age 67 years) at 200 hospitals included in the National Registry of Cardiopulmonary Resuscitation (NRCPR). Hospitals participating in the NRCPR in 2006 were asked to complete a detailed survey, including information about location, hospital teaching status, number of patient beds and the availability of automatic external defibrillators.

Rates of delayed defibrillation

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