ADMISSION BY CARDIORESPIRATORY ARREST IN AN INTENSIVE CARE UNIT

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Introduction

Cardiorespiratory arrest (CRP) is a critical event that requires admission to an Intensive Care Unit (ICU) when spontaneous recovery of circulation occurs due to the need for vital support and neurological monitoring.

Objectives

Characterization of the patients hospitalized by CRP in an ICU of a district Hospital between January 2013 and December 2017.

Methods

Retrospective and transversal evaluation of the hospitalization episodes by PCR in the previously mentioned period.

Results

- Population: 209 patients (56.5% male and 43.5% female); Mean age: 72.3 years
- Comorbidities:** chronic kidney disease and cardio and cerebrovascular diseases.
- Mean resuscitation time of 13 minutes and an initial Glasgow score of 3 to 5.

SAPS II of 63.2 and APACHE II of 34 (mortality of 70.97% and 74.76%)

The death rate was 66.03%, with the remainder being CPC 1 to 3 (15%, 65% and 20%, respectively)

Conclusions

- Mortality due to CRP is high, with predominance of females in our population, highlighting important and high-prevalence comorbidities, absence of early basic life support (BLS) and delayed advanced life support (ALS), as a probable cause of non-reversal of the disease although ICU support, with normothermia, mechanical ventilation and neurological monitoring.
- It is fundamental to implement a social education program by massifying the BLS and faster access to the ALS, strengthening the links of the survival chain, allowing a greater chance of survival with quality.