

The Royal College of Emergency Medicine

Patron: HRH Princess Royal
7-9 Bream's Buildings
London
EC4A 1DT

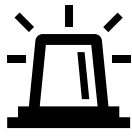







Tel +44 (0)20 7404 1999
Fax +44 (0)20 7067 1267
www.rcem.ac.uk

Time Matters

18 February 2021



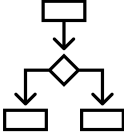

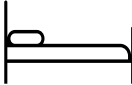



[Time Matters](#) (2021) is an NCEPOD review of the quality of care provided to patients aged 16 years and over who were admitted to hospital following an out-of-hospital cardiac arrest.

This document provides a summary of key points for RCEM members. The full NCEPOD report, summary report, summary sheet and infographic can be found on the RCEM website.

Finding		Action
1	 <p>In 20% cases it could not be determined if a pre-alert was issued and in 30% cases the case reviewer could not determine the composition of the receiving team.</p>	 <p>Improve ED documentation of a patient being pre-alerted and the composition of the receiving team in the medical records.</p>
2	 <p>53.9% patients were hyperoxaemic on their arrival to the emergency department with an oxygen saturation of >98%.</p>	 <p>Titrate oxygen immediately on arrival using ABG's, aiming for SaO₂ 94-98%.</p>
3	 <p>Only 75% of patients with ST elevation or new onset LBBB were discussed with Cardiology.</p>	 <p>Prioritise coronary intervention for appropriate patients e.g. early 12 lead ECG, referral to Cardiology and rapid transfer to the cath lab in appropriate patients.</p>
4	 <p>Lactate and pH are a poor prognostic indicator for individual patients.</p>	 <p>Do not use a single factor such as time to the return of spontaneous circulation, blood lactate or pH to make decisions about organ support or interventions in critical care.</p>

Excellence in Emergency Care

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5		<p>16.7% of patients received antibiotics after OHCA with no clear documented indication.</p>	 <p>The use of prophylactic antibiotics after OHCA is not indicated.</p>
6		<p>19.7% of patients who survived to hospital admission had an investigation omitted, which the case reviewers considered should have been performed during the admission pathway.</p>	 <p>Consider whether a CT head, CTPA or Echo is indicated in the immediate investigations based on the history and examination.</p>
7		<p>84% of patients were admitted to critical care.</p>	 <p>Delay the final assessment of neurological prognosis after an out-of-hospital cardiac arrest until AT LEAST 72 hours after return of spontaneous circulation AND the effects of sedation and temperature management can be excluded.</p>
8		<p>36% patients who received bystander CPR survived to hospital discharge compared with 20.0% patients where bystander CPR was not administered.</p>	 <p>Emergency physicians should support local programmes teaching bystander CPR and use of public access defibrillators.</p>

Author:

Dr Caroline Leech