Airway management during cardiac arrest: A retrospective audit

Vasant Prabhakar Patil
Northwick Park Hospital, London

Abstract:
Airway intervention is an integral part of cardiac arrest management and may affect patient outcome. Our aim is to assess the efficacy of advanced airway management during cardiac arrest and improve patient outcome as per resuscitation guidelines. This was retrospective assessment of In-Hospital Cardiac Arrest (IHCA) over one year period in an acute general hospital. We included patients with witnessed cardiac arrest requiring cardio pulmonary resuscitation (CPR). We excluded the patients who had peri-arrest but no CPR required and with confirmed do-not-resuscitate status. Data was collected from resuscitation charts and digital portals. Pulseless electrical activity was most common (61.9%) presenting rhythm while systole and ventricular fibrillation/tachycardia noted in 28.4% and 7.3% patients respectively. Nearly 52% had hypoxia as possible reversible cause. The airway was switched to endotracheal tube in majority (90%) of the patients. End-tidal carbon dioxide(ETCO2) was used in only one-third of patient during CPR. In conclusion, mean airway insertion time was relatively quick depicting swift mobilization and organisation during IHCA. I-gel was used as first line airway adjuvant in majority of IHCA. ETCO2 was infrequently used, which should be regularly used to assess quality of CPR.

Biography:
Qualifications: MBBS, EDAIC, Dip. Anaesthesia, DNB Anaesthesia, FNB Cardiothoracic Anaesthesia. Experience: 8 years of Anaesthesia experience in India, in early 2019 moved to the UK and started working in Northwick Park hospital in London as a registrar in Anaesthesia and ICU. For career progression moved to Manchester in late 2020 and started working as a senior clinical fellow in Manchester Foundation trust.

Recent Publications: