

CASE REPORT

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Out-of-hospital cardiac arrest treated with prehospital double sequential external defibrillation during eCPR in refractory VF — a case report

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Abstract

Background Double sequential external defibrillation (DSED) has demonstrated increased survival with good neurological outcome in a recent randomized controlled trial. DSED has not been studied in patients with extracorporeal cardiopulmonary resuscitation (eCPR).

Case We present the first case of prehospital eCPR with ongoing refractory ventricular fibrillation (VF), terminated by DSED. After six shocks, return of spontaneous circulation was initially achieved; however, the patient went into recurrent VF. ECPR was performed prehospital, with VF still refractory after three more shocks. DSED successfully terminated VF and showed a further increase in etCO_2 and near-infrared spectroscopy cerebral oximetry values.

Conclusion DSED can be a sufficient strategy for patients in refractory VF while on eCPR and should be evaluated in further studies.

Keywords Resuscitation, Extracorporeal cardiopulmonary resuscitation, Double sequential external defibrillation, Advanced life support, Case report

Background

Out-of-hospital cardiac arrest (OHCA) affects about 60/100,000 persons in Europe/year, with 20% having an initial shockable rhythm [1]. Initial shockable rhythm is significantly associated with return of spontaneous circulation and survival to hospital discharge with good neurological outcome [2, 3].

Refractory ventricular fibrillation (VF) is defined by current guidelines as ongoing VF after three defibrillations [4]. Patients with refractory VF represent a typical

cohort included in recent extracorporeal cardiopulmonary resuscitation (eCPR) trials [5]. Recent meta-analyses of randomized controlled trials (RCTs) have found increased survival in selected patients undergoing eCPR [6]. If eCPR is not available the concept of early double sequential external defibrillation (DSED) has demonstrated an increase in termination of VF and survival with good neurological outcome [7].

After an intensive literature search, there is no published report on the prehospital use of DSED during ongoing eCPR in refractory VF. In accordance with the CARE guidelines [8], we present the case of a 63-year-old patient, suffering from OHCA with refractory/recurrent VF. Pre-hospital eCPR was performed, guided by transesophageal echocardiography. Ongoing refractory VF during eCPR was successfully terminated using DSED.

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Emted Prehospital Defibrillation

Alexander M. Butman



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completion of a 4 week rotation in the newborn intensive care unit NICU The head of the pediatrics clerkship was kind enough to let me have a few days off around the time of the delivery my wife Cathy was 2 weeks past her due date and had been scheduled for elective induction Textbook of Coronary Thrombosis and Thrombolysis R. C. Becker, 2008-01-21 Teleologically the hemostatic mechanism is among The of Coronary Thrombosis and the most fundamental yet complex physiologic process in essence represents a heartfelt gift of centuries in humans Early scientists and physicians were knowledgeable from a dedicated group of scientists and fascinated by the blood's ability to remain in a liquid state while clinicians who collectively have set out on a mission state only to clot in response to vascular injury The to minimize the societal impact of hemostasis in the cellular and noncellular components of normal wound healing The book is divided into four distinct hemostasis took centuries to discover and the intricate sections Part 1 Scientific Principles lays down the basics of their delicate interactions are still being unrav supporting foundation Part 2 Clinical Application needed today As is so often the case an in depth of Scientific Principles places the knowledge base in appreciation of physiologic hemostasis representing a a working perspective directly applying science to basic life sustaining sequence of events paved the patient care Part 3 New Dimensions provides a way for understanding abnormal hemostasis or glimpse of tomorrow Steering the field clear of self pathologic thrombosis Aristotle Malpighi and proclaimed victory and the dangers of complacency as Osier representing but a few of the founding fathers we move into the 21st century Part 4 Evolution of in the field would undoubtedly be honored to see Thrombocardiology focuses on laboratory standards their observations form the template for lifesaving clinical trials and drugs in development

Comprehensive Guide to Pre-hospital Skills Alexander M. Butman, 1995 The most comprehensive prehospital care skills reference on the market It definitively describes and graphically illustrates how and why to perform every prehospital skill required for both basic and advanced life support Summary skills sheets review the more complex multi part skills

Strategies to Improve Cardiac Arrest Survival Institute of Medicine, Board on Health Sciences Policy, Committee on the Treatment of Cardiac Arrest: Current Status and Future Directions, 2015-09-29 Cardiac arrest can strike a seemingly healthy individual of any age race ethnicity or gender at any time in any location often without warning Cardiac arrest is the third leading cause of death in the United States following cancer and heart disease Four out of five cardiac arrests occur in the home and more than 90 percent of individuals with cardiac arrest die before reaching the hospital First and foremost cardiac arrest treatment is a community issue local resources and personnel must provide appropriate high quality care to save the life of a community member Time between onset of arrest and provision of care is fundamental and shortening this time is one of the best ways to reduce the risk of death and disability from cardiac arrest Specific actions can be implemented now to decrease this time and recent advances in science could lead to new discoveries in the causes of and treatments for cardiac arrest However specific barriers must first be addressed Strategies to Improve Cardiac Arrest Survival examines the complete system of response to cardiac arrest in the United States and identifies opportunities within

existing and new treatments strategies and research that promise to improve the survival and recovery of patients The recommendations of Strategies to Improve Cardiac Arrest Survival provide high priority actions to advance the field as a whole This report will help citizens government agencies and private industry to improve health outcomes from sudden cardiac arrest across the United States Prehospital Care Pearls and Pitfalls Peter T. Pons,Vincent J. Markovchick,2012 Prehospital Care Pearls and Pitfalls is a unique stimulating and easy to read way provide practical information applicable to the prehospital setting and help the prehospital emergency care provider be prepared to manage the myriad of emergency and non emergency situations that he or she will be called upon to assist *Cambridge Textbook of Accident and Emergency Medicine* David V. Skinner,1997-03-27 An important reference text to fulfil the information requirements of a rapidly growing speciality From prehospital care through to the smooth hand over to the continuing care specialist this volume provides a complete dossier of essential information pertaining to the conditions regularly encountered in an emergency situation Its three distinct sections cover in turn practical issues of assessment and broad general principles detailed management of specific trauma conditions and finally the specialist s insight into considerations of pathophysiology and epidemiology ranges of clinical manifestations and potential complications *Lifeline 16-911 Emergency Medical Technician (EMT-B)* , Lifeline Prehospital Emergency Care A Guidebook for Filipino Emergency Medical Technicians is published by the Lifeline Emergency Medical Service EMS Academy as a textbook for its students and a ready guidebook for its graduates **Emergency Medical Services Systems Research Projects** National Center for Health Services Research,1981 **Rural Emergency Medical Services** Maria Elizabeth Hewitt,1989 *EMT- Emergency Medical Technician (Speedy Study Guides)* Speedy Publishing,2015-04-28 Do you want to become an emergency medical technician Then learn the basics and important pieces of information that will serve as your foundation for more advanced techniques This quick study guide as your personal map towards becoming a full pledged EMT Check out the trainings and education you can do to become a highly efficient EMT Rural emergency medical services : special report. Maria Elizabeth Hewitt,1989 **An Introduction to Clinical Emergency Medicine** S. V. Mahadevan,Gus M. Garmel,2012-04-10 Fully updated edition of this award winning textbook arranged by presenting complaints with full color images throughout For students residents and emergency physicians **Taber's Cyclopedic Medical Dictionary** Donald Venes,2025-02-17 Taber s brings meanings to life The all in one go to source for classroom clinical and beyond Put the language of nursing medicine and the healthcare professions at your fingertips anywhere and everywhere Taber s 25 is the all in one go to source in the classroom clinical and beyond Under the editorial direction of Donald Venes MD MSJ a team of expert consulting editors and consultants representing nearly every health care profession ensures that the content reflects today s most current and relevant information *Cumulated Index Medicus* ,1994 **Resuscitate!** Mickey S. Eisenberg, M.D.,2013-05-15 Sudden cardiac arrest is the leading cause of death among adults yet it need not be fatal Though survival in most communities is very

poor a few communities achieve rates as high as 50% Why are some communities so successful in snatching life from the jaws of death Resuscitate describes the steps any EMS system can take to improve cardiac arrest survival It is written for the medical directors administrative directors fire chiefs dispatch directors and program supervisor who direct and run EMS systems all across the country and for the EMTs paramedics and dispatchers who provide frontline care This second edition of Resuscitate provides fifteen concrete steps to improve survival Four steps will lead to rapid improvements at the local level and are relatively easy to implement Six additional steps are more difficult to implement but also likely to improve survival The remaining steps recommend changes at the national level Resuscitate is the official textbook for the Resuscitation Academy held twice a year in Seattle Cosponsored by Seattle Medic One King County EMS and the Medic One Foundation the Academy draws attendees from throughout the world for two intensive days of classes demonstrations and workshops to acquire the knowledge and tools to improve survival in their own communities This new edition includes lessons learned from attendees of the Academy as well as from the faculty s evolving thoughts on how to measure performance and improve survival one community at a time It also includes an addendum on the Resuscitation Academy resuscitationacademy.org For more than thirty years Mickey S Eisenberg M D Ph D has played a leading role in developing King County Washington s emergency response to cases of sudden cardiac arrest a system recognized as among the very best in the nation He is a professor of medicine at the University of Washington and serves as the medical director of King County Emergency Medical Services

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