



Causes and Prevention of Cardiorespiratory Arrest

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Causes and Prevention of Cardiorespiratory Arrest

MET



Objective

To understand:

- the role of a Medical Emergency Team



The basis of assessment is the ABCDE approach in the critically ill patient

- A... airway**
- B... breathing**
- C... circulation**
- D... disability**
- E... exposure**



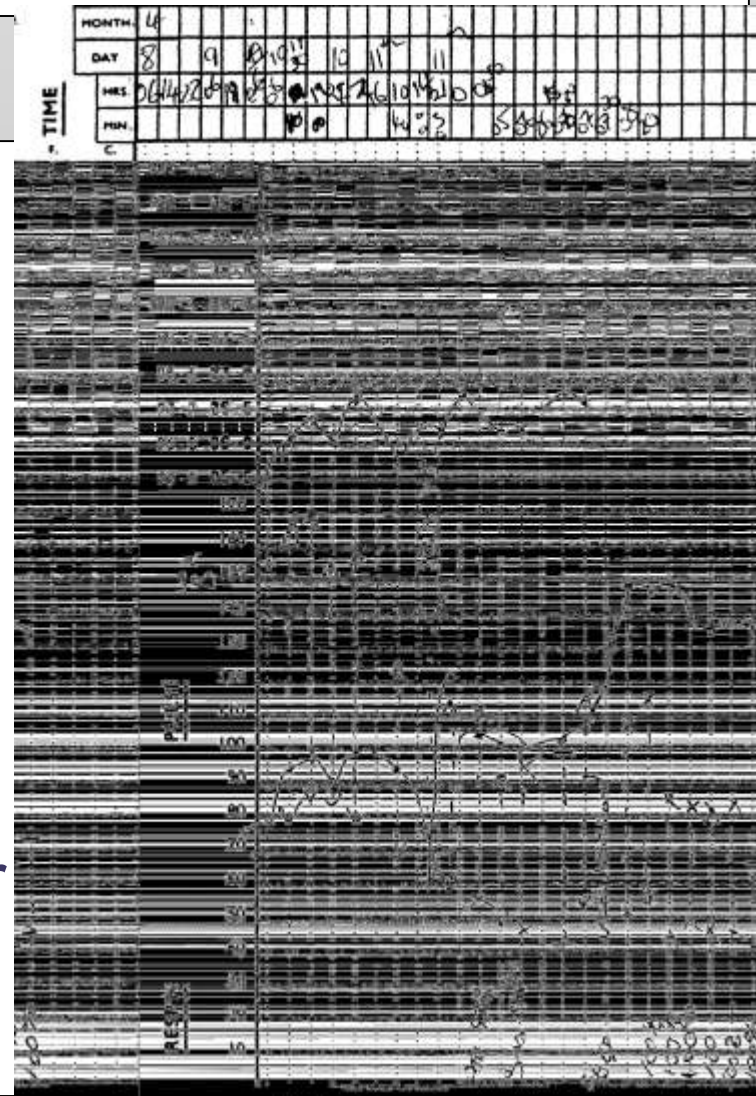
ΑΛΥΣΙΔΑ

- Εκπαίδευση
- Παρακολούθηση
- ΒΕΠ
- Πρωτόκολλα κλήσης ΟΕΦ
- Ανταπόκριση



Early recognition of the critically ill patient

- Most arrests are predictable
- Deterioration prior to 50 - 80% of cardiac arrests
- Hypoxia and hypotension are common antecedents
- Delays in referral to higher levels of care





Recognition of critically ill patients Modified Early Warning System

(MEWS)

	3	2	1	0	1	2	3
Pulse		< 40	41-50	51-100	101-110	111-130	> 130
Systolic BP mmHg	< 70	71-80	81-100	101-199		> 200	
Respiratory Rate		< 8		9 -14	15-20	21-29	> 30
Temp °C		< 35	35.1-36.5	36.6-37.4	> 37.5		
CNS				A	V	P	U



Κριτήρια κλήσης ΟΕΦ

A : επαπειλούμενος

B : $< 5/\text{min}$ $> 36 /\text{min}$

C : $< 40 /\text{min}$ $> 140 /\text{min}$, ΣΑΠ $< 90\text{mm HG}$

D : Glasgow scale < 2 , seizures



SBAR

Δομημένα εργαλεία επικοινωνίας

Situation

Background

Assesement

Recommedation



RSVP

Δομημένα εργαλεία επικοινωνίας

Reason

Story

Vital signs

Plan



Medical Emergency Team

- Call team early
- Empowers nursing staff and junior doctors to call for senior help
- DNAR status may be clarified
- Improved survival



Summary

- Early recognition of patients at risk may prevent cardiorespiratory arrest
- Most patients have warning symptoms and signs before cardiorespiratory arrest
- Airway, breathing, circulation or neurological problems can cause cardiorespiratory arrest



Any questions