Advanced cardiac life support training program on the outcome of cardiopulmonary resuscitation in a tertiary care hospital: Real scenario

Sir,

I read the article on "Impact on advanced cardiac life support training program on the outcome of cardiopulmonary resuscitation in a tertiary care hospital" by Sodhi *et al.* with interest.[1] In the current scenario of improving the rescue rate following major events including cardiac arrests, as often called "lower failure to rescue rate," advanced training and recertification in life support programs such as advanced cardiac life support (ACLS) and neonatal life support (NLS) are extremely vital and important. Nothing can replace their role in achieving higher rescue in such a scenario, and I should congratulate the author for highlighting this point again by a very useful assessment. But, I tend to raise some queries in their audit method. While I am not surprised to find that prior training helps in improved rate of successful return of activity and hospital discharge following arrests, one wonders if the case mix between the groups is comparable at all to come to any meaningful conclusion in this regard. Although the demographic data may not have shown any gross difference between the groups, the reason leading to cardiac arrest is never assessed and, hence, the difference between the groups is not known, as to whether it is due to a real impact by training or a spurious association secondary to change in disease profile. Differences in the duration of resuscitation though may have a secondary impact on the ability of the organs to recover from cardiac arrest, while lots of other factors play more important roles in this, such as primary disease causing cardiac arrest, multiorgan dysfunction and whether the arrest itself was primary or following multiple prearrests before the actual event. It is not surprising to find support in such thinking, as was shown by Olasveengen, with a weak trend in improved discharge rate following cardiac arrest.[2]

Moreover, the program should involve regular and periodic recertification, and focus should be on updating to most recent guidelines. Focus should also be given to regional variation in aspects of diseases leading commonly to arrest scenario, and ability to recognize a near-arrest should be given equal importance. External life support in the form of extra-corporeal membrane oxygenation (ECMO) as an assist to cardiopulmonary resuscitation (e-CPR) is coming into use more often in developed countries, especially in children.[3]

Prathiba Chandershekar
Specialist Registrar in Paediatrics, Watford General Hospital, Watford, UK

Correspondence:
Dr. Prathiba Chandershekar, Specialist Registrar in Paediatrics, Watford General Hospital, Vicarage Road, Watford, Hertfordshire, United Kingdom.
E-mail: prathinaga@gmail.com

References

1. Sodhi K, Single MK, Shrivastava A. Impact of advanced cardiac life support training program on the outcome of cardiopulmonary resuscitation in a tertiary care hospital. Indian J Crit Care Med 2011;15:209-12.
2. Olasveengen TM, Vik E, Kuzovlev A, Sunde K. Effect of implementation of new resuscitation guidelines on quality of cardiopulmonary resuscitation and survival. Resuscitation 2009;80:407-11.
3. Thiagarajan RR, Laussen PC, Rycus PT, Bartlett RH, Bratton SL. Extracorporeal Membrane Oxygenation to aid cardiopulmonary resuscitation in infants and children. Pediatr Cardiol 2007; 116:1693-700.

Access this article online	
Quick Response Code:	Website: www.ijccm.org
	DOI: 10.4103/0972-5229.99143