Introduction:
Post-resuscitation care of patients following an out-of-hospital cardiac arrest (OOHCA) is set out by the UK Resuscitation Council. This is in line with the European Resuscitation Council guideline. The aim of this audit was to review compliance to this guideline at the Intensive care unit at the Bristol Royal Infirmary.

Methods:
A retrospective audit was performed over a six-month period in adults who were admitted to the intensive care unit at the BRI following an OOHCA whom later died during that admission (41 patients). The focus was on whether the Neuroprognostication and End-of-life (EOL) care received was as per the standards set by the UK Resuscitation Council.

Results:
The main neurological examinations documented were pupillary reflex (100%), corneal reflex (75%) and motor response to pain (100%). 61.5% of patients received an SSEP analysis >72 hours post-ROSC, 81.5% underwent an EEG and 66.7% had >2 serum neuron-specific enolase measurements recorded. All patients (100%) underwent a CT Head during their admission.

5.6% of patients were referred to Palliative Care during their admission. 22% of patients were prescribed all EOL medications. Most common prescriptions included Alfentanil (90.2%) and Midazolam (58.5%). Finally, 100% of appropriate patients were referred to be potential organ donors.

Conclusion:
The audit reflected our local practice and that some parameters were not being maintained as set by UK Resuscitation guideline. Multiple modalities of documentation posed a problem in analysing the care that these patients received.

References: