Hot topics 3

Icke-defibrillerbara hjärtstopp på sjukhus – finns något mer att göra?

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Jäv

- Vice Ordförande First Aid Task Force

- Medförfattare

- Utvecklat en egen algoritm för PEA

ASAP
ABCDE för Svåra Akuta Patienter

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Sant- Stå upp Falskt –Sitt ner

1.Tensionpneumothorax är en rimlig diff.diagnos

2.Trombos i lunga diagnostiseras med ultraljud på högerkammaren

3.Hypoglykemi ingår i 4H

4.Hyperkalemi behandlas med glukos/insulininfusion

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Vad orsakar PEA-hjärtstopp?

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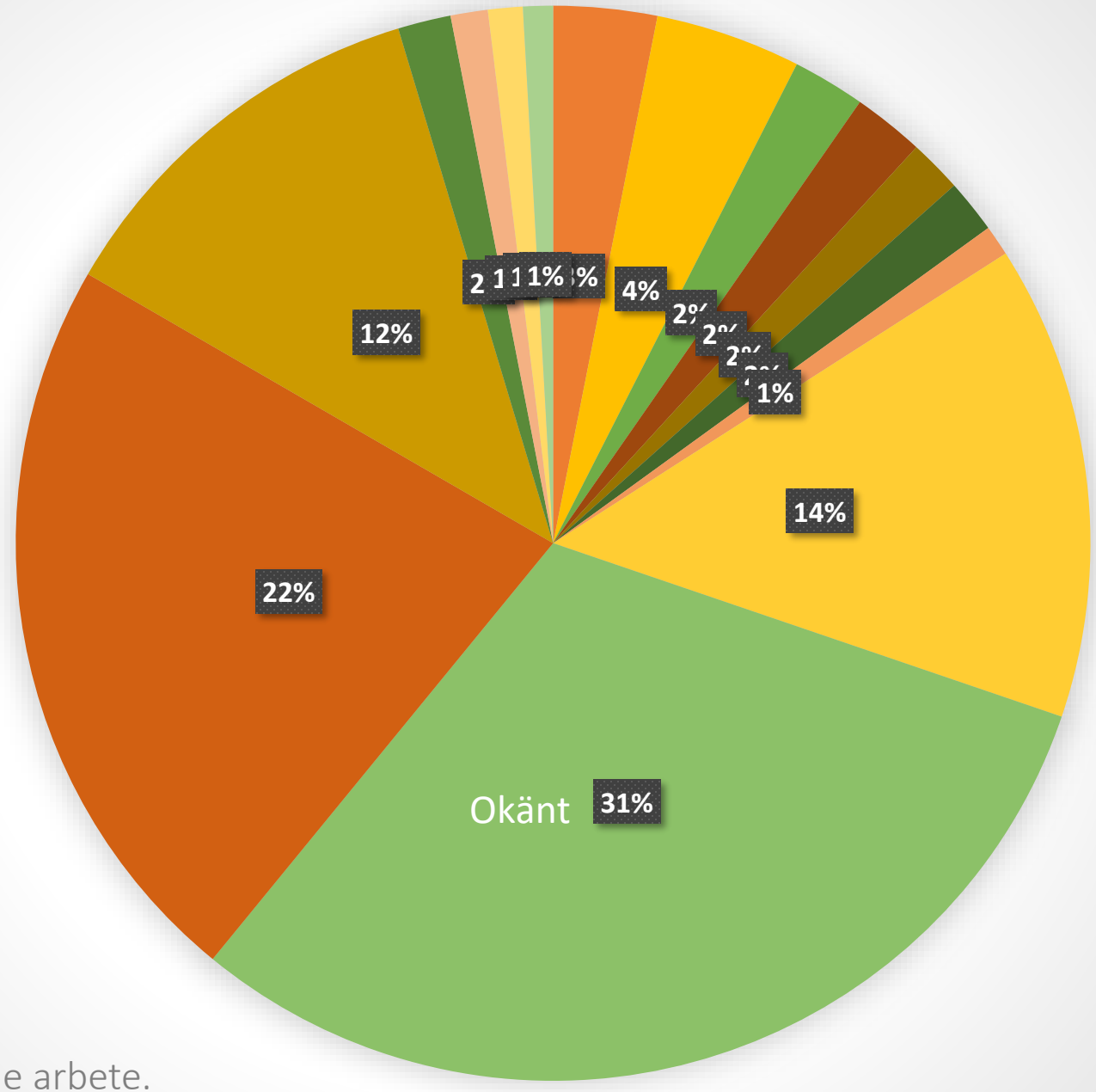
5075 PEA- hospitala hjärtstopp Sverige 2007-2018



- Lungemboli
- Aortaanuerysm/dissektion
- Sepsis
- Tamponad
- Hjärtsvikt
- Kardiomyopati
- Magtarmblödning
- Övrigt (mindre än 50 patienter/orsak)
- Okänt
- Hjärtinfarkt
- Resp.insuff
- Blödning
- Stroke

Bruchfeld, Ullemark et al. Pågående arbete.

2128 hospitala hjärtstopp

Misstänkt LE
64 (3%)

Trombolys
16 (25%)

Ingen trombolys
48 (75%)

Henriksson CE, In-hospital cardiac arrest due to pulmonary embolism - Treatment and outcomes in a Swedish cohort study. Resusc Plus. 2021

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Table 3 – Features of thrombolysis among patients with pulmonary embolism as the cause for an in-hospital cardiac arrest at Karolinska University Hospital 2007–2020.

Patient	Thrombolysis initiated	Bolus dose	Infusion	Alive at the end of CPR	Survival to discharge	Major bleeding	Minor bleeding	Autopsy
1	After ROSC	10 mg	90 mg, 2 hours	Yes	Yes	No	Yes	–
2	During cardiac arrest	10 mg	No	Yes	Yes	No	Yes	–
3	120 min before cardiac arrest	10 mg	Yes, unknown dose	Yes	Yes	No	No	–
4	140 min before cardiac arrest	10 mg	90 mg, 2 hours	Yes	Yes	No	Yes	–
5	After ROSC	10 mg	90 mg, 2 hours	Yes	Yes	No	No	–
6	During cardiac arrest	10 mg	90 mg, 2 hours	Yes	Yes	No	No	–
7	During cardiac arrest	Missing	Yes, unknown dose	Yes	Yes	No	No	–
8	14 hours after ROSC	Missing	60 mg, 2 hours	Yes	No	No	Yes	No
9	During cardiac arrest	10 mg	15 mg	Yes	No	No	No	Yes
10	During cardiac arrest	20 mg	80 mg	Yes	No	No	No	No
11	During cardiac arrest	Missing	Yes, unknown dose	No	No	No	No	Yes
12	<10 minutes before cardiac arrest	10 mg	90 mg, 2 hours	No	No	No	No	Yes
13	During cardiac arrest	10 mg	No	No	No	No	No	No
14	During cardiac arrest	Missing	Missing	No	No	No	No	Yes
15	During cardiac arrest	50 mg	Yes, unknown dose	No	No	No	Yes	Yes
16	During cardiac arrest	Missing	Missing	No	No	No	No	No

Abbreviations: ROSC = return of spontaneous circulation.

Henriksson CE, In-hospital cardiac arrest due to pulmonary embolism - Treatment and outcomes in a Swedish cohort study. Resusc Plus. 2021

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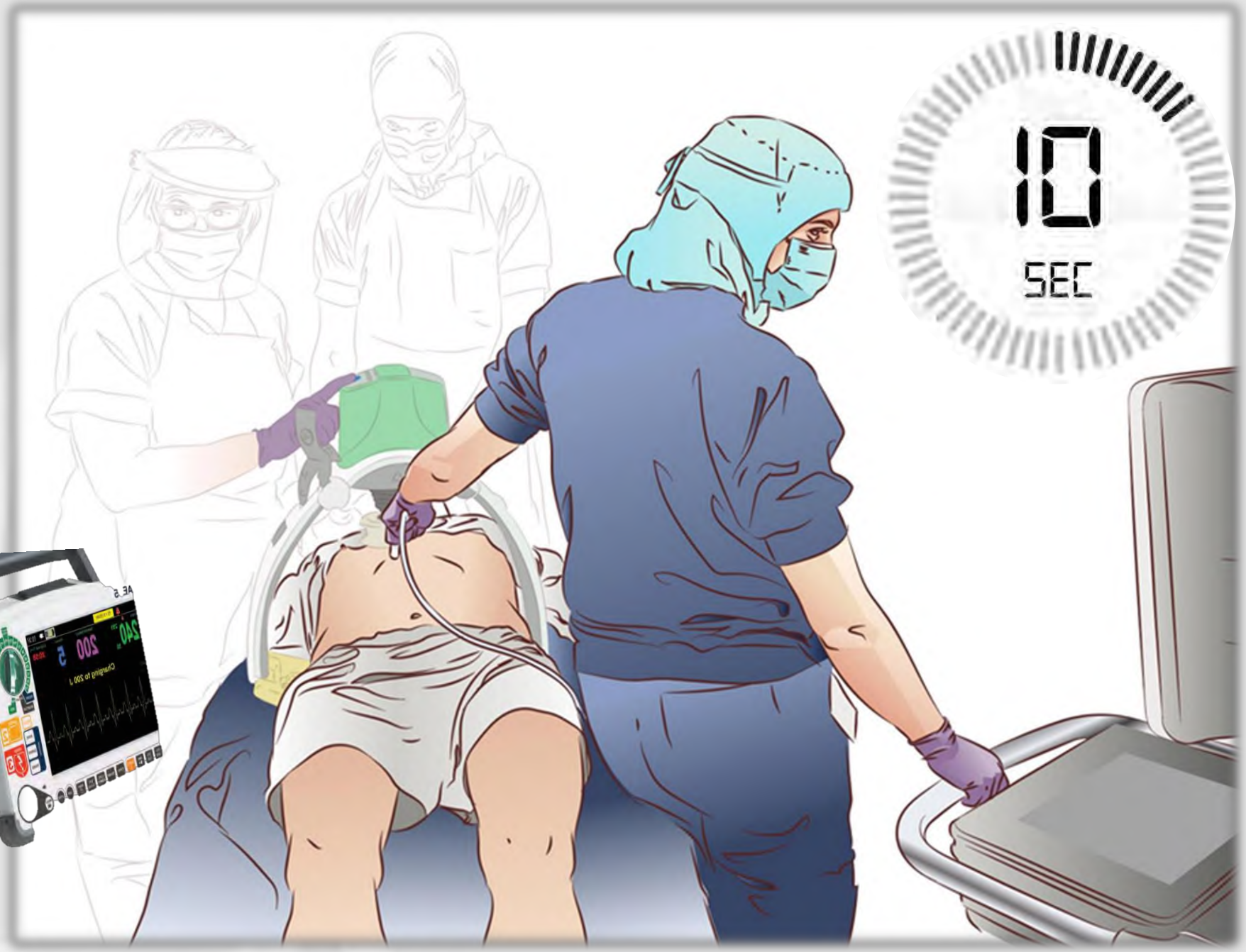

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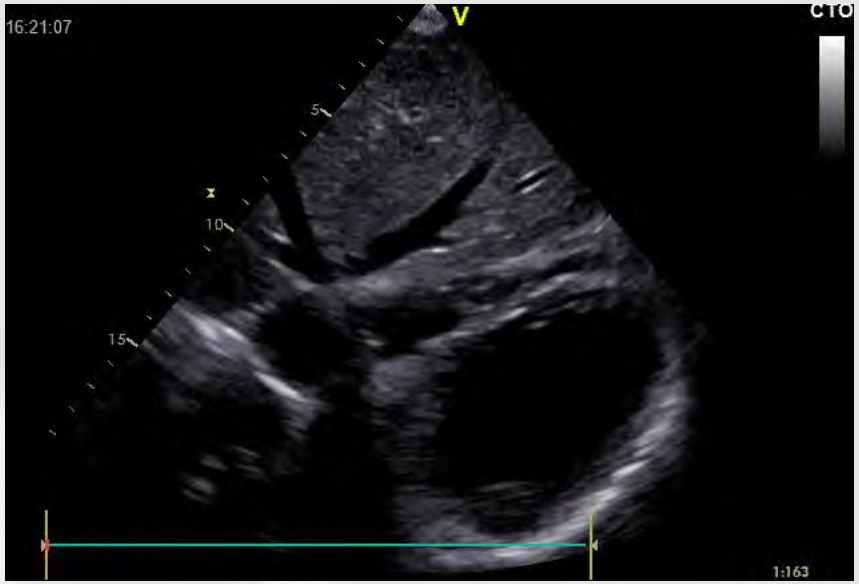

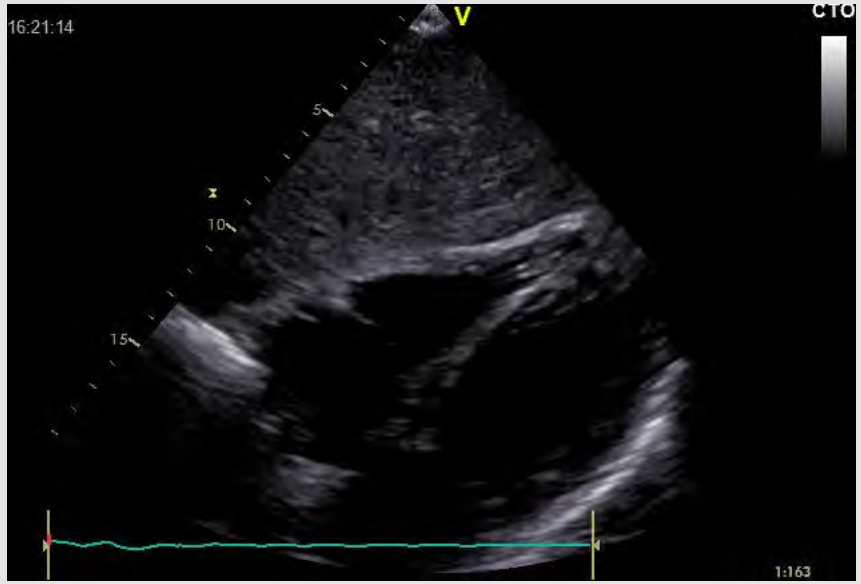

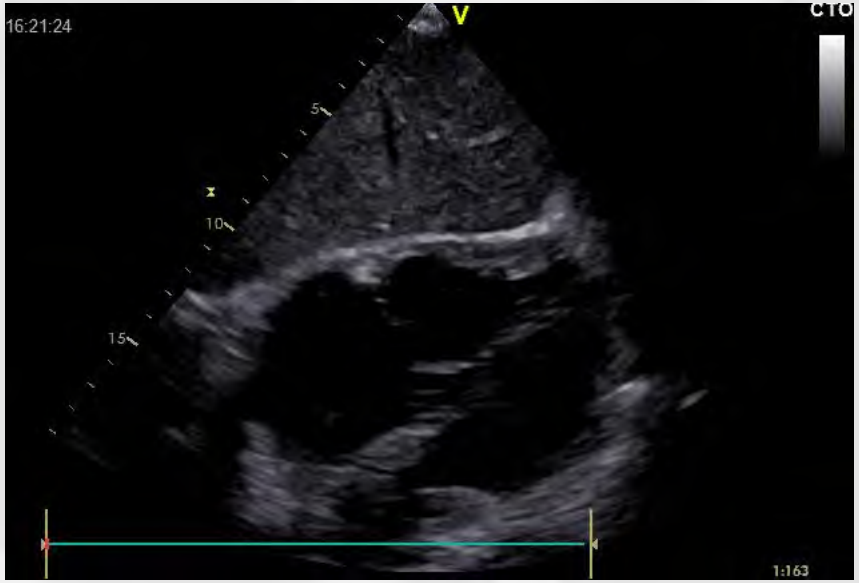

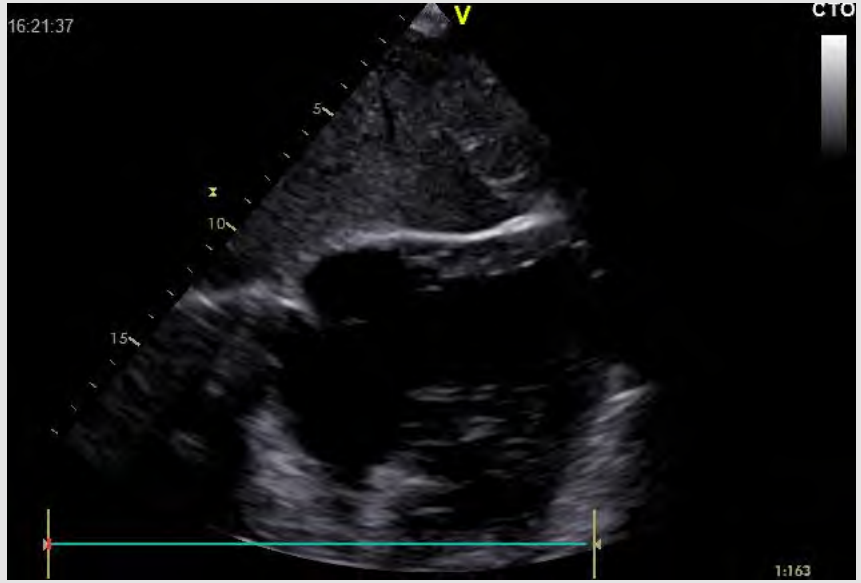

Bilder: Erik Ullemark 2020

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Teran F, et al. Evaluation of out-of-hospital cardiac arrest using transesophageal echocardiography in the emergency department. *Resuscitation*. 2019

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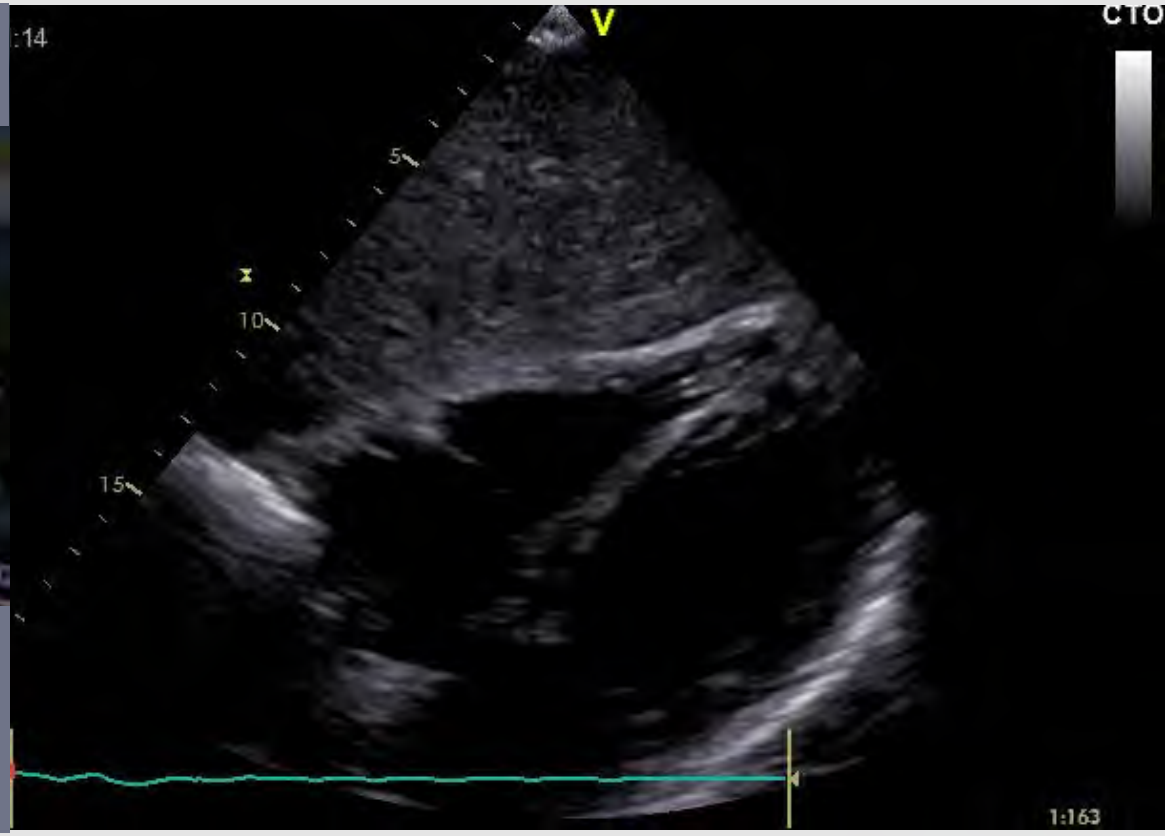
Men vänta nu….

…såg jag inte hjärtat röra sig?
Då är det väl inget hjärtstopp?



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Aortic Pressure during Human Cardiac Arrest*

Identification of Pseudo-Electromechanical Dissociation

Norman A. Paradis, M.D.; Gerard B. Martin, M.D.; Mark G. Goetting, M.D.; Emanuel P. Rivers, M.D., F.C.C.P.; Marcia Feingold, Ph.D.; and Richard M. Nowak, M.D.

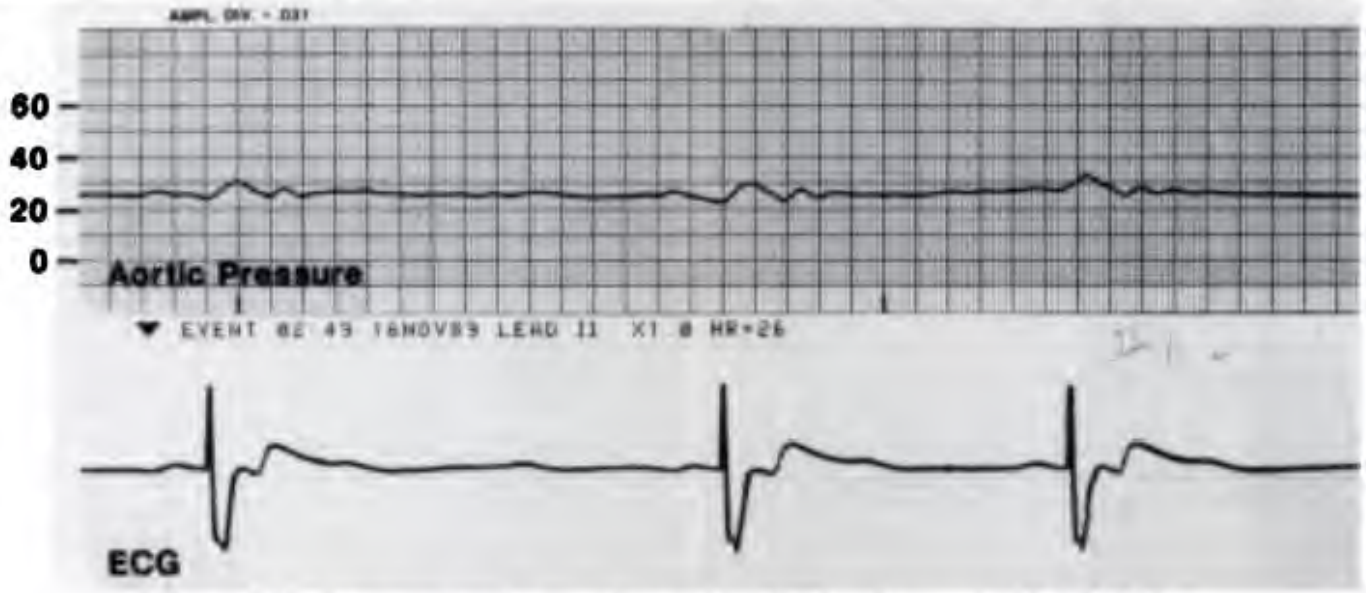


FIGURE 1. Simultaneous aortic arch pressure (expressed in millimeters of mercury) and lead 2 ECG from a patient in pseudo-EMD.

Pulseless Activity	
PMA (echo)	PEA (ECG)

diabetes research and clinical practice 168 (2021) 240–241

Available online at ScienceDirect

Resuscitation

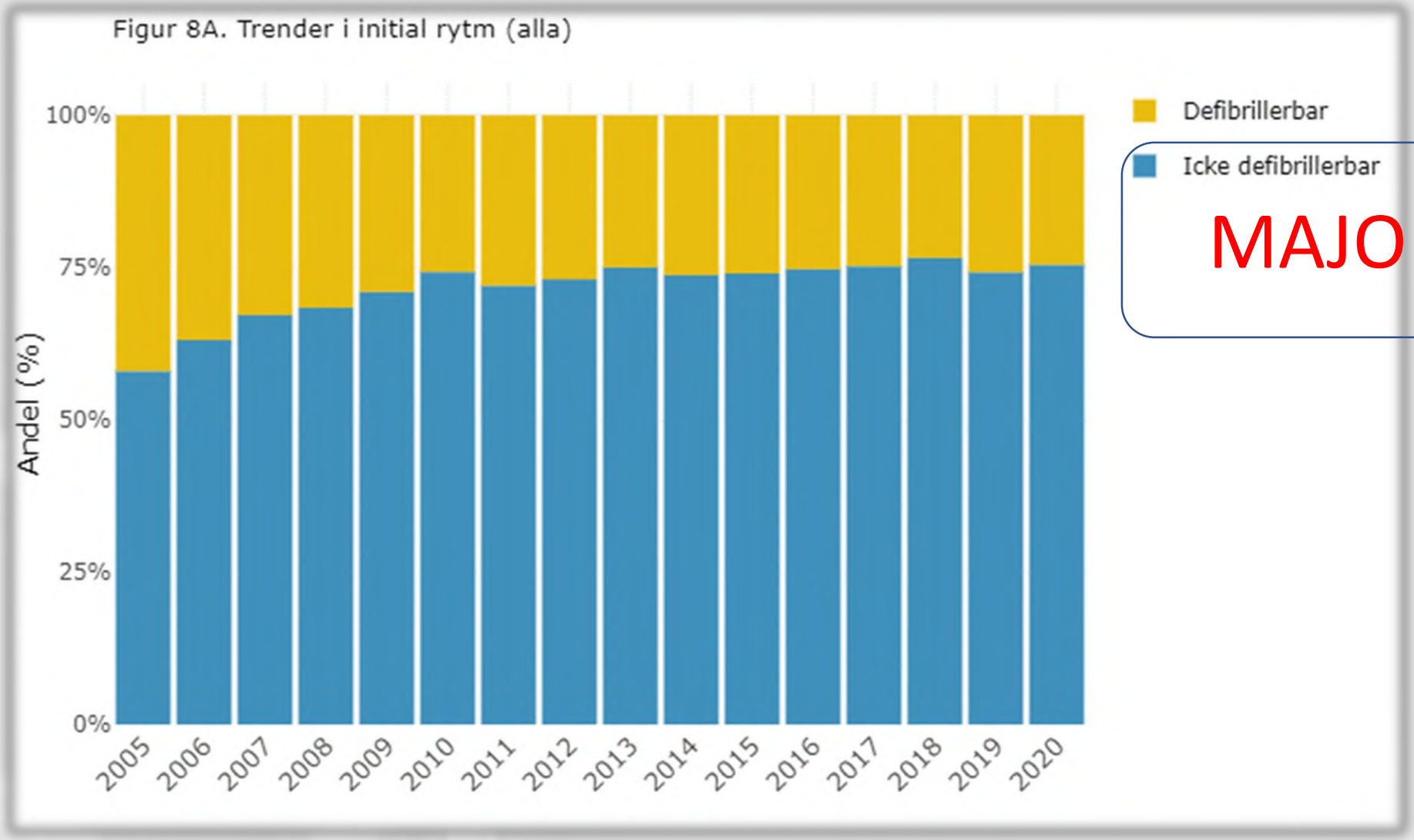
nal homepage: www.elsevier.com/locate/resuscitation

EUROPEAN RESUSCITATION COUNCIL

n easily overlooked player in cardiac

Gaspari R, Comparison of outcomes between pulseless electrical activity by electrocardiography and pulseless myocardial activity by echocardiography in out-of-hospital cardiac arrest; secondary analysis

Svenska hjärtlungräddningsregistret



MAJORITETEN

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TACK!

HLR rådet
SVENSKA RÅDET FÖR HJÄRT-LUNGRÄDDNING

Kan vi göra mer för PEA på sjukhus?

-JA, vi kan börja med att lista ut **varför**

Och därefter behandla varför lika **standardisera**t som A-HLR protokollet!

Karolinska Institutet
KAROLINSKA UNIVERSITETSSJUKHUSET

HLR KONGRESS 2021 · GÖTEBORG 23-24 NOVEMBER ·

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