

CLINICAL "SNIPPETS"

Cardiopulmonary Resuscitation for Bradycardia With Poor Perfusion Versus Pulseless Cardiac Arrest.

Donoghue A, Berg RA, Hazinski MF, Praestgaard AH, Roberts K, Nadkarni VM;

American Heart Association National Registry of CPR Investigators.

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Overview: TA prospective cohort from the National Registry of Cardiopulmonary Resuscitation was enrolled to assess whether pediatric inpatients who receive cardiopulmonary resuscitation (CPR) for bradycardia with poor perfusion are more likely to survive to hospital discharge than pediatric inpatients who receive CPR for pulseless arrest (asystole/pulseless electrical activity [PEA]), after controlling for confounding characteristics.

Conclusions: Pediatric inpatients with chest compressions initiated for bradycardia and poor perfusion before onset of pulselessness were more likely to survive to discharge than pediatric inpatients with chest compressions initiated for asystole or PEA