

CLINICAL "SNIPPETS"

Quantitative analysis of chest compression interruptions during in-hospital resuscitation of older children and adolescents.

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Overview: This study was designed to quantitatively describe pauses in chest compression (CC) delivery during resuscitation from in-hospital pediatric and adolescent cardiac arrest. We hypothesized that CPR error will be more likely after a chest compression provider change compared to other causes for pauses

Conclusions: Provider switches account for a significant portion of no-flow time. Measurable residual leaning is more likely after provider switch. Feedback systems may allow some providers to continue high quality CPR past the recommended switch time of 2min during in-hospital resuscitation attempts.