

200,000 patients treated for cardiac arrest annually in US hospitals, study shows

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More than 200,000 people are treated for cardiac arrest in United States hospitals each year, a rate that may be on the rise. The findings are reported online this week in *Critical Care Medicine* in a University of Pennsylvania Perelman School of Medicine-led study.

Though cardiac arrest is known to be a chief contributor to in-hospital deaths, no uniform reporting requirements exist across the nation, leaving experts previously unable to calculate its true incidence and study trends in cardiac arrest [mortality](#) and best practices in resuscitation care.

The authors, led by Raina M. Merchant, MD, MS, an assistant professor of [Emergency Medicine](#), used three different approaches – involving the American Heart Association's Get With the Guidelines data, a voluntary registry of hospital resuscitation events – to estimate the total number of treated cardiac arrests that take place in United States hospitals each year.

While some of these events occur among terminally ill patients, the authors suggest that many of the cardiac arrests they catalogued may be preventable through better monitoring of patients, quicker response time to administer CPR and defibrillation, and improved adherence to best practices in resuscitation guidelines. Patients who suffer in-hospital cardiac arrests are more than twice as likely to survive than those who arrest in public settings -- 21 percent survive to go home, compared to less than 10 percent of out-of-hospital cardiac arrest patients – but both areas suggest opportunities to improve and standardize care.

"Our study proves that cardiac arrest represents a tremendous problem for hospitals in the United States," Merchant says. "Until now, we could only guess about how many patients were suffering these events. It's impossible to make improvements in something we can't measure. These numbers finally provide us with a roadmap for improving allocation of resources to care for these critically ill patients and further our study of ways to identify [patients](#) who are at risk of [cardiac arrest](#) in the [hospital](#) and improve survival."

Provided by University of Pennsylvania School of Medicine

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