# Delay in administration of adrenaline and survival for children with cardiac arrest

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Among children with in-hospital cardiac arrest with an initial nonshockable heart rhythm who received epinephrine (adrenaline), delay in administration of epinephrine was associated with a decreased chance of 24-hour survival and survival to hospital discharge, according to a study in the August 25 issue of *JAMA*.

Approximately 16,000 children in the United States have a cardiac arrest each year, predominantly in a hospital setting. Epinephrine is recommended by both the American Heart Association and the European Resuscitation Council in pediatric cardiac arrest. Delay in administration of the first epinephrine dose is associated with decreased survival among adults after in-hospital, nonshockable (pulseless electrical activity or asystole) cardiac arrest. Whether this association is the same for children has not been known, according to background information in the article.

Michael W. Donnino, M.D., of Beth Israel Deaconess Medical Center, Boston, and colleagues examined whether time to first epinephrine dose is associated with improved clinical outcomes in pediatric in-hospital cardiac arrest. The researchers performed an analysis of data from the Get With the Guidelines-Resuscitation registry and included U.S. pediatric patients (age

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