

These three criteria quickly identify cardiac arrest patients with zero chance of survival

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Three objective criteria can be used to quickly identify patients with out-of-hospital cardiac arrest (OHCA) who have zero chance of survival and can therefore be considered for organ donation. Using data from two registries and one trial in Paris, France, researchers found that there is essentially no chance of survival in patients whose OHCA is not witnessed by emergency medical services personnel, who have nonshockable initial cardiac rhythm, and in whom spontaneous circulation does not return before receipt of a third 1-mg dose of epinephrine.

The findings are published in *Annals of Internal Medicine*.

Medical professionals are ethically required to perform CPR and consider all available technologies to save the life of a person with OHCA. Clinical decision rules known as termination-of-resuscitation rules help to identify cases where further resuscitation is futile, thus avoiding ambulance transport and its associated costs. These rules do not, however, take into consideration the potential utility of transporting dead patients to the hospital for [organ donation](#).

For organ donation after cardiac death to be considered, patients must have zero chance of survival, be legally eligible to donate, and be rapidly transported to an appropriate hospital under continuous resuscitative maneuvers. The most important thing is to establish [objective criteria](#) for identifying patients with no chance of survival during the first minutes of CPR. Researchers suggest that their findings could inform decision

making.

More information: *Annals of Internal Medicine*,
<http://www.annals.org/article.aspx?doi=10.7326/M16-0402>

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