

Patients undergoing out-of-hospital cardiac arrest do not benefit from ACLS during transport

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There is no association between prehospital advanced cardiac life support (ACLS) and survival to hospital discharge in patients suffering from out-of-hospital cardiac arrest (OHCA). ACLS is, however, associated with an improvement in prehospital return of spontaneous circulation (ROSC), but with longer delays to hospital arrival. These are the primary findings of a study published in *Academic Emergency Medicine* (AEM) a journal of the Society for Academic Emergency Medicine (SAEM).

The lead author is Alexis Cournoyer, MD, an emergency physician at the Hôpital du Sacré-Coeur de Montréal and a resident in the clinician-scientist program at the Université de Montréal. He is also currently doing a PhD at the Université de Montréal in pre-hospitals resuscitation.

Dr. Cournoyer's study concludes that there is no clear advantage of the addition of prehospital ACLS to basic cardiac life support (BCLS) compared to prehospital BCLS alone, in tiered-response urban emergency medical services setting. The study further suggests that efforts should be focused on increasing bystander CPR, decreasing [emergency medical service](#) response times, and decreasing time to defibrillation.

Dr. Cournoyer: "Prehospital ACLS does not seem to be associated with an increased survival for patients with OHCA. When available,

additional resources should be allocated to decrease delays to CPR, defibrillation, and first EMS contact. Also, for patients eligible for E-CPR, it should be considered to put efforts into minimizing their delay before E-CPR."

The findings of the study are discussed with Dr. Cournoyer in the [featured episode](#) of Skeptics' Guide to Emergency Medicine Hot Off the Press (#SGEMHOP).

More information: Alexis Cournoyer et al. Prehospital Advanced Cardiac Life Support for Out-of-hospital Cardiac Arrest: A Cohort Study, *Academic Emergency Medicine* (2017). [DOI: 10.1111/acem.13246](https://doi.org/10.1111/acem.13246)

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