

Time to defib not linked to survival in pediatric IHCA

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(HealthDay)—For pediatric patients with in-hospital cardiac arrest

(IHCA), time to first defibrillation attempt is not associated with survival, according to a study published online Sept. 21 in *JAMA Network Open*.

Elizabeth A. Hunt, M.D., M.P.H., Ph.D., from Johns Hopkins University School of Medicine in Baltimore, and colleagues conducted a cohort study to examine the correlation between time to first [defibrillation](#) attempt in pediatric IHCA with a first documented shockable rhythm and survival to hospital discharge in 447 patients.

The researchers found that the likelihood of being shocked in two minutes or less was lower for ward versus intensive care unit IHCAs (48 versus 72 percent; $P = 0.01$). Overall, 38 percent of patients survived to hospital discharge. In survivors and nonsurvivors, the median reported time to first defibrillation attempt was one minute. In unadjusted and adjusted analyses, the time to first defibrillation attempt was not associated with survival (risk ratio per minute increase, 0.96; 95 percent confidence interval, 0.92 to 1.01; $P = 0.15$ and risk ratio, 0.99; 95 percent confidence interval, 0.94 to 1.06; $P = 0.86$). In unadjusted and multivariable analyses, there was no difference in survival between those with a first defibrillation attempt in two minutes or less versus more than two minutes.

"In contrast to published adult IHCA and pediatric out-of-hospital cardiac arrest data, no significant association was observed between time to first defibrillation attempt in pediatric IHCA with a first documented shockable rhythm and survival to [hospital discharge](#)," the authors write.

Several authors disclosed ties to Zoll Medical Corp.

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