

Prehospital epinephrine aids out-of-hospital pediatric cardiac arrests

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Prehospital administration of epinephrine may aid pediatric patients



following out-of-hospital cardiac arrests (OHCAs), according to a study published in the Jan. 21 issue of the *Journal of the American College of Cardiology*.

Tasuku Matsuyama, M.D., Ph.D., from the Kyoto Prefectural University of Medicine in Japan, and colleagues assessed the effect of prehospital epinephrine administration by emergency medical service personnel among <u>pediatric patients</u> (aged 8 to 17 years) with OHCA between 2007 and 2016.

The researchers identified 3,961 pediatric patients with OHCA, of whom 7.7 percent received epinephrine. A total of 608 patients were included after time-dependent propensity score-sequential matching. In the matched cohort, there were no significant noted differences between the epinephrine and no-epinephrine groups in one-month survival (epinephrine: 10.2 percent; no epinephrine: 7.9 percent; risk ratio [RR], 1.13; 95 percent confidence interval [CI], 0.67 to 1.93). Favorable neurological outcomes were also similar (epinephrine: 3.6 percent; no epinephrine: 2.6 percent; RR, 1.56; 95 percent CI, 0.61 to 3.96). However, the epinephrine group had a higher likelihood of achieving prehospital return of spontaneous circulation (epinephrine: 11.2 percent; no epinephrine: 3.3 percent; RR, 3.17; 95 percent CI, 1.54 to 6.54).

"We recommend that prehospital epinephrine <u>administration</u> should be included in international guidelines for <u>cardiopulmonary resuscitation</u> to enhance the survival of pediatric OHCA patients," a coauthor said in a statement.

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