

Simulation can improve time to first shock for in-hospital cardiac arrest

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(HealthDay)—An online education and code simulation intervention can

improve adherence to the guidelines for time to first shock in patients with in-hospital cardiac arrest, according to a study published in the December issue of *Critical Care Nurse*.

Andrea Paddock, from Orlando Health Dr. P. Phillips Hospital in Florida, developed [nurse](#) simulation education and training to standardize intensive care unit [code](#) processes and improve compliance with timely defibrillation. A sample of intensive care unit nurses was assigned [online education](#), including electrocardiogram recognition and code documentation. Nurses and physicians collaborated to develop a diagram with the roles needed for successful conduct of a code situation; a video was created to reflect these roles and was embedded in the online education. Structured code simulations were completed by intensive care nurses, allowing them to practice being the leader. A survey was distributed to nurses three months after the intervention.

The researchers found a 100 percent decrease in the time-to-first-shock fallouts in the [intensive care unit](#) and a 71 percent decrease in the facility's fallouts. There was an increase from 42 to 83 percent in the facility's adherence to the time-to-first-shock metric. Eighty-nine percent of nurses reported perceived improvement in knowledge, team leadership and communication, and confidence associated with code events in a postintervention survey.

"A presimulation discussion and slow code walk-through were crucial elements to equipping participants with the knowledge to respond more appropriately during the simulation and translate that knowledge into practice," Paddock said in a statement.

More information: [Abstract/Full Text](#)

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