

ICU evaluations prior to cardiac arrest increased odds of survival among Black adults

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Although racial disparities in survival after in-hospital cardiac arrest among Black and white people are known, both groups had similar chances of receiving an intensive care unit (ICU) evaluation before a

cardiac arrest. Receiving an ICU evaluation prior to cardiac arrest improved survival rates by 15% among Black people, according to preliminary research to be presented at the American Heart Association's [Resuscitation Science Symposium 2022](#). The 2022 meeting will be held in person in Chicago, November 5-6, 2022, and will feature the most recent advances related to treating cardiopulmonary arrest and life-threatening traumatic injury.

For this study, researchers analyzed data for more than 28,000 adults, ages 18 years and older, who experienced [cardiac arrest](#) in a part of the hospital outside of the ICU between 2000 and 2021, from the American Heart Association Get With The Guidelines-Resuscitation registry. Prior to having a cardiac arrest, all of the people had been identified (by a standardized system) to be at risk for requiring more interventions to prevent cardiac arrest.

The study compared how often a specialized ICU evaluation was completed among Black individuals compared to white individuals. Additionally, researchers assessed if that ICU evaluation may have impacted survival among the Black patients. They did not conduct the same analysis on survival among [white people](#), given that its known that survival after cardiac arrest is worse among Black adults compared to white adults.

Among all participants in the registry, average age of 68 years and 42% women, about 2,400 (9 out of every 100) received a specialized evaluation by the ICU team. Researchers found no difference in the frequency that the ICU team evaluated Black or white patients prior to cardiac arrest. Most notably, they found that ICU evaluation prior to cardiac arrest improved survival for Black individuals by 15%.

"ICU evaluation for Black people at risk for cardiac arrest is important because it is already known that Black people have overall lower cardiac

arrest [survival rates](#) when compared to white people. If there is little difference in the rates at which these ICU evaluations are being done, then it's critical to further explore what else might drive these disparities in survival," said lead author of the study Cody Gathers, M.D., a critical care fellow in the pediatric [intensive care unit](#) at Children's Hospital of Philadelphia. "And the [medical community](#) should continue to appropriately recognize patient needs and prioritize early ICU evaluation prior to cardiac arrest, especially since our results indicate these evaluations may improve survival significantly among Black adults."

The study's findings are not generalizable to people from other diverse racial or ethnic groups. In addition, the study's findings are applicable only to the hospitals that participate in the database used for this study.

Get With The Guidelines is the American Heart Association/American Stroke Association's hospital-based, quality improvement program that provides hospitals with the latest research-based guidelines to make it easier to provide consistent quality care. Developed with the goal of saving lives and hastening recovery, Get With The Guidelines has touched the lives of more than 10 million patients since 2001.

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More information: Abstract: www.abstractsonline.com/pp8/#!/...0691/presentation/20

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