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Predicting neurological outcome and survival following cardiac arrest

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Cardiac arrest is a catastrophic event. Approximately 6250 patients per year are admitted to intensive care unit for post-resuscitation care in the UK. Hypoxic encephalopathy is common manifestation observed after resuscitation from cardiac arrest. Two thirds of these admissions to ICU following OHCA (Out of Hospital Cardiac arrest) die from neurological injury. Despite improvement in resuscitation practises in management of cardiac arrest, the mortality is still high. Accurate prediction of good neurological outcome in post-arrest comatose patients is challenging. Scoring systems have been developed to aim to predict survival immediately after cardiac arrest. These include the PAR (Prognosis after resuscitation) score and the OHCA score. No scoring systems yet have been prospectively validated. However, the use of PAR score is helpful to the clinicians to formulate a decision to admit these patients. Prognostication of these comatose patients should be multimodal and should be delayed to enable full elimination of sedative and neuromuscular drugs and a return of core temperature to 36°C for 24 hours following termination of therapeutic hypothermia. Biochemical marker such as serum neuron-specific enolase (levels >33 microg/L at days 1-3), is strongly associated with poor outcome. Somatosensory evoked potentials provide the most accurate predictor of a poor neurological outcome. Prognostication after cardiac arrest is a rapidly developing subject and as more evidence becomes available, the markers of neurological prognosis are likely to evolve.

Biography

I completed MD Anaesthesia in 1984 from Government Medical College and Hospital. I got Fellowship in Anaesthesia from Royal College of Surgeons in Ireland in 1992, had an opportunity to work in Oregon Health Science University in 1995 as a Fellow in Obstetrics and Chronic Pain. I got CCST in 2000 following Specialist Training in Guys and St Thomas Hospital. Since Year 2000 I am appointed as a Consultant in Anaesthetics and Intensive Care. I am an ALS Instructor, ex Clinical Lead for Organ Donation, to date I have more 10 publications in reputed journals.

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