



Cardiac Arrest in Intensive Care: Management and Prognosis

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Message from the Guest Editor

It is estimated that there are more than 400,000 victims of out-of-hospital cardiac arrest annually in Europe, of whom less than 5% survive.

The current guidelines emphasize starting with chest compression at a pace of 120/min with a ratio of 30 chest compressions to 2 breaths in adults. These guidelines focus on restoring the heartbeat without considering the cause of cardiac arrest, the changes in lung compliance, the ventilation pattern, heart dynamics, or the lungs during CPR. These factors might not respond the same way when the standard CRP is carried out compared to long-lasting CPR or delayed CRP.

Therefore, we are recommending the analysis of all pathophysiological mechanisms involved in CPR and thus adaption of the chest compression frequency, depth, release, and ventilation with or without PEEP to improve the quality of CPR tailored to the patient's conditions and hence improve the chance of restarting the heartbeat.





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