

How to reduce the time to resuscitation after sudden out-of-hospital arrest?

 Iva Starešinić*

University Hospital Centre
Zagreb, Zagreb, Croatia

KEYWORDS: cardiac arrest, resuscitation, automatic external defibrillator.

CITATION: *Cardiol Croat.* 2022;17(9-10):349. | <https://doi.org/10.15836/ccar2022.349>

***ADDRESS FOR CORRESPONDENCE:** Iva Starešinić, Klinički bolnički centar Zagreb, Kišpatićeva 12, HR-10000 Zagreb, Croatia. / Phone: +385-98-9490-551 / E-mail: ivamilakovic11@gmail.com

ORCID: Iva Starešinić, <https://orcid.org/0000-0002-2685-3007>

|||||

In developed countries, one of the most common causes of death is sudden cardiac arrest. After an out-of-hospital cardiac arrest, the survival rate is very low, and the biggest problem is the time that passes from the arrest to the start of resuscitation¹. In most European countries, the time it takes the emergency services to reach the scene of the accident is more than 10 minutes. In a most cases, the cause of the arrest is ventricular fibrillation or ventricular tachycardia. The chances of patients' survival increase with timely recognition and the treatment of rhythms with defibrillation. Projects that have been started in Denmark and Sweden introduce a mobile application trough which volunteers who are near a person who has experienced an arrest are called to help. Volunteers are people who have completed a resuscitation course and are called by the dispatcher if they are 500 meters from a patient who has experienced an arrest. Several volunteers are called, one of whom immediately runs to the scene, and the other volunteers run to get the AED. Research conducted in these countries shows that the survival rate has tripled. Through this project, citizens were encouraged to complete a cardiopulmonary resuscitation course and learn how to use an automatic external defibrillator. The goal of this research is not only to increase survival in Denmark and Sweden, but also to encourage other countries in the development of new techniques. By training and developing such techniques, we can greatly help save human lives.

RECEIVED:
November 2, 2022

ACCEPTED:
November 10, 2022



LITERATURE |||||||

1. Matić I, Golub M. Implementacija Hrvatskog hitnog prijamnog indeksa prema modificiranom Norveškom indeksu za hitnu medicinsku pomoć Implementation of Croatian Emergency Call Reception Index modified according to Norwegian Index of Medical emergencies. *Sestrinski glasnik.* 2014;19(1):63-65. <https://doi.org/10.11608/sgnj.2014.19.013>