




From resuscitation to recovery: a multidisciplinary approach to patient care

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KEYWORDS: cardiac arrest, patient, family, rehabilitation.

CITATION: Cardiol Croat. 2025;20(11-12):284. | <https://doi.org/10.15836/ccar2025.284>

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Introduction: Cardiovascular diseases are one of the leading causes of death in the world. A key cause of it is acute myocardial infarction (AMI) which is caused by thrombosis of coronary arteries. It's clinical picture commonly shows malignant cardiac arrhythmia which can lead to cardiac arrest. Cardiac arrest is the most serious complication of AMI, with a high mortality rate and common lasting physical, cognitive and mental consequences¹. Immediate initiation of resuscitation, followed by cardiological stabilization, and subsequently comprehensive rehabilitation in which a multidisciplinary medical team and the patient's family play an important role in survival and recovery from it.

Case report: Patient K.I., born in 1993, was hospitalized after successful resuscitation at home. Family members initiated cardiopulmonary resuscitation until the arrival of Emergency Medical Services. Upon arrival, the emergency team registered ventricular fibrillation (VF). The patient was defibrillated four times before arriving at the hospital. In the hospital, he was endotracheally intubated, placed on mechanical ventilation, and underwent percutaneous coronary intervention (PCI) with stent implantation. After the procedure, VF recurred, requiring additional resuscitation measures. Repeat coronary angiography revealed marginal thrombosis in the stent, which was further dilated. The patient was admitted to the Intensive Care Unit. After three days, he was extubated and weaned from the ventilator. During the further course of hospitalization, the patient remained hemodynamically stable and was transferred to the Cardiology Department. The patient exhibited symptoms of depression, confusion, impaired communication, and non-cooperation. The family was allowed to stay with the patient throughout the day. With his wife's assistance, the patient learned to speak, count, and form sentences. The nurse provided continuous health care, administered prescribed therapy, and offered support to both the patient and his family. The rehabilitation process involved a neurologist, psychologist, speech therapist, and physiotherapist. Good functional and neurological recovery was achieved, with preserved cardiac stability. After thirty days of hospitalization, the patient was transferred to a specialized neurological rehabilitation facility.

Conclusion: The recovery of a patient after cardiac arrest is particularly complex and requires dedicated effort from medical staff. Active family involvement and consistent emotional support play a significant role in the patient's psychological wellbeing and recovery.

RECEIVED:
October 1, 2025

ACCEPTED:
October 22, 2025



LITERATURE

1. Ketilsdottir A, Albertsdottir HR, Jonsdottir H. The experience of sudden cardiac arrest: Becoming reawakened to life. Eur J Cardiovasc Nurs. 2014;13(5). <https://doi.org/10.1177/1474515113504864>