



The use of physician assistants in an institutional resuscitation team



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INTRODUCTION

The exact incidence of in-hospital cardiac arrest (IHCA) is unknown. Literature review estimates the incidence in the United States at about 290,000 cases per year.

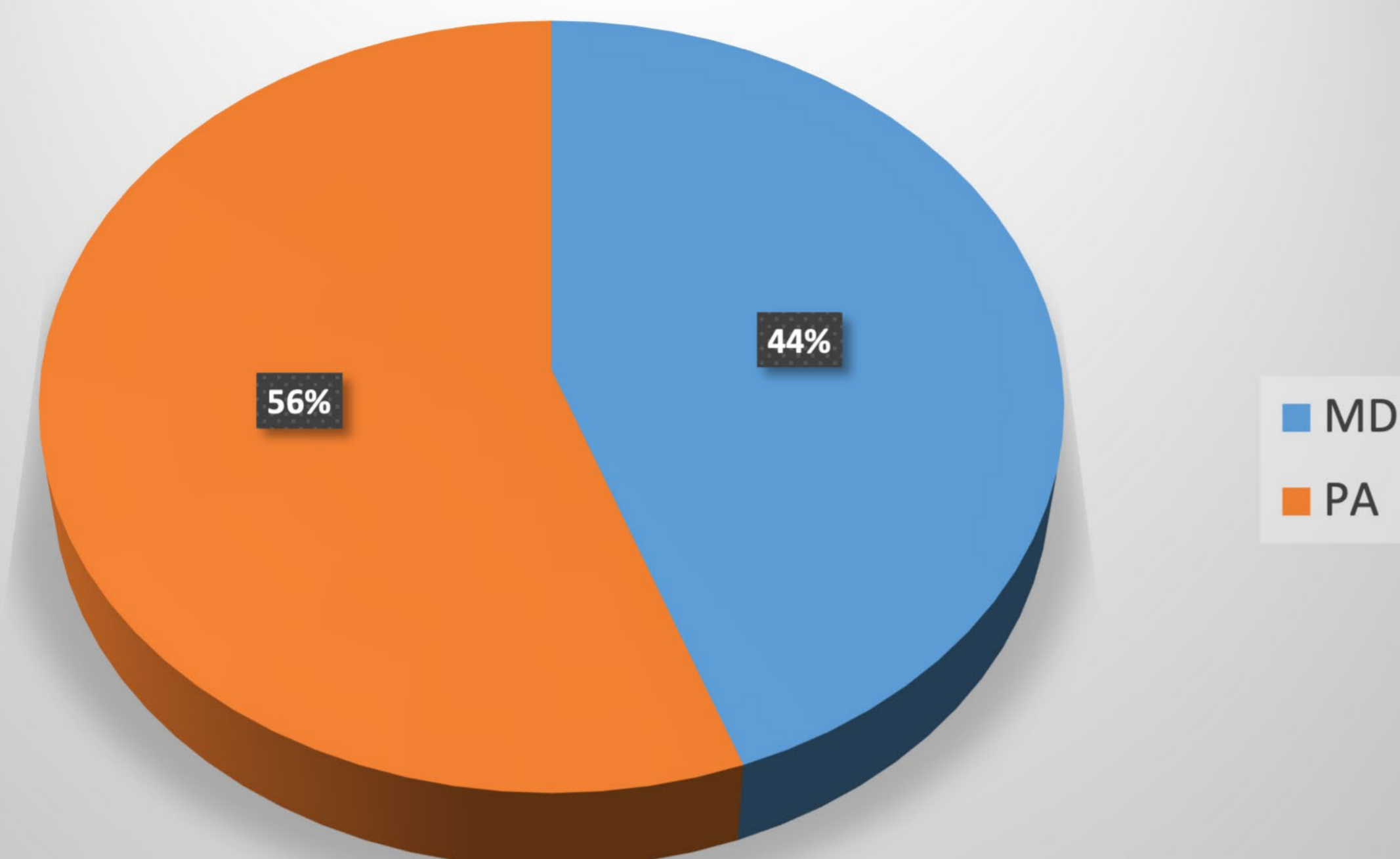
IHCA reflects in significant mortality and morbidity for the in-patients. The use of dedicated rapid response teams (RRT) yield better outcomes for IHCA.

This abstract reviews the work of the RRT at "Sheba" medical center, based on the use of physician assistants (PA) as first responders.

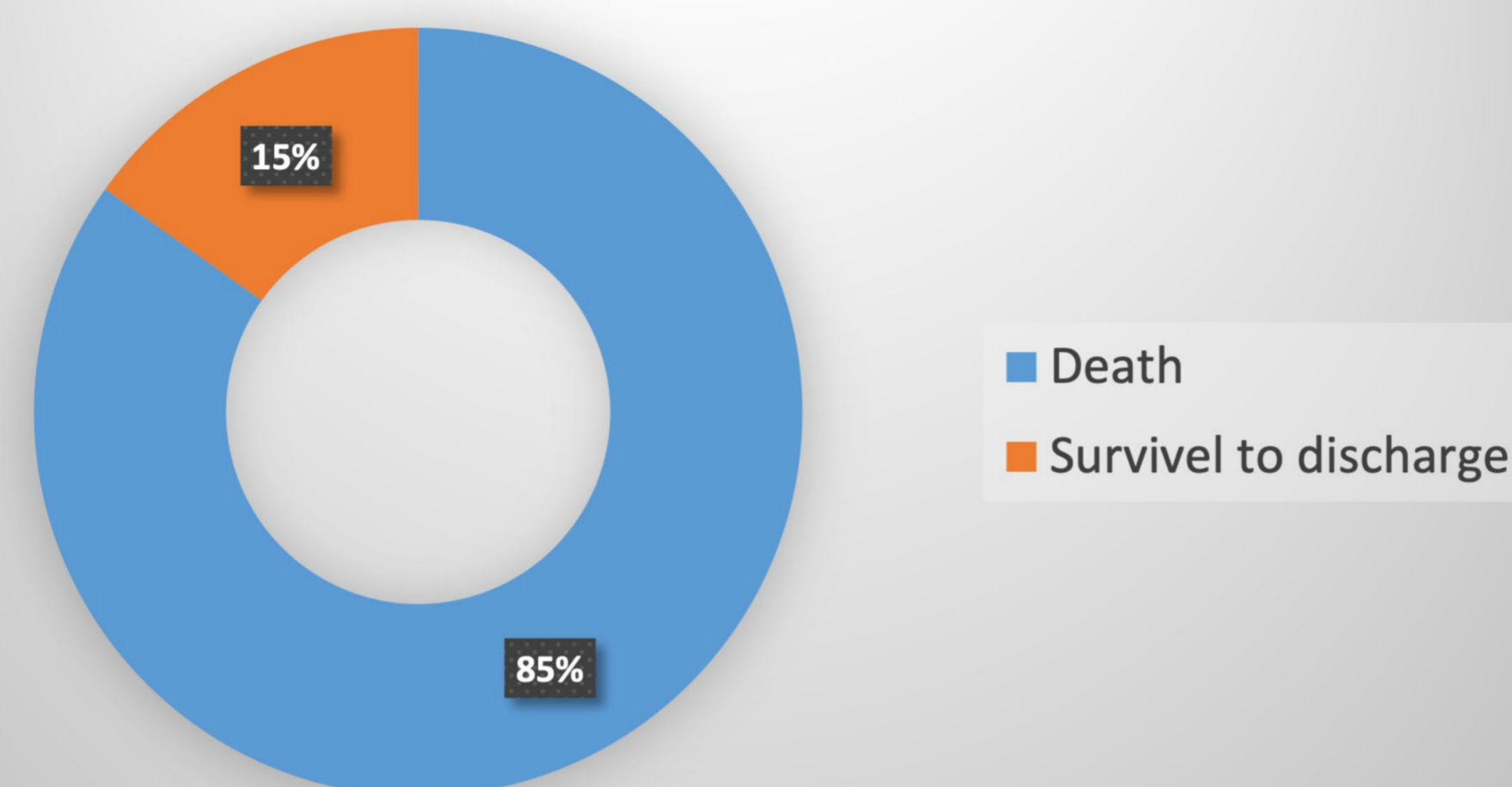
METHODS

We reviewed all of the calls that were made to the RRT between the years 2019-2021. We further reviewed the medical charts of the patients that underwent resuscitation by the RRT.

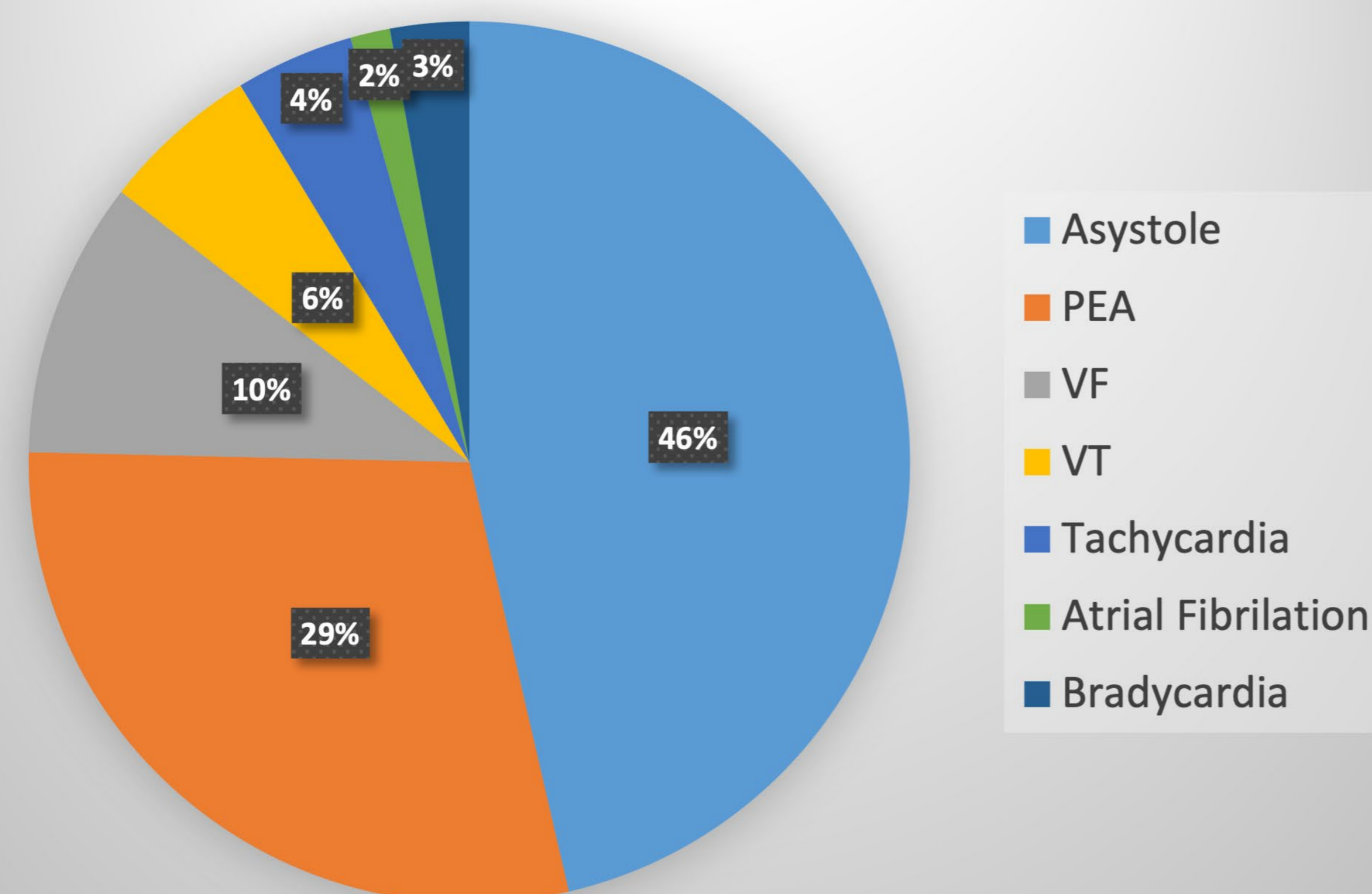
Intubation Performer



CPR Outcome



Distribution of arrhythmias at the onset of CPR



RESULTS

A total of 567 calls were placed to the RRT. 442 (77.9%) were during "office hours". Of these 567 calls 66 (11.6%) ended in CPR (cardio-pulmonary resuscitation) performance (we defined CPR as the need for chest compressions and/or defibrillation in patient with pulseless electrical activity, asystole or ventricular arrhythmias without a pulse). 10 survived to discharge (17%). Endo-tracheal intubation was performed by the RRT PA in 28 out of 63 times (44.4%) although a physician was present at the scene.

CONCLUSION

The use of PA's based institutional RRT provides highly trained medical personnel with the abilities and tools to provide high quality CPR. PA's based resuscitation teams can provide institutions with these essential niceties while allowing the physicians to prioritize the daily practices and challenges faced in the various medical wards.