

## **Transforming pathways of conveyance for Out of Hospital Cardiac Arrest patients with sustained return of spontaneous circulation in the United Kingdom**

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### **Background**

In the UK, there are no formal pathways of care to ensure Out of Hospital Cardiac Arrest (OHCA) patients with sustained return of spontaneous circulation (ROSC) are reliably conveyed to Cardiac Arrest Centres (CAC). Some societies suggest all comers be conveyed to a CAC, however this is not supported by data and has significant logistical and financial implications.

### **Materials and Methods**

The British Cardiac Intervention Society (BCIS) convened a multi-disciplined OHCA focus group, with the aim of formally establishing CAC's, developing a pathway of care for selection and conveyance of OHCA patients and standardising initial assessment and cardiovascular management of OHCA at CACs.

### **Results**

The proposed pathway (Figure 1) offers guidance to pre-hospitalists to directly convey all ST-elevation myocardial infarction, ventricular fibrillation or tachycardia to a CAC. Assessment on arrival is to include echocardiography, expert ECG analysis and early specialist decision making. It is suggested that MIRACLE2 scoring be used to stratify risk of poor neurological outcome, guiding provision of appropriate full, active management.

### **Conclusion**

This pathway of care has been ratified by the BCIS OHCA focus group and is to be implemented as a pilot in London and Essex from October 2022. Service evaluation will be done to assess effectiveness of intervention.



