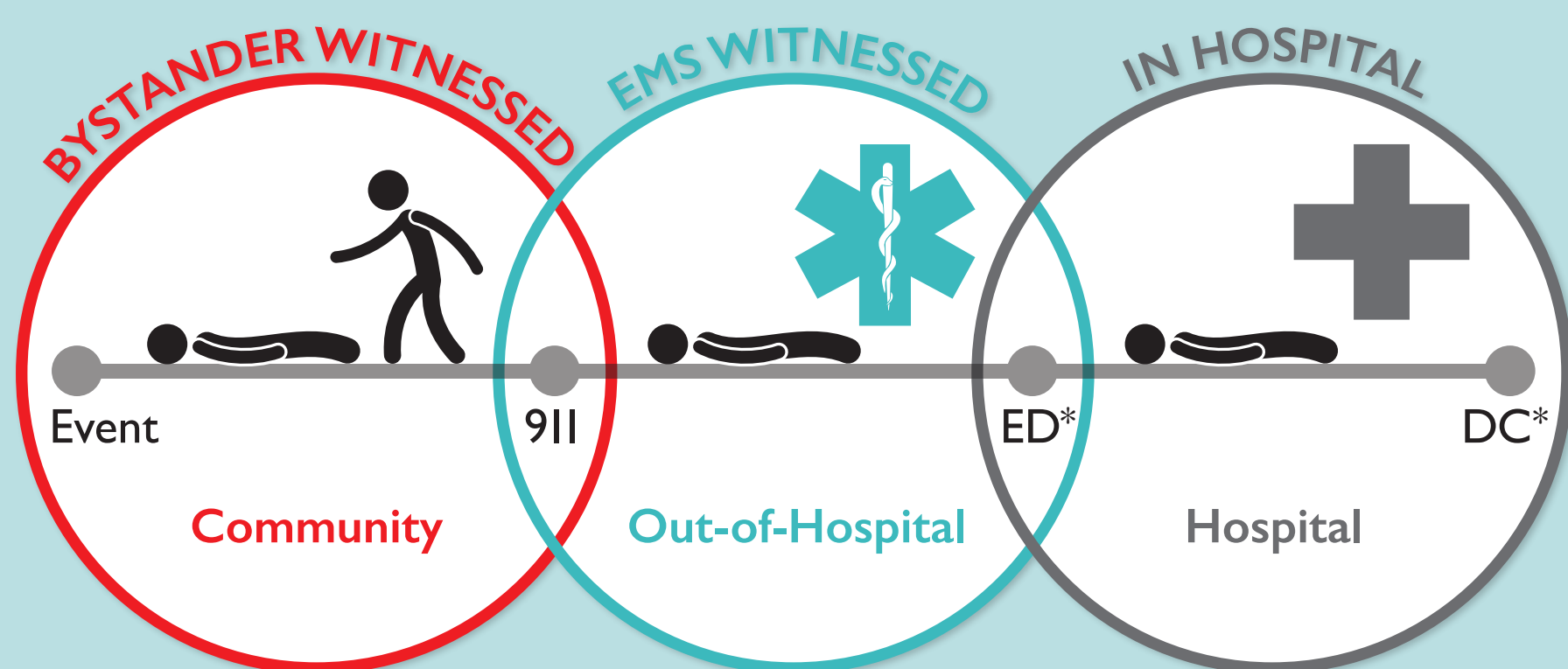




FACTS

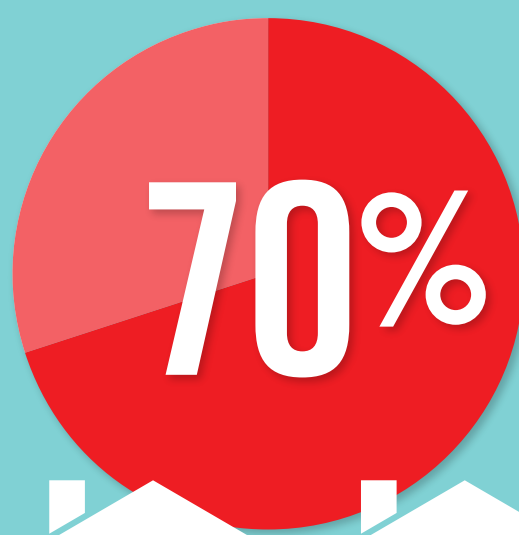


Quality CPR relies on delivery of best practices at 3 critical levels of response: *bystander, pre-hospital, and hospital*

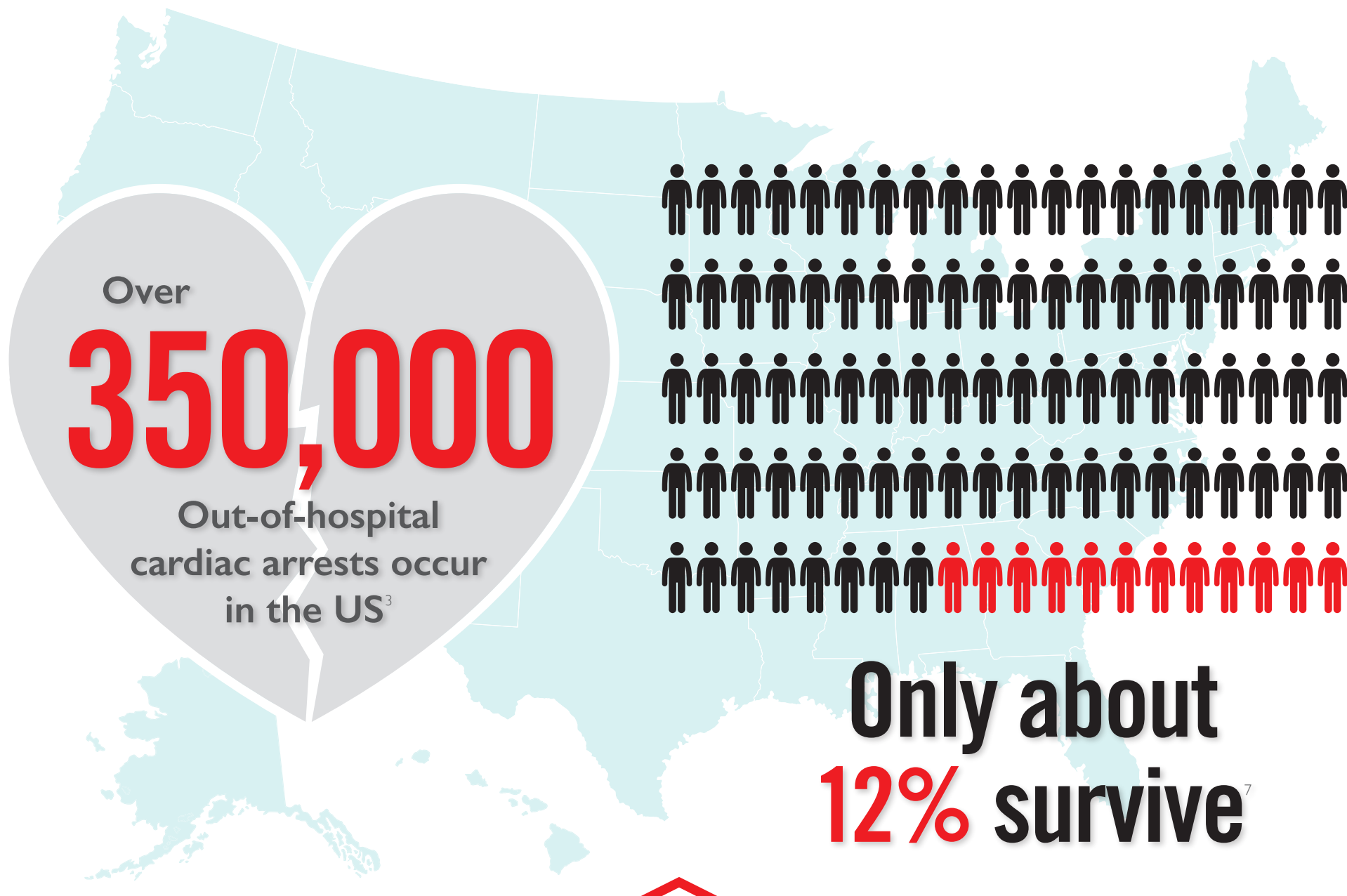


The classic resuscitation Chain of Survival concept linked the community to EMS and EMS to hospitals, with hospital care as the destination. But patients with a cardiac emergency may enter the **system of care** at one of many different points.¹

Less than half of people suffering cardiac arrest receive CPR from bystanders⁷



70% of out-of-hospital cardiac arrests happen in homes³

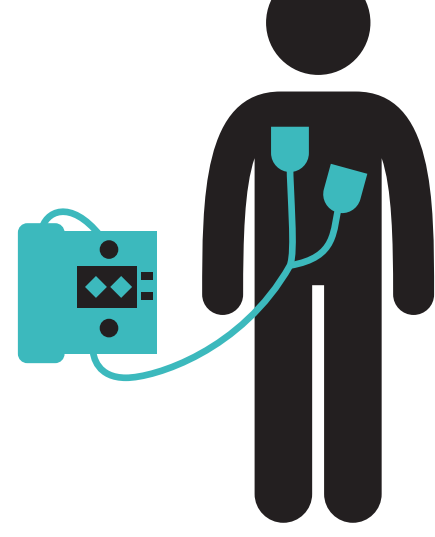


Only about **12% survive**⁷

CPR can **DOUBLE** or **TRIPLE** a person's chance of survival, especially if performed in the first few minutes of cardiac arrest³



The chances of survival decrease by **7-10%** for every minute that passes without CPR and defibrillation⁴



23% of out-of-hospital cardiac arrests are "shockable" arrhythmias, or those that respond to a shock from an AED, making AEDs in public places highly valuable.⁵

Over **200,000** adult patients suffer cardiac arrests in US Hospitals annually



20%



About 20% survive to discharge⁷

How is your CPR training impacting patient survival?



* ED = emergency department / DC = discharge
 Sources:
 1) Kronick SL, Kurz MC, Lin S, Edelson DR, Berg RA, Billi JE, Cabanas JG, Cone DC, Diercks DB, Foster J, Meeks RA, Travers AH, Welsford M. Part 4: systems of care and continuous quality improvement: 2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation*. 2015;132(suppl 2):S397-S413.
 2) Dispatcher-Assisted Cardiopulmonary Resuscitation and Survival in Cardiac Arrest: Thomas D, Rea, MD, MPH; Mickey S. Eisenberg, MD, PhD; Linda L. Culley, BA; Linda Becker, MA. *Journal of the American Heart Association*. 2001;1(04):251-256.
 3) HANDS-ONLY CPR fact sheet. 2016. American Heart Association. DSI10261 5/16
 4) Larsen MR, Eisenberg MS, Cummins RO, Hallstrom AP. Predicting survival from out-of-hospital cardiac arrest: a graphic model. *Ann Emerg Med*. 1993;22:1652-1658. FACTS - Every Second Counts Rural and Community Access to Emergency Devices. AHA
 5) Go AS, Mozaffarian D, Roger VL, Benjamin EJ, Berry JD, Borden VB, Bravata DM, Dai S, Ford ES, Fox CS, Franco S, Fullerton HJ, Gillespie C, Hailpern SM, Heit JA, Howard VJ, Huffman MD, Kissela BM, Kittner SJ, Lackland DT, Lichtman JH, Lisabeth LD, Magid D, Marcus GM, Marelli A, Matchar DB, McGuire DK, Mohler ER, Moy CS, Mussolino ME, Nichol G, Paynter NP, Schreiner PJ, Sorlie PD, Stein J, Turan TN, Virani SS, Wong ND, Woo D, Turner MB; on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2013 update: a report from the American Heart Association. *Circulation*. 2013;127:e6-e245.
 6) Girotra S, Nallamothu BK, Spertus JA, Li Y, Krumholz HM, Chan PS. Trends in survival after in-hospital cardiac arrest. *N Engl J Med*. 2012 Nov 15;367(20):1912-1920. Merchant RM, Yang L, Becker LB, et al. Incidence of treated cardiac arrest in hospitalized patients in the United States. *Crit Care Med*. 2011 Nov;39(11):2401-2406.
 7) Cardiac Arrest Statistics. 2017. American Heart Association
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