



## Organisation of in-hospital cardiac arrest teams - a nationwide study.

<https://arctichealth.org/en/permalink/ahliterature270274>

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Source: Resuscitation. 2015 Apr;89:123-8

Date: Apr-2015

Language: English

Publication Type: Article

Keywords: Cardiopulmonary Resuscitation  
Clinical Protocols  
Cross-Sectional Studies  
Denmark  
Heart Arrest - therapy  
Hospital Rapid Response Team - organization & administration  
Humans

Abstract: In-hospital cardiac arrests are treated by a team of health care providers. Improving team performance may increase survival. Currently, no international standards for cardiac arrest teams exist in terms of member composition and allocation of tasks.

To describe the composition of in-hospital cardiac arrest teams and review pre-arrest allocation of tasks. A nationwide cross-sectional study was performed. Data on cardiac arrest teams and pre-arrest allocation of tasks were collected from protocols on resuscitation required for hospital accreditation in Denmark. Additional data were collected through telephone interviews and email correspondence. Psychiatric hospitals and hospitals serving outpatients only were excluded.

Data on the cardiac arrest team were available from 44 of 47 hospitals. The median team size was 5 (25th percentile; 75th percentile: 4; 6) members. Teams included a nurse anaesthetist (100%), a medical house officer (82%), an orderly (73%), an anaesthesiology house officer (64%) and a medical assistant (20%). Less likely to participate was a cardiology house officer (23%) or a cardiology specialist registrar (5%). Overall, a specialist registrar was represented on 20% of teams and 20% of cardiac arrest teams had a different team composition during nights and weekends. In total, 41% of teams did not define a team leader pre-arrest, and the majority of the teams did not define the tasks of the remaining team members.

In Denmark, there are major differences among cardiac arrest teams. This includes team size, profession of team members, medical specialty and seniority of the physicians. Nearly half of the hospitals do not define a cardiac arrest team leader and the majority do not define the tasks of the remaining team members.

PubMed ID: 25617486 [View in PubMed](#)