

MAKERERE



UNIVERSITY

COLLEGE OF HEALTH SCIENCES

CAUSES, OUTCOMES AND ASSOCIATED FACTORS OF ADULT IN-HOSPITAL

CARDIAC ARREST IN MULAGO HOSPITAL

BY

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REG. NO 2011/HD07/2060U

**A DISSERTATION SUBMITTED TO THE GRADUATE SCHOOL IN PARTIAL
FULLFILLMENT FOR AWARD OF MASTER OF ANAESTHESIOLOGY AND CRITICAL
CARE DEGREE OF MAKERERE UNIVERSITY**

MAY 2014

Abstract

Background – Since the introduction of CPR in the 1960s, research on cardiac arrest has considerably increased; guidelines for resuscitations have been implemented at international level and have undergone several changes. There was an urgent need to get baseline data on our inpatient cardiac arrest, level of resuscitation care given, and plan for formulation of the cardiac arrest team and management guideline.

Objectives- To determine the causes, outcomes and associated factors of adult in-patients cardiac arrest at Mulago national referral hospital

Methodology – Upon intuitional ethical approval and waiver of consent we conducted a retrospective; descriptive, analytical cross-sectional study over two months period. We recruited all adult in-patients with cardiac arrest at study sites in Mulago hospital during the study period. Reviewed all files, monitoring charts and followed the post mortem findings for those that have died and post mortem were done, got the required data which were entered into EPIDATA V3.1 cleaned and exported to STATA 12 for analysis

Results- We recruited 190 cardiac arrest patients with overall prevalence of 2.34%, ICU 34.48%, theatres 4.40% and emergency wards 2.96%. The ROSC of 7.37% and a survival to 24hours of only 3 patients (25%) of those who had ROSC and 1.58% of the total who had cardiac arrest during the study period. Cardiac arrest occurring in emergency wards and weekend were associated with low survival of initial CPR. Trauma was the commonest primary cause of arrest and HIV infection was the common secondary cause of cardiac arrest

Conclusion/recommendation

Our hospital has a lower rate of recognition of cardiac arrest, CPR performance, ROSC and 24 hours survival and cardiac arrest occurring in emergency wards and weekend were associated with low survival (ROSC). We therefore recommend for introduction and use of monitoring charts, staff training on ATLS/ACLS, more staffing in the emergency wards, more monitoring equipment and establishment of cardiac arrest team and management guideline.