

Unexpected cardiopulmonary arrest

IDENTIFYING AND DEFINITIONAL ATTRIBUTES

SHORT NAME:	Unexpected cardiopulmonary arrest rate
DESCRIPTION:	The rate of occurrence of cardiopulmonary arrest where there was no 'not for resuscitation' order
TYPE OF QUALITY MEASURE:	Outcome measure
RATIONALE:	Several studies have demonstrated that rapid response systems have resulted in significant reductions in unexpected cardiopulmonary arrest rates
DEFINITIONS:	<p>Admitted patient: any patient for whom the hospital accepts responsibility for the provision of inpatient care and/or treatment. Admission follows a clinical decision based upon specified criteria that a patient requires same day or overnight care or treatment</p> <p>Unexpected cardiopulmonary arrest: either cardiac or respiratory arrest in the absence of a 'not for cardiopulmonary resuscitation' order</p> <p>Separation: the process by which an episode of care for an admitted patient ceases. This may be formal or statistical</p> <p>Cardiac arrest: absence of pulse, consciousness and respiratory effort, necessitating the commencement of cardiopulmonary resuscitation</p> <p>Respiratory arrest: absence of respiratory effort and the presence of palpable pulse and measurable blood pressure necessitating the commencement of artificial ventilation (either manual or mechanical)</p>

COLLECTION AND USAGE ATTRIBUTES

POPULATION:	Admitted patients
COMPUTATION:	<p>Number of patients who have experienced an unexpected cardiopulmonary arrest per 1000 hospital separations for the time period audited</p> $\frac{\text{Numerator}}{\text{Denominator}} \times 1000$
NUMERATOR:	Number of patients who experienced an unexpected cardiopulmonary arrest in the time period audited
DENOMINATOR:	Number of patient separations in the time period audited

COMMENTS

COMMENTS:	<p>A low unexpected cardiopulmonary arrest rate is desirable. It may be that this figure is influenced more by inadequate prescription of 'not for resuscitation' orders than by rapid response system processes</p> <p>Populations that have different rapid response system processes should be reviewed separately. These populations may include general adult and paediatric patients. If specific escalation protocols apply in other settings (such as maternity), these should also be reviewed separately</p> <p>Collecting data for this quality measure will require information from the records of in-hospital cardiopulmonary arrests and routine hospital data</p>
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REFERENCES

REFERENCE DOCUMENTS:

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