

KARDİYOPULMONER...(TOP TEN)

Dr. Şevki Hakan Eren

Kasım 2019

Kardiyo



Pulmoner



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By: Whelton, Paul K.; Carey, Robert M.; Aronow, Wilbert S.; et al.
[HYPERTENSION](#) Volume: 71 Issue: 6 Pages: E13-E115 Published: JUN 2018
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Times Cited: 1,233
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- ☐ 2. **2017 ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation The Task Force for the management of acute myocardial infarction in patients presenting with ST-segment elevation of the European Society of Cardiology (ESC)**
By: Ibanez, Borja; James, Stefan; Agewall, Stefan; et al.
Group Author(s): European Soc Cardiology
[EUROPEAN HEART JOURNAL](#) Volume: 39 Issue: 2 Pages: 119-177 Published: JAN 7 2018
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Times Cited: 1,099
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- ☐ 3. **2018 Guidelines for the Early Management of Patients With Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association**
By: Powers, William J.; Rabinstein, Alejandro A.; Ackerson, Teri; et al.
Group Author(s): Amer Heart Assoc Stroke Council
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By: Al-Lamee, Rasha; Thompson, David; Dehbi, Hakim-Moulay; et al.
Group Author(s): ORBITA Investigators
LANCET Volume: 391 Issue: 10115 Pages: 31-40 Published: JAN 6 2018

Full Text from Publisher  Free Accepted Article From Repository View Abstract ▾

☐ 2. **Mortality and morbidity in acutely ill adults treated with liberal versus conservative oxygen therapy (IOTA): a systematic review and meta-analysis**
By: Chu, Derek K.; Kim, Lisa H-Y; Young, Paul J.; et al.
LANCET Volume: 391 Issue: 10131 Pages: 1693-1705 Published: APR 28 2018

Full Text from Publisher View Abstract ▾

☐ 3. **Delayed vs early umbilical cord clamping for preterm infants: a systematic review and meta-analysis**
By: Fogarty, Michael; Osborn, David A.; Askie, Lisa; et al.
AMERICAN JOURNAL OF OBSTETRICS AND GYNECOLOGY Volume: 218 Issue: 1 Pages: 1-18 Published: JAN 2018

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4 of 7,907

A Randomized Trial of Epinephrine in Out-of-Hospital Cardiac Arrest

By: Perkins, GD (Perkins, G. D.)^[1,3]; Ji, C (Ji, C.)^[1]; Deakin, CD (Deakin, C. D.)^[5,6]; Quinn, T (Quinn, T.)^[7,8]; Nolan, JP (Nolan, J. P.)^[10,11]; Scomparin, C (Scomparin, C.)^[1]; Regan, S (Regan, S.)^[1]; Long, J (Long, J.)^[1]; Slowther, A (Slowther, A.)^[2]; Pocock, H (Pocock, H.)^[5] ...More

Group Author(s): PARAMEDIC2 Collaborators

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NEW ENGLAND JOURNAL OF MEDICINE
Volume: 379 Issue: 8 Pages: 711-721
DOI: 10.1056/NEJMoa1806842
Published: AUG 23 2018
Document Type: Article
[View Journal Impact](#)

Abstract

BACKGROUND

Concern about the use of epinephrine as a treatment for out-of-hospital cardiac arrest led the International Liaison Committee on Resuscitation to call for a placebocontrolled trial to determine whether the use of epinephrine is safe and effective in such patients.

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71
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36
Cited References

- Epinefrinin hastane dışı kalp durması için bir tedavi olarak kullanılması konusundaki endişeler...
- 8014 hasta randomize, çift kör
- Paramedik ya parenteral epinefrin (4015 hasta) ya da salin plasebo (3999 hasta)
- Standart bakım birincil sonuç 30 gün hayatta kalma oranıydı.

- Hastane dışı kalp durması olan erişkinlerde, epinefrin kullanımı, plasebo kullanımından anlamlı olarak daha yüksek 30 günlük sağkalım oranına neden oldu, ancak olumlu bir nörolojik sonuç oranında gruplar arasında anlamlı bir fark yoktu.
- Hayatta kalanların çoğunda epinefrin grubunda ciddi nörolojik bozukluk vardı.

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Position paper for the organization of ECMO programs for cardiac failure in adults

By: Abrams, D (Abrams, Darryl)^[1]; Garan, AR (Garan, A. Reshad)^[2]; Abdelbary, A (Abdelbary, Akram)^[3]; Bacchetta, M (Bacchetta, Matthew)^[4]; Bartlett, RH (Bartlett, Robert H.)^[5]; Beck, J (Beck, James)^[6]; Belohlavek, J (Belohlavek, Jan)^[7,8]; Chen, YS (Chen, Yih-Sharn)^[9]; Fan, E (Fan, Eddy)^[10,11]; Ferguson, ND (Ferguson, Niall D.)^[10,12] ...More

Group Author(s): Int ECMO Network ECMONet; Extracorporeal Life Support Org EL

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INTENSIVE CARE MEDICINE

Volume: 44 Issue: 6 Pages: 717-729

DOI: 10.1007/s00134-018-5064-5

Published: JUN 2018

Document Type: Article

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- Ekstrakorporeal membran oksijenasyonu (ECMO) erişkin hastalarda hem solunum hem de kardiyak yetmezlik için artan şekilde kullanılmaktadır.
- ECMO'nun kalp yetersizliğinde kullanım endikasyonları arasında ciddi refrakter kardiyojenik şok, refrakter ventriküler aritmi, kalp durması ile aktif kardiyopulmoner resüsitasyon ve akut veya dekompanse sağ kalp yetmezliği sayılabilir.

- Sonuçta, ileri kardiyak yeterliliğe sahip yüksek hacimli merkezlerde uygun altyapı ve uzman ekibi sağlanması bu hasta popülasyonunun bakımını önemli ölçüde iyileştirmenin bir yolu olabilir.

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Time to Epinephrine Administration and Survival From Nonshockable Out-of-Hospital Cardiac Arrest Among Children and Adults

By: Hansen, M (Hansen, Matthew)^[1]; Schmicker, RH (Schmicker, Robert H.)^[2]; Newgard, CD (Newgard, Craig D.); Grunau, B (Grunau, Brian)^[4]; Scheuermeyer, F (Scheuermeyer, Frank)^[5]; Cheskes, S (Cheskes, Sheldon)^[6]; Vithalani, V (Vithalani, Veer)^[9]; Alnaji, F (Alnaji, Fuad)^[10]; Rea, T (Rea, Thomas)^[3]; Idris, AH (Idris, Ahamed H.)^[11] ...More

Group Author(s): Resuscitation Outcomes Consortium

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CIRCULATION

Volume: 137 Issue: 19 Pages: 2032-2040

DOI: 10.1161/CIRCULATIONAHA.117.033067

Published: MAY 8 2018

Document Type: Article

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- Bu çalışmanın amacı, acil sağlık hizmetleri ile tedavi edilen şoklanamaz ritmi olan, hastane dışı kardiyak arrestlerde nörolojik sonuçlar ile sağkalım arasındaki ilişkiyi ölçmektir.
- Erişkinlerde ve çocuklarda
- Spontan dolaşım dönüşü olanları <10 dakika, dışlanmış
- 14 517 /5346

- Epinefrin uygulamasındaki her dakika gecikmesi sağkalımın azalması ve olumsuz nörolojik sonuçlarla ilişkilendirildi.
- Erişkinlerde %4 çocuklarda %9

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N-Terminal Pro-B-Type Natriuretic Peptide in the Emergency Department The ICON-RELOADED Study

By: Januzzi, JL (Januzzi, James L.)^[1,2,3]; Chen-Tournoux, AA (Chen-Tournoux, Annabel A.)^[4]; Christenson, RH (Christenson, Robert H.)^[5]; Doros, G (Doros, Gheorghe)^[3,6]; Hollander, JE (Hollander, Judd E.)^[7]; Levy, PD (Levy, Phillip D.)^[8]; Nagurney, JT (Nagurney, John T.)^[2,9]; Nowak, RM (Nowak, Richard M.)^[10]; Pang, PS (Pang, Peter S.)^[11,12]; Patel, D (Patel, Darshita)^[13] ...More

Group Author(s): ICON-RELOADED Investigators

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JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY

Volume: 71 Issue: 11 Pages: 1191-1200

DOI: 10.1016/j.jacc.2018.01.021

Published: MAR 20 2018

Document Type: Article

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- Kalp yetmezliği (HF) tanısı için tanısal N-terminal pro-B-tipi natriüretik peptidlerin (NT-proBNP) yeniden değerlendirilmesi gerekir fikri...
- 19 farklı acil servis
- 1461 hasta
- Akut dispne hastalarında, NT-proBNP sınır değerleri akut HF tanısında yardımcı olabilir.
- NT-proBNP <300 pg / ml, akut HF varlığını kuvvetle dışlar.

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Effect of oxygen therapy on myocardial salvage in ST elevation myocardial infarction: the randomized SOCCER trial

By: Khoshnood, A (Khoshnood, Ardavan)^[1]; Carlsson, M (Carlsson, Marcus)^[2]; Akbarzadeh, M (Akbarzadeh, Mahin)^[1]; Bhiladvala, P (Bhiladvala, Pallonji)^[6]; Roijer, A (Roijer, Anders)^[3]; Nordlund, D (Nordlund, David)^[2]; Hoglund, P (Hoglund, Peter)^[4]; Zughaf, D (Zughaf, David)^[3]; Todorova, L (Todorova, Lizbet)^[5]; Mokhtari, A (Mokhtari, Arash)^[1] ...More

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EUROPEAN JOURNAL OF EMERGENCY MEDICINE

Volume: 25 Issue: 2 Pages: 78-84

DOI: 10.1097/MEJ.0000000000000431

Published: APR 2018

Document Type: Article

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11

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12 in All Databases

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- Öngörü: Tamamlayıcı oksijen tedavisi, ST yükselmeli miyokard enfarktüsünün (STEMI) ardından miyokard hasarlanmasını arttırabilir.
- 441 hasta çok merkezli, prospektif, randomize
- Oksijen terapisine paramedikler tarafından başlandı ve hastanede müdahale sonrası 12 saate kadar devam edildi.

- Sonuç: STEMI'den sonraki ilk 12 saatte ek oksijen maruziyeti, cTnI ve CK salımındaki klinik olarak anlamlı bir artışla ilişkiliydi.

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Performance of Coronary Risk Scores Among Patients With Chest Pain in the Emergency Department

By: Mark, DG (Mark, Dustin G.)^[1,2,3]; Huang, J (Huang, Jie)^[1]; Chettipally, U (Chettipally, Uli)^[4]; Kene, MV (Kene, Mamata V.)^[5]; Anderson, ML (Anderson, Megan L.)^[6]; Hess, EP (Hess, Erik P.)^[7]; Ballard, DW (Ballard, Dustin W.)^[1,8]; Vinson, DR (Vinson, David R.)^[1,6]; Reed, ME (Reed, Mary E.)^[1]

Group Author(s): Kaiser Permanente CREST Network

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JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY

Volume: 71 Issue: 6 Pages: 606-616

DOI: 10.1016/j.jacc.2017.11.064

Published: FEB 13 2018

Document Type: Article

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Abstract

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10 in All Databases

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- AKS'li toplam 118.822 hasta
- Retrospektif
- HEART skoru, orijinal EDACS ve basitleştirilmiş EDACS
- orijinal EDACS...

EDACS : Göğüs ağrısı skorunun acil servis değerlendirmesi

- Yaş, cinsiyet /(E*6)
- Bilinen koroner arter hastalığı: 4
- Terleme: 3
- Tipik ağrı: 5
- Palasyonla artan ağrı: -6
- İnspiryumla artan ağrı: -4
- ...

Syncope on presentation is a surrogate for submassive and massive acute pulmonary embolism

By: Omar, HR (Omar, Hesham R.)^[1]; Mirsaeidi, M (Mirsaeidi, Mehdi)^[2,3]; Weinstock, MB (Weinstock, Michael B.)^[4,5]; Enten, G (Enten, Garrett)^[6]; Mangar, D (Mangar, Devanand)^[7]; Camporesi, E (Camporesi, Enrico M.)^[8,9]

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AMERICAN JOURNAL OF EMERGENCY MEDICINE

Volume: 36 Issue: 2 Pages: 297-300

DOI: 10.1016/j.ajem.2017.11.014

Published: FEB 2018

Document Type: Article

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Abstract

Introduction: There are conflicting data regarding the prognostic value of syncope in patients with acute pulmonary embolism (APE).

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- Amaç: Akut pulmoner embolisi (PE) olan hastalarda senkopun prognostik değeri ile ilgili çelişkili verilerin...
- Retrospektif 552 hasta
- Pulmoner emboli başlangıcındaki senkop, submassif ve masif PE için iyi bir tanı kriteridir, ancak hastane içi mortalite ile ilişkili değildir.

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D-Dimer and thrombus burden in acute pulmonary embolism

By: Keller, K (Keller, Karsten)^[1,2]; Beule, J (Beule, Johannes)^[3]; Balzer, JO (Balzer, Joern Oliver)^[4,5]; Dippold, W (Dippold, Wolfgang)^[3]

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AMERICAN JOURNAL OF EMERGENCY MEDICINE

Volume: 36 Issue: 9 Pages: 1613-1618

DOI: 10.1016/j.ajem.2018.01.048

Published: SEP 2018

Document Type: Article

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Abstract

Background: Thrombus burden in pulmonary embolism (PE) is associated with higher D-Dimer-levels and poorer prognosis. We aimed to investigate i) the influence of right ventricular dysfunction (RVD), deep venous thrombosis (DVT), and high-risk PE-status on D-Dimer-levels and ii) effectiveness of D-Dimer to

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- Öngörü:Pulmoner embolide (PE) trombüs yükü, daha yüksek D-Dimer seviyeleri ve daha kötü prognoz ile ilişkilidir.
- Sağ ventrikül disfonksiyonunun (RVD), derin venöz trombozun (DVT) ve yüksek riskli PE, D-Dimer düzeylerine ve D-Dimer'in normotansif PE'de RVD'yi öngörmedeki etkisini araştırma...
- 161 PE hastası retrospektif

- PE'deki trombüs yükü, yüksek D-Dimer seviyeleri ile ilişkilidir ve D-Dimer değerleri > 1.18 mg / l,
- Normotansif hastalarda RVD için sadece öngöründe kullanılabilir.
- D Dimer düzeyleri DVT'den etkilendi, ancak kanser, zatürree, yaş veya böbrek yetmezliğinden etkilenmedi.

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J Am Coll Cardiol. 2019 Sep 17;74(11):1444-1450. doi: 10.1016/j.jacc.2019.07.035.

Oral Fluoroquinolones and Risk of Mitral and Aortic Regurgitation.

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Abstract

BACKGROUND: Recent studies have linked fluoroquinolones (FQs) to cardiac adverse events, including aortic dissection and aneurysm. To date, whether FQs can increase the risk of aortic or mitral regurgitation has not been studied.

OBJECTIVES: This disproportionality analysis and case-control study examined whether FQs increase the risk of aortic and mitral regurgitation.

METHODS: Data from the U.S. Food and Drug Administration's adverse reporting system database was used to undertake a

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- Florokinolonlar (ciprofloxacin, levofloxacin vb.) en sık kullanılan antibiyotikler arasındadır. Son çalışmalar florokinolon kullanımı ile aritmiler, aort diseksiyonu ve anevrizması gibi kardiyovasküler olaylar arasında ilişki olduğunu göstermektedir.
- Vaka kontrol çalışmasında 12 502 vaka, 125 020 kontrol hastası vardır. Vaka kontrol çalışmasında son 30 gün içinde FQ kullananlarda, amoksisilin kullanımına göre rölatif risk (RR) 2.40 kat (%95 GA 1.82-3.16), azitromisin kullanımına göre 1.75 kat (1.34-2.29) daha yüksektir. Aort ve mitral kapak yetmezliği için ayrı ayrı analiz yapıldığında sonuçlar ikikapak için de benzer bulunmuştur. Son 31-60 gün içinde ilaç kullanımına göre değerlendirildiğinde RR amoksisiline göre 1.47 (1.03-2.09), azitromisine göre 1.37 (0.95-1.98)'dir. Altmış günden daha eski ilaç kullanımında RR amoksisiline göre 1.06 (0.91-1.21), azitromisine göre 1.18 (1.01-1.38)'dir.

- Sonuç olarak, florokinolon grubu antibiyotik kullanımı aort ve mitral kapak yetmezliğiyle ilişkili görünmektedir.

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Circulation. 2019 Aug 16. doi: 10.1161/CIRCULATIONAHA.119.041980. [Epub ahead of print]

Machine Learning to Predict the Likelihood of Acute Myocardial Infarction.

Than MP¹, Pickering JW², Sandoval Y³, Shah ASV⁴, Tsanas A⁵, Apple FS⁶, Blankenberg S⁷, Cullen L⁸, Mueller C⁹, Neumann JT¹⁰, Twerenbold R⁹, Westermann D⁷, Beshiri A¹⁰, Mills NL⁴; MI3 collaborative.

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- 10 Abbott Diagnostics, Abbott Laboratories, Lake Forest, IL.

Abstract

BACKGROUND: Variations in cardiac troponin concentrations by age, sex and time between samples in patients with suspected myocardial infarction are not currently accounted for in diagnostic approaches. We aimed to combine these variables through machine learning to

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ST yükselmesiz Mİ tanısında yapay zeka daha üstün!

- Yüksek duyarlıklı troponinler sayesinde akut Mİ tanısı hızlanmıştır. Günümüzde Mİ tanısında 0-1 saat veya 0-3 saat algoritması önerilmektedir. Yapay zeka makine öğrenme yaklaşımıyla daha çok veri işlenerek Mİ tanısı daha doğru konabilir. Bu yayında makine öğrenme yöntemiyle geliştirilen MI3 (myocardial ischemic-injury-index) algoritmasının Mİ tanısındaki yeri araştırılmıştır.
- Çalışmaya akut Mİ şüphesiyle acil servise başvuran hastalar alınmıştır. STEMI hastaları dışlanmıştır. Yapay zekanın eğitilmesi için 2 kohort çalışmasından 3013 hasta, geliştirilen algoritmanın test edilmesi için 7 kohort çalışmasından 7998 hastanın verileri kullanılmıştır.

- Eğitim setinde 404 (%13.4), test setinde 849 (%10.6) hasta Mİ geçirmiştir. Yapay zeka tarafından geliştirilen Mİ3 algoritmasının Mİ tanı performansı yüksektir. ROC eğrisinde, eğri altında kalan alan (AUC) değeri 0.963'dür ve performansı hem erken başvuran hem de geç başvuran hastalarda yüksektir. Test setinde Mİ3 algoritma değeri hastaların %69.5'inde 1.6'nın altındadır ve bunun negatif prediktif değeri %99.7, duyarlılığı %97.8, hastaların %10.6'sında ≥ 49.7 'dir ve bunun pozitif prediktif değeri %71.8, özgüllüğü %96.7'dir. Bu eşik değer Mİ tanısındaki performansı European Society of Cardiology 0/3-saat algoritmasından daha yüksektir.
- Sonuç olarak akut Mİ şüphesiyle başvuran hastalarda Mİ tanısının yapay zeka tarafından konulması doktor tarafından tanı konulmasına göre daha iyi bulunmuştur.

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N Engl J Med. 2019 Jul 11;381(2):111-120. doi: 10.1056/NEJMoa1803185.

C-Reactive Protein Testing to Guide Antibiotic Prescribing for COPD Exacerbations.

Butler CC¹, Gillespie D¹, White P¹, Bates J¹, Lowe R¹, Thomas-Jones E¹, Wootton M¹, Hood K¹, Phillips R¹, Melbye H¹, Llor C¹, Cals JWL¹, Naik G¹, Kirby N¹, Gal M¹, Riga E¹, Francis NA¹.

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Abstract

BACKGROUND: Point-of-care testing of C-reactive protein (CRP) may be a way to reduce unnecessary use of antibiotics without harming patients who have acute exacerbations of chronic obstructive pulmonary disease (COPD).

METHODS: We performed a multicenter, open-label, randomized, controlled trial involving patients with a diagnosis of COPD in their primary care clinical record who consulted a clinician at 1 of 86 general medical practices in England and Wales for an acute exacerbation of COPD. The patients were assigned to receive usual care guided by CRP point-of-care testing (CRP-guided group) or usual care alone (usual-care group). The primary outcomes were patient-reported use of antibiotics for acute exacerbations of COPD within 4 weeks after randomization (to show superiority) and COPD-related health status at 2 weeks after randomization, as measured by the Clinical COPD Questionnaire, a 10-item scale with scores ranging from 0 (very good COPD health status) to 6 (extremely poor COPD health status) (to show noninferiority).

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- Akut koroner sendrom ve kalp yetmezliđi hastalarının önemli bir kısmında KOAH da vardır. Özellikle kış aylarında kalp yetmezliđi veya akut koroner sendrom ile yatan hastalarda KOAH alevlenmesi de sık görülür. KOAH alevlenmelerinin yaklaşık %20'si enfeksiyon dışı nedenlere bađlıdır. Kalp yetmezliđiyle yatan KOAH hastalarında alevlenme de olup olmadığına karar vermek kolay değildir. Bu hastalara sıklıkla antibiyotik tedavisi de verilmektedir. Bu yayında, KOAH alevlenmesinde antibiyotik tedavisine CRP yükselmesine göre karar verilmesinin antibiyotik kullanımında azalma sađlayıp sađlamadığı araştırılmıştır.
- Çalışmaya KOAH alevlenmesiyle başvuran 653 hasta alınmıştır. Hastalar CRP kılavuzluğunda tedavi ve olağan tedavi gruplarına randomize edilmiştir. CRP'ye hasta başı test (point of care) ile bakılmıştır. CRP seviyesine göre antibiyotik başlanması hakkındaki öneri şu şekildedir: CRP seviyesi 20 mg/L altında ise antibiyotik tedavisi muhtemelen faydasızdır ve verilmemesi, 20-40 mg/L arasında ise özellikle pürülan balgam varsa antibiyotik faydalı olabilir, CRP >40 mg/L ise antibiyotik büyük ihtimalle faydalıdır.

- CRP kılavuzluğunda tedavi grubuna randomize edilen hastaların %76'sında CRP seviyesi 20 mg/L'nin altında, %12'sinde 20-40 mg arası, %12'sinde 40 mg'ın üzerindedir. İlk primer sonlanım olan antibiyotik kullanımı, CRP kılavuzluğu grubunda %57, olağan tedavi grubunda %77.4 olmuştur (düzeltilmiş OR 0.31, %95 GA 0.20-0.47). Diğer primer sonlanım olan klinik KOAH anketiyle değerlendirilen sağlık durumu skoru, CRP kılavuzluğunda tedavi grubu lehine olmuştur.
- Sonuç olarak, KOAH alevlenmesiyle başvuran hastalarda antibiyotik tedavisine CRP sonucuna göre karar verilmesi halinde herhangi bir zarara yol açmaksızın antibiyotik kullanımı daha düşük olmuştur.

Format: Abstract Send to [Circulation](#). 2019 Apr 1. doi: 10.1161/CIRCULATIONAHA.118.038179. [Epub ahead of print]

Survival in Out-of-Hospital Cardiac Arrest After Standard Cardiopulmonary Resuscitation or Chest Compressions Only Before Arrival of Emergency Medical Services: Nationwide Study During Three Guideline Periods.

[Riva G](#)¹, [Ringh M](#)¹, [Jonsson M](#)¹, [Svensson L](#)¹, [Herlitz J](#)², [Claesson A](#)¹, [Djäv T](#)¹, [Nordberg P](#)¹, [Forsberg S](#)¹, [Rubertsson S](#)³, [Nord A](#)¹, [Rosengvist M](#)⁴, [Hollenberg J](#)¹.

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KEYWORDS: Basic Life Support; CPR; Chest compressions only; Out-of-Hospital Cardiac arrest

PMID: 30929457 DOI: [10.1161/CIRCULATIONAHA.118.038179](#)



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Quality of cardiopulmonary resuscitation during out-of-hospital cardiac arrest. [JAMA. 2005]

- Kardiyak arrestte tanık olan kişinin yaptığı kardiyopulmoner resüsitasyonun (tanık CPR) hastanın hayatta kalması için çok önemli olduğu uzun süredir bilinmektedir. Tanık CPR'ında kalp masajının etkili olduğu ortaya konmuştur ancak ağızdan ağza solunumun etkisi açık değildir. Tanık CPR'ında sadece kalp masajı (KM-CPR), kalp masajı ve ağızdan ağza solunumun birlikte yapıldığı standart CPR'a alternatif olarak çıkmıştır.
- Çalışmaya İsveç CPR veritabanından 2000-2017 yılları arasında 30,445 tanıklı hastane dışı kardiyak arrest vakası alınmıştır.

- Sonuç olarak, tıp personeli gelmeden önce yapılan tanık CPR oranlarında yaklaşık 2 kat artış meydana gelmiştir. Buna karşın, KM-CPR oranı yaklaşık 6 kat artmıştır. Hangi tipi olursa olsun tanık CPR'ı, CPR yapılmamasına göre 2 kat daha iyidir. Bu bulgular, KM-CPR'in önerilmeye devam edilmesi gerektiğini göstermektedir.

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