

Emergency Department Cardiac Arrest (EDCA)

Patients of cardiac arrest is continuing a concerned problem for physicians. Out-of-hospital cardiac arrest has been studied and pre-hospital resuscitation, including early cardio-pulmonary resuscitation (CPR) and defibrillation, are important for prognosis. Bystander CPR and automated external defibrillator (AED) are emphasized in pre-hospital period. Besides, advances in cardiopulmonary resuscitation and post-cardiac arrest care have also improved outcomes, such as therapeutic hypothermia. Continuing studies is expected to develop new strategies and treatment for patients of OHCA. For patients of in-hospital cardiac arrest (IHCA), especially emergency department cardiac arrest (EDCA), the characteristics are quite different from OHCA patients, such as better neurologic outcomes. Since the characteristics of EDCA are quite different from OHCA, the research of EDCA is necessary to prevent occurrence and treat patients of EDCA.

This special issue is aimed to collect new research of new strategies and treatment about patients of EDCA from worldwide. Appropriate monitoring of high-risk patients in the busy environment of ED is important to prevent occurrence and strategies of immediate resuscitation and treatment according to different conditions of patients are associated to the outcomes. In addition, advances in post resuscitation care is also noted to improve neurologic outcomes. We hope this special issue can help physicians to decrease EDCA occurrence and improve the treatment of patients of EDCA. Clinical research and review articles on prevention, treatment, prognosis of sudden cardiac arrest of patients in ED are welcomed. We are also interested in case reports or case series with educational meanings. The goal of this special issue is to help health providers learn new advances of prevention, resuscitation and post-resuscitation care in emergency medicine and improve their practice on prevention and treatment of patients of EDCA.



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