

Efficacy of Medication Administered During Adult Cardiac Arrest

Cardiopulmonary resuscitation (CPR) is a complex procedure aiming to restart normal circulation and restore normal perfusion. CPR consists of basic life support (BLS) and advanced cardiac life support (ACLS). The guidelines for managing patients with cardiac arrest were first published in 1966. Since then, CPR guidelines have been reviewed and updated regularly every five years by the American Heart Association (AHA). To date, the AHA recommended only three medications in the algorithms, consisted of epinephrine (adrenaline), amiodarone, and lidocaine. However, recent literatures have been reported that there were several medications as well as non-pharmacological interventions that ameliorate the outcomes of CPR (i.e., bicarbonate, calcium, vasopressin, steroid). Despite the guidelines stated that acidosis (H^+) is one of the reversible causes of cardiac arrest, bicarbonate, which makes blood more alkali, is not routinely recommended. Besides, calcium represents another example of this controversy. Despite stating that hyperkalemia is the reversible cause of cardiac arrest, calcium, which is recommended for stabilizing myocardial membrane potential during hyperkalemia, is not routinely recommended, as well. The debate on these topics is continuing. As a result, this special issue is conducted.

The goal of this special issue is to enhance the evidence regarding the use of medications and non-pharmacological interventions during adult cardiac arrest. As one of the greatest scientists, Albert Einstein, said, if you want different results than what you are getting, you have to try different approaches. We have the CPR guidelines for over 50 years; however, the rate of favorable neurological outcomes after attempted resuscitation is still the same. Like most things in life, you may not always succeed, but failure is usually guaranteed if you do not try.

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Deadline: 10 November 2021

Submission: <https://js.signavitae.com/ch/author/login.aspx>



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Signa Vitae

Impact Factor: 0.338

Print ISSN: 1334-5605

Online ISSN: 1845-206X

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