Cardiopulmonary Resuscitation Outcomes in Hospitalized Community-Dwelling and Nursing Home Patients Based on Activities of Daily Living. Elmer D. Abbo, MD, JD, the University of Chicago; Trevor C. Yuen, BA, the University of Chicago; Luke Buhrmester, MD, St. Luke’s-Roosevelt Hospital Center; Romergyko Geocadin, MD, John Hopkins Bayview Medical Center; Angelo E. Volandes, MD, MPH, Massachusetts General Hospital; Juned Siddique, DrPH, Northwestern University; Dana P. Edelson, MD, MS, the University of Chicago. Epub 1/11/13. Journal of the American Geriatrics Society.

Findings:
- Dependency in activities of daily living (ADL) and residential status (nursing home or community dwelling) are important predictors of survival from in-hospital cardiac arrest (IHCA).
- Compared to community-dwelling patients independent in ADL, nursing home patients dependent in ADL were less likely to achieve return of spontaneous circulation when receiving cardiopulmonary resuscitation (CPR) for IHCA.
- Patients dependent in ADL, regardless of residential status, were less likely to survive to discharge after receiving CPR for IHCA.
- Patients in all groups received similar aggressiveness of resuscitation attempts and adding these variables did not impact the outcomes.

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The Council on Clinical Cardiology, The Stroke Council, The Council on Quality of Care and Outcomes Research, The Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation, and The Council on Basic Cardiovascular Science greatly value the development of young clinical investigators. To further this effort, the councils have a limited number of seed grants for young investigators for meritorious research projects based on the data gathered from Get With The Guidelines®. See AHA Young Investigator Database Research Seed Grant – accepting applications until April 30th for this cycle.