The use of lidocaine associated with an improvement in the rate of return of spontaneous circulation (ROSC) and 24-hour survival in pediatric cardiac arrest patients


Key Points:

This is the first study analyzing outcomes of anti-arrhythmic medication use in pediatric cardiac arrest

- Study evaluated the impact on outcomes from the use of lidocaine, amiodarone, or a combination of both in 889 pediatric cardiac arrest patients over an 8 year period.

- The use of lidocaine in pediatric cardiac arrest with pulseless ventricular tachycardia or ventricular fibrillation independently resulted in an increased rate of return of spontaneous circulation (ROSC) and 24-hour survival.

- The use of amiodarone in pediatric cardiac arrest with pulseless ventricular tachycardia or ventricular fibrillation use was found to not be associated with an improvement in either ROSC or 24-hour survival.

- The outcome of survival to hospital discharge was not improved by the administration of lidocaine or amiodarone in pediatric cardiac arrest patients.

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