ABSTRACT

Cardiac arrest in a hospital often follows a period of severe illness. The incidence of cardiac arrest was found to be 16-17/1000 admissions. ROSC was seen after VF/VT in 35.48% of the patients and 21.1% of these patients had ROSC for > 24 hours. Survival to hospital discharge was higher (18.27 %) in patients who had VF/VT as initial rhythm compared to asystole (7.14%) and PEA (11.75%). The modified early warning score (MEWS) is a useful tool for identifying hospitalised patients in need of a higher level of care and those at risk of in-hospital death. It helps to recognize the pre-arrest scenario early and the cardiac arrest may be averted or identified in time. This should be reflected by an improvement in the outcome. MEWS as a triage tool has been evaluated only to a limited extent. In the present study, outcome of cardiac arrest was compared before and after implementation of MEWS score. There was a significant difference between the two groups in terms of sustained ROSC, survival to hospital discharge, independence in activities of daily living and better quality of life.