

A RETROSPECTIVE ANALYSIS OF PHARMACIST IMPACT ON ADVANCED CARDIOVASCULAR LIFE SUPPORT (ACLS) GUIDELINE ADHERENCE AND OUTCOMES DURING IN-HOSPITAL CARDIAC ARREST. Whitney Lucas, Kris Jones, Chelsea Landgraf, Karrie Derenski. 3801 S. National Ave., Springfield, MO 65807.

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Previous research has shown that pharmacists play a key role on the resuscitation team, which has resulted in decreased hospital mortality and increased adherence to the American Heart Association (AHA) ACLS guidelines. Unfortunately, data shows that pharmacists are not consistently part of the resuscitation team, which can be crucial for in-hospital cardiac arrest outcomes. Therefore, the purpose of this study is to evaluate if pharmacists responding to codes impact AHA ACLS guideline adherence and outcomes during in-hospital cardiac arrests.

The primary objectives are the percentage of overall adherence to AHA ACLS guidelines and the percentage of patients that achieved ROSC during in-hospital cardiac arrest comparing when pharmacists are present (6:30am-5pm) on the resuscitation team vs when pharmacists are not present (5pm-6:30am). Secondary objective(s) include duration of resuscitation attempt.

This study is an analytical, non-experimental retrospective chart review of patients that received ACLS during in-hospital cardiac arrest from January 2016 to July 2019. Data points collected will include: patient name, age, gender, race, post cardiac arrest outcomes, AHA ACLS guideline adherence (initial rhythm, time to first medication, medication appropriateness, time to initiation of CPR, CPR appropriateness, time to defibrillation and defibrillation appropriateness), start time, end time, location of resuscitation attempt and survival to discharge. Patients will be excluded if they are <18 years of age, emergency department patients or operating room patients.

Data from this study could be beneficial for potential alteration in pharmacist code blue coverage, which could result in improved in-hospital cardiac arrest outcomes.

Learning Objective:

- Determine whether pharmacists present during in-hospital cardiac arrests impact AHA ACLS guideline adherence and patient outcomes.