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Clinical paper

Verification of the termination of resuscitation rules in pediatric out-of-hospital cardiac arrest cases

Sakura Minami^a, Chiaki Toida^{a,b,*}, Mafumi Shinohara^a, Takeru Abe^{a,c}, Ichiro Takeuchi^a

Abstract

Aim: Pediatric out-of-hospital cardiac arrest has an unfavorable prognosis; therefore, making accurate predictions of outcomes is crucial for tailoring treatment plans. The termination of resuscitation rules must accurately predict unfavorable outcomes. In this study, we aimed to assess if the current termination of resuscitation rules for adults can predict factors associated with unfavorable outcomes in pediatric out-of-hospital cardiac arrest and examine the relationship between these factors and unfavorable outcomes.

Methods: A retrospective nationwide cohort study of pediatric cases registered in the Japanese Association for Acute Medicine Multicenter Out-of-Hospital Cardiac Arrest Registry from June 1, 2014, to December 31, 2020, was conducted. The association between the current termination of resuscitation rules and outcomes, such as 30-day mortality and unfavorable 30-day neurological outcomes following out-of-hospital cardiac arrest, was evaluated.

Results: A total of 1,216 participants were included. The positive predictive value for predicting 30-day mortality for each termination of resuscitation rule exceeded 0.9. The specificity and positive predictive value for predicting unfavorable 30-day neurological outcomes were 1.00, indicating that no rules identified favorable outcomes. Factors such as no bystander witness, no return of spontaneous circulation before hospital arrival, no automated external defibrillator or defibrillator use, and no bystander cardiopulmonary resuscitation were associated with poor 30-day mortality and neurological outcomes.

Conclusion: Adult termination of resuscitation rules had a high positive predictive value for predicting pediatric out-of-hospital cardiac arrest. However, surviving cases make it challenging to use these rules for end-of-resuscitation decisions, indicating the need for identifying new rules to help predict neurological outcomes.

Keywords: Children, Out-of-hospital cardiac arrest, Termination of resuscitation, Positive predictive value, Neurological outcome, Life support

Introduction

Pediatric out-of-hospital cardiac arrest (pOHCA) has an unfavorable prognosis, with only 6–8% of patients being discharged from the hospital and only 1–2% experiencing favorable neurological outcomes among

those who survive.^{1–3} Pediatric patients typically survive longer, making decisions regarding the termination of resuscitation (TOR) ethically complex.⁴ Therefore, accurate prognosis prediction is crucial for determining a treatment plan that aligns with the family's preferences.

The TOR rules for adults have been employed to assess the appropriateness of prehospital resuscitation termination.^{5–7} Multiple

Abbreviations: pOHCA, Pediatric out-of-hospital cardiac arrest; TOR, termination of resuscitation; JAAM-OHCA Registry, Japanese Association for Acute Medicine Multicenter Out-of-Hospital Cardiac Arrest Registry; CPR, cardiopulmonary resuscitation; ROSC, return of spontaneous circulation; AED, automated external defibrillator; BLS, Basic Life Support; ALS, Advanced Life Support; SOS-KANTO, Survey of survivors after cardiac arrest conducted in the Kanto area of Japan; PCPC, Pediatric Cerebral Performance Category; ROC, receiver operating characteristic; AUC, area under the curve; PPV, positive predictive value; NPV, negative predictive value; CI, confidence intervals; OR, odds ratio.

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PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES CY23 Version Published January 2023 318 pages 2 TCCC Guidelines for Medical Personnel 15 December 2021 19 pages 3 JTS Clinical Practice Guidelines 2 260 total pages current as of 19 September 2023 INTRODUCTION The SMOG continues to go through significant improvements with each release as a result of the collaboration of Emergency Medicine professionals experienced Flight Medics Aeromedical Physician Assistants Critical Care Nurses and Flight Surgeons There has been close coordination in the development of these guidelines by the Joint Trauma System and the Defense Committees on Trauma Our shared goal is to ensure the highest quality en route care possible and to standardize care across all evacuation and emergency medical pre hospital units It is our vision that all of these enhancements and improvements will advance en route care across the services and the Department of Defense Unit medical trainers and medical directors should evaluate Critical Care Flight Paramedics CCFP ability to follow and execute the medical instructions herein These medical guidelines are intended to guide CCFPs and prehospital professionals in the response and management of emergencies and the care and treatment of patients in both garrison and combat theater environments Unit medical providers are not expected to employ these guidelines blindly Unit medical providers are expected to manipulate and adjust these guidelines to their unit s mission and medical air crew training experience Medical directors or designated supervising physicians should endorse these guidelines as a baseline appropriately adjust components as needed and responsibly manage individual unit medical missions within the scope of practice of their Critical Care Flight Paramedics Enroute Critical Care Nurses and advanced practice aeromedical providers The medication section of this manual is provided for information purposes only CCFPs may administer medications only as listed in the guidelines unless their medical director and or supervising physician orders a deviation Other medications may be added so long as the unit supervising physician and or medical director approves them This manual also serves as a reference for physicians providing medical direction and clinical oversight to the CCFP Treatment direction which is more appropriate to the patient s condition than the guideline should be provided by the physician as long as the CCFP scope of practice is not exceeded Any medical guideline that is out of date or has been found to cause further harm will be updated or deleted immediately The Medical Evacuation Concepts and Capabilities Division MECCD serves as the managing editor of the SMOG and are responsible for content updates managing the formal review process and identifying review committee members for the annual review The Standard Medical Operating Guidelines are intended to provide medical procedural guidance and is in compliment to other Department of Defense and Department of the Army policies regulatory and doctrinal guidance Nothing herein overrides or supersedes laws rules regulation or policies of the United States DoD or DA

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