



## Hemodynamic Monitoring And Treatment Approaches Of Physicians Working In Intensive Care Units After Cardiac Arrest

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### INTRODUCTION

In the post-cardiac arrest (CA) period, the intensive care process begins after the patient has returns of spontaneous circulation (ROSC). It has been reported in international guidelines on post-resuscitation care that close hemodynamic monitoring and targeted treatment strategies are among the factors affecting survival after the identification and elimination of the pathology causing CA<sup>(1)</sup>.

### AIM

With this study; we aimed to determine the approaches of intensive care physicians in our country about hemodynamic monitoring and treatment practices after CA.

### METHOD

After the approval of the local ethics committee, the questionnaire prepared for the intensive care specialists was sent via **e-mail and social media tools**. The questionnaire consisted of 15 questions in total.

The first 4 questions were about demographic data, other questions were about preferred **hemodynamic monitoring methods** and when necessary, their preferred **inotropic and vasopressor agents**.

### RESULTS

- ❑ Totally, 122 physicians participated in the survey. Of them, 63.9% had less than 10 years of intensive care experience.
- ❑ In the institutions where 81.1% of the participants work, there is no written protocol for hemodynamic monitoring and treatment after CA.
- ❑ While our intensive care physicians always use invasive and noninvasive measurement of arterial pressure, CVP and lactate among hemodynamic monitoring techniques in the intensive care unit after CA, they never use PAP.
- ❑ SvO<sub>2</sub>, leg lift test, inferior vena cava diameter with USG and etCO<sub>2</sub> measurements were sometimes used.
- ❑ The majority of participants cannot use cardiac output monitoring.
- ❑ Among these methods, arterial catheter wave analysis is the most preferred.
- ❑ The rate of routine ECO after cardiac arrest was lower.
- ❑ While crystalloids were preferred first in volume deficit, it was seen that the first choice was noradrenaline as vasopressor and dopamine as inotrope.

### CONCLUSIONS

Deaths in the early period after CA are often due to cardiac causes<sup>(2)</sup>.

Making the right decision and choosing the right method increases the patient's chance of survival.

***Therefore, we believe that noninvasive methods such as close hemodynamic monitoring and echocardiography are important in terms of early diagnosis and treatment of the problem.***

### ACKNOWLEDGEMENT

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### REFERENCES

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