

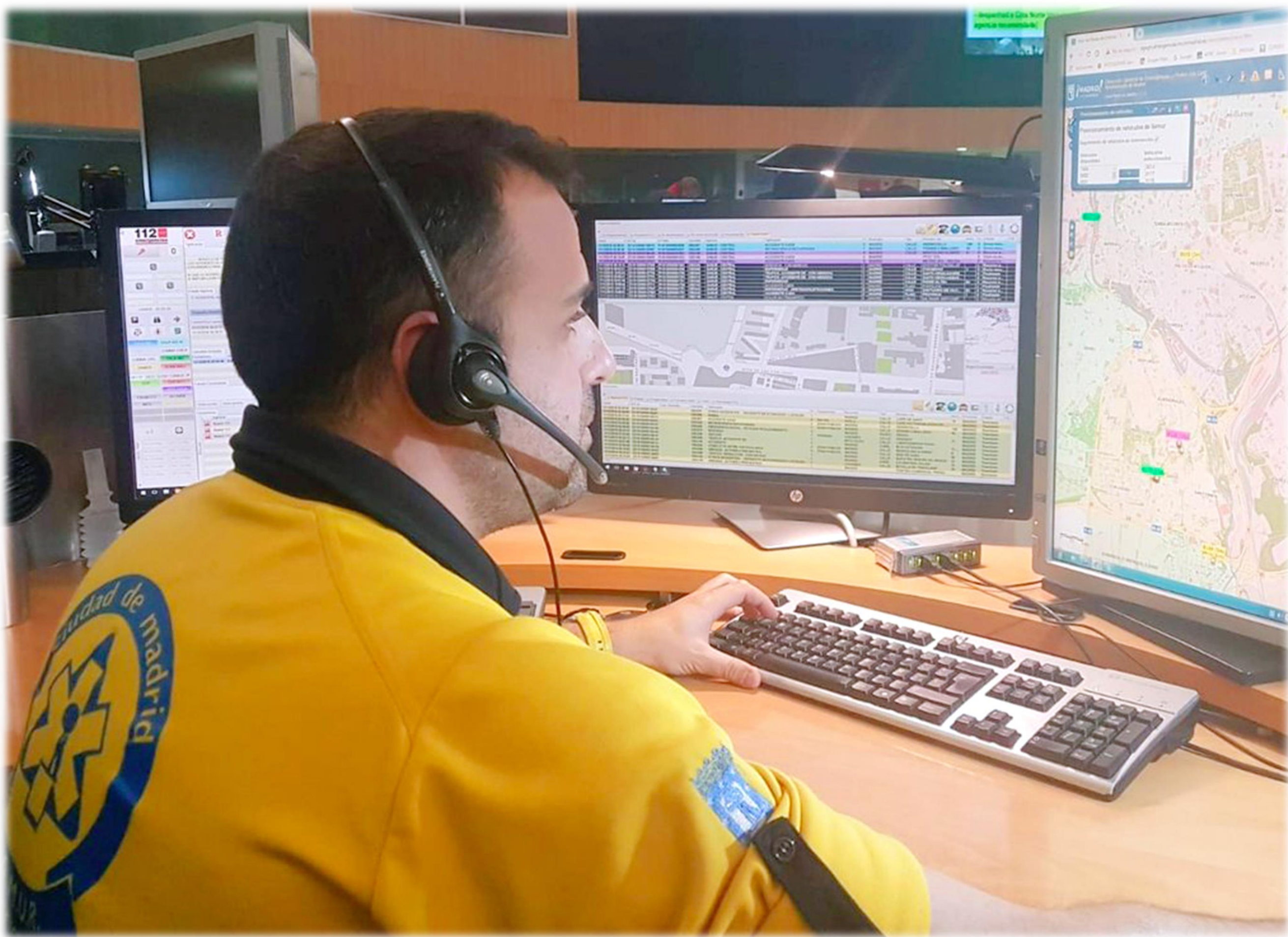
# Calls Initially Identified As Cardiac Arrest, Resulting Another Pathology At The Arrival Of Life Support, Attended By SAMUR-Protección Civil.

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## Background

When at the Central Communications (CC) receive a call, using a battery of questions, they can alert a patient at probable cardiac arrest. But sometimes at the arrival of the first unit confirm that the patient is not in cardiac arrest.  
We intend to observe that pathologies prevail in these situations, state of the patient and that information provided by witnesses.



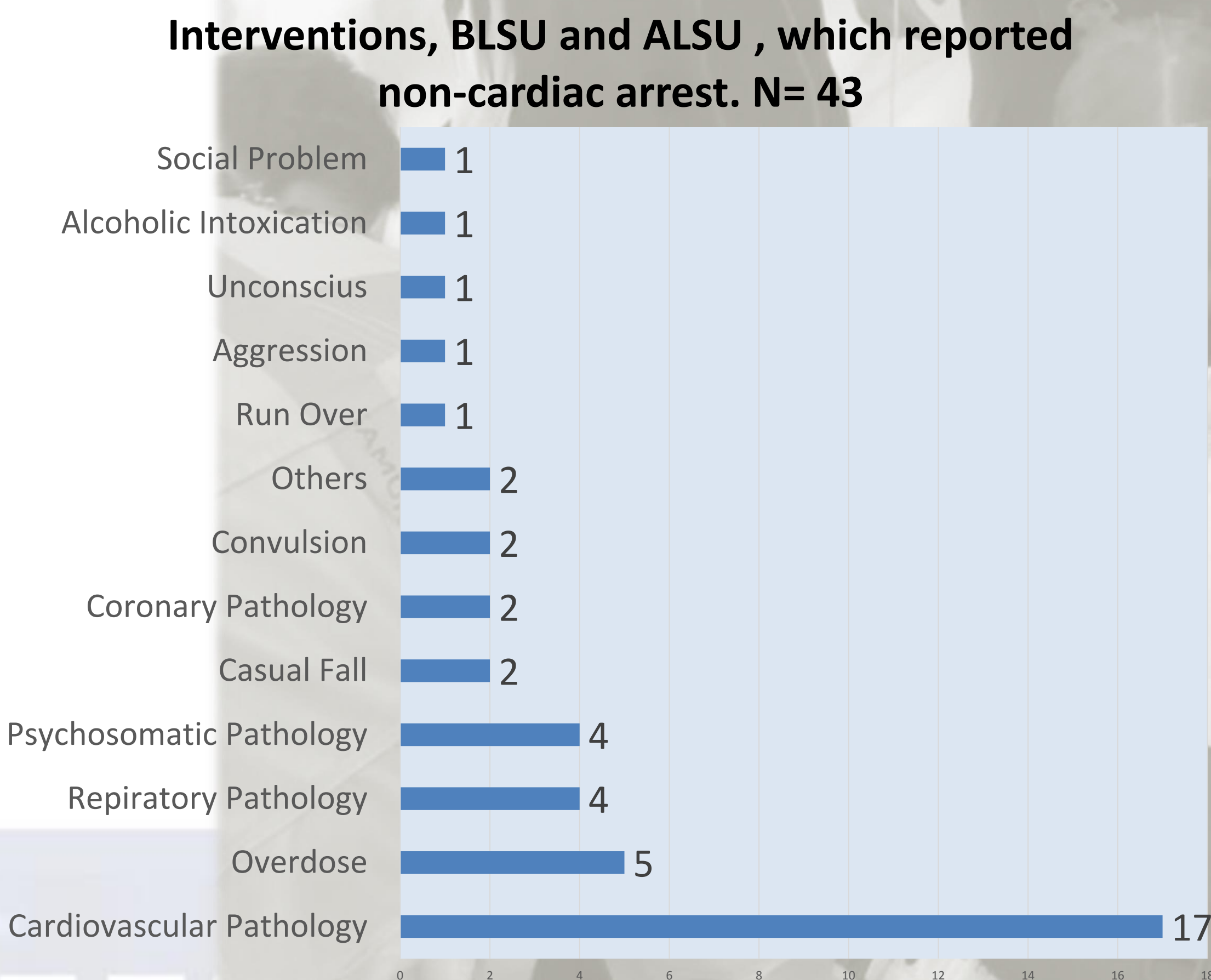
## Method

Retrospective descriptive observational study of case analyzed during the year 2017, by revising all the notices that were initially codified as of cardiac arrest by the CC, extracted from data base by SAMUR-Protección Civil. Analysis of the assistance reports of the patient’s initial situation al the arrival of the first unit, contrating what was provided by witnesses.

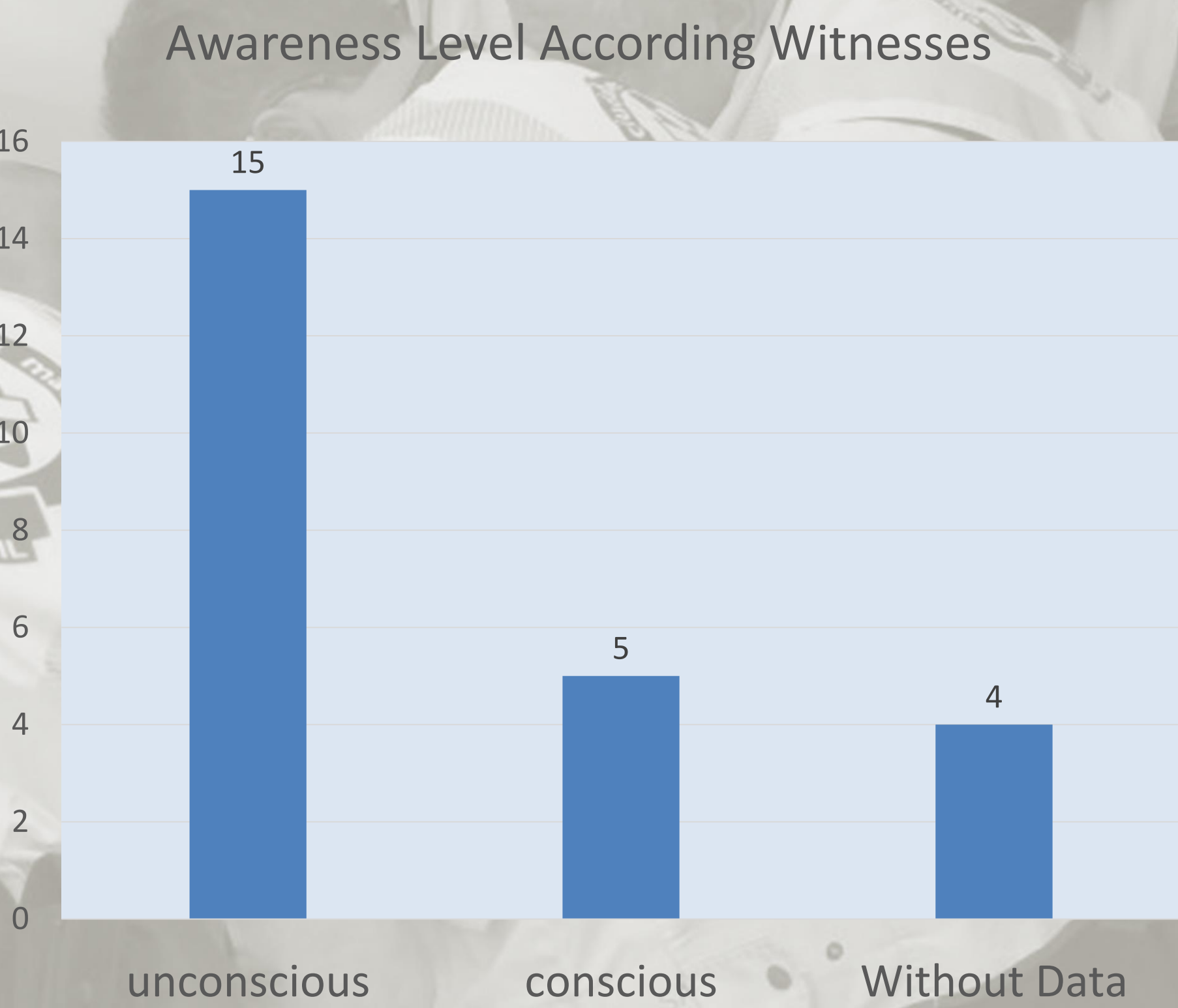
**Inclusion:** Interventions o, Basic Life Support Units (BLSU) and Advanced Life Support Unit (ALSU), which reported non-cardiac arrest.  
**Excluded:** Out-of-Hospital Cardiac Arrest (OHCA) confirmed; Intervention psychological support; Logistics Non-assistance personnel. Data treated with SPSS 20.0.

## Results

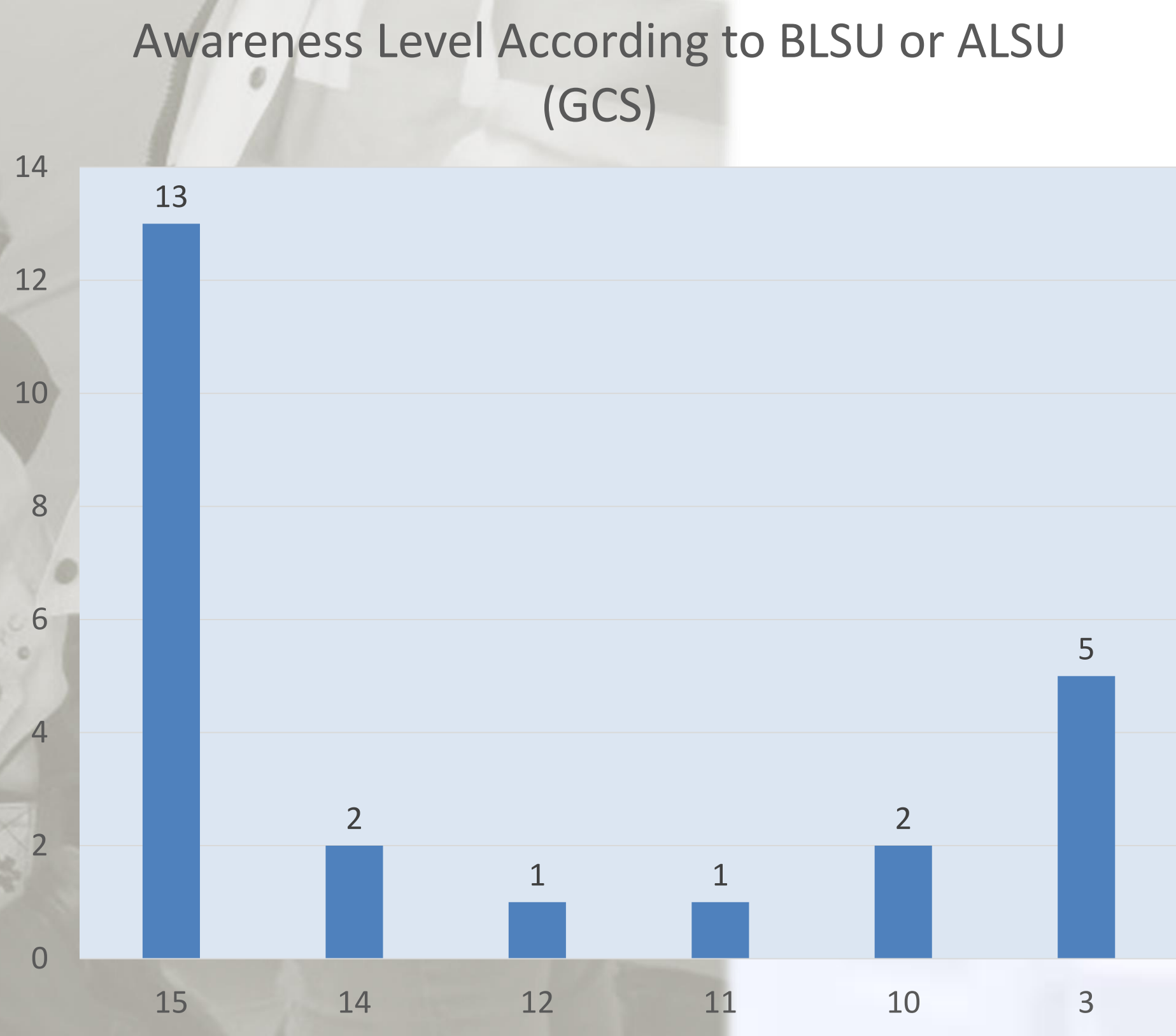
Cardiac Arrests alerts: 438  
Excluded: 395  
Including: 43



### Eyewitness Information Vs Front to First Unit (BLSU / ALSU) N = 24



11 Witnesses dit CPR



No Patinents needed CPR from the first unit to arrive (BLS / ALS)

## Conclusion

The success of the CC in identifying patients in OHCA is high, although there are a number of calls on patients in cardiac arrests who were not, probably due to poor communication with alert, first estimation witnesses erroneous or situation of the patient who induced confusión.  
It is necessary to give training to the citizenry so that they have sufficient knowledge and can recognize that the person is in cardiac arrest.