

## Expedited transfer to a cardiac arrest centre for OHCA


### Conclusion

 There was no difference in survival at 30 days in patients with resuscitated cardiac arrest in the community who were taken by ambulance to a cardiac arrest centre compared with those delivered to the geographically closest emergency department.

### Impact on clinical practice

 Ambulances should take cardiac arrest victims to the closest emergency department.

### Study objectives

 The ARREST trial investigated whether expedited transfer of out-of-hospital cardiac arrest (OHCA) patients to a cardiac arrest centre reduces mortality compared with delivery to the closest emergency department.

### Study population

#### Patients

- successfully resuscitated after an OHCA
- without ST-elevation on their post-resuscitation electrocardiogram (ECG)

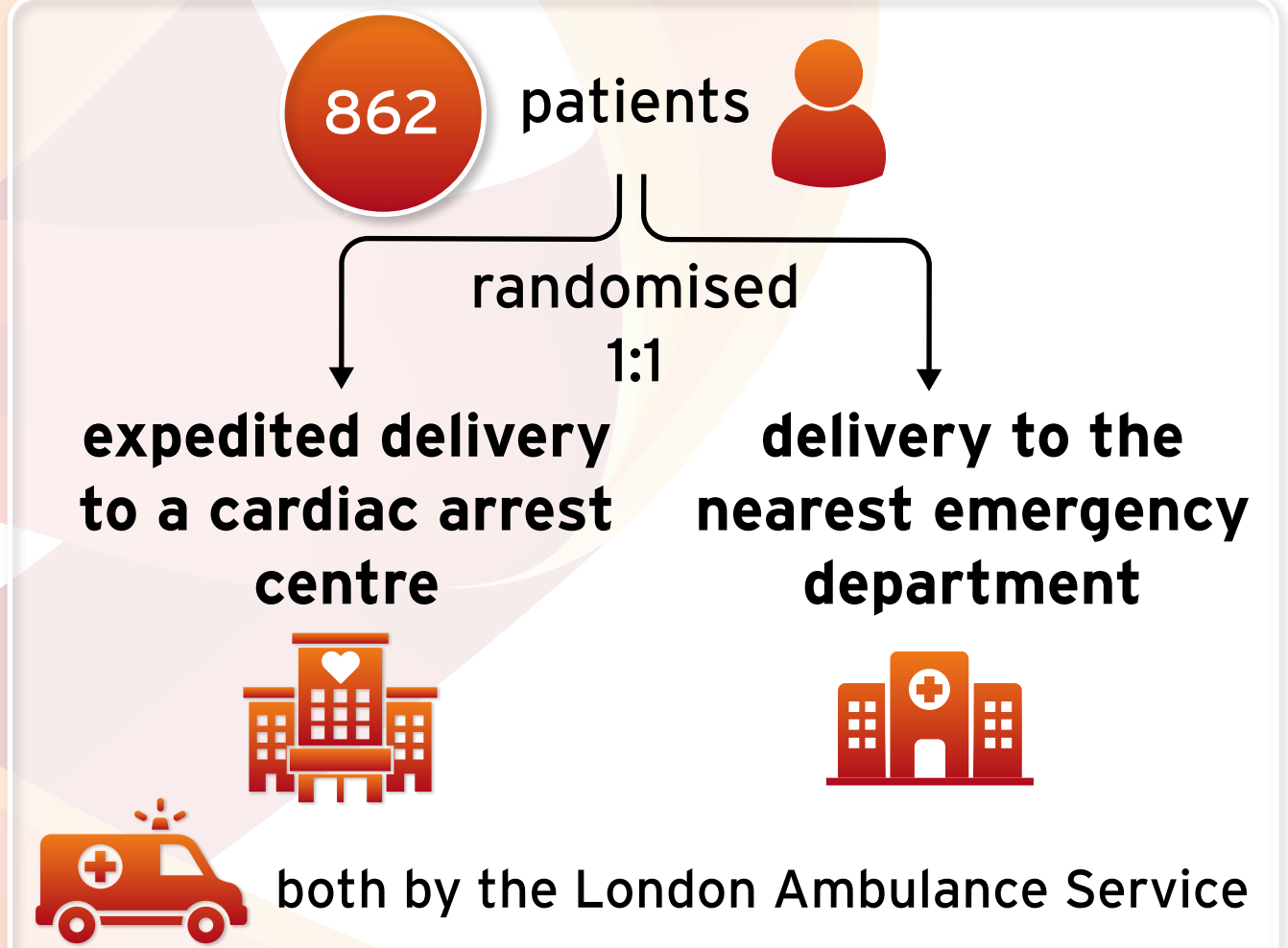
### Where?

 London, UK

 7 cardiac arrest centres

 32 emergency departments

### Who and what?



### Primary endpoint

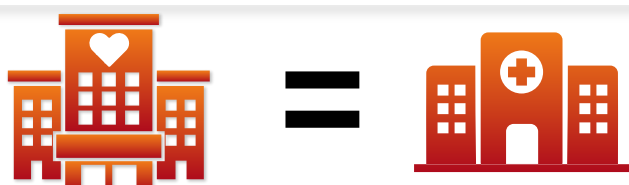
All-cause mortality at 30 days in the intention-to-treat population



unadjusted risk ratio for survival 1.00  
95% CI 0.90 to 1.11, p=0.96  
risk difference 0.2%, 95% CI -6.5 to 6.8

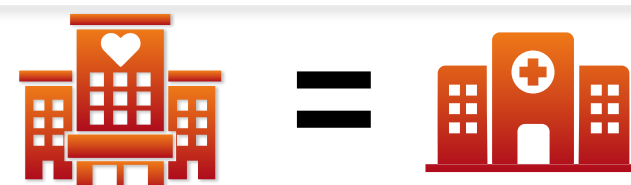
### Secondary endpoints

3-month all-cause mortality



risk ratio 1.02; 95% CI 0.92 to 1.12  
risk difference 1.0%, 95% CI -5.6 to 7.5

neurological outcomes at hospital discharge and 3 months



modified Rankin scale:  
odds ratio 1.00, 95% CI 0.76 to 1.32  
cerebral performance category (CPC) score:  
0.98, 95% CI 0.74 to 1.30