

Cardiac arrest survival higher in states with required high school CPR training

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Required CPR education in high school may lead to higher bystander CPR and cardiac arrest survival rates, according to preliminary research to be presented in Chicago at the American Heart Association's Resuscitation Science Symposium 2018.

Researchers analyzed data from more than 109,668 out-of-[hospital](#) cardiac arrests patients (64 percent men, 49.4 percent white, 19.1 percent African-American, 2.3 percent Hispanic, 2.9 percent other and 26.4 percent unknown) from the Cardiac Arrest Registry to Enhance Survival database or (CARES) - a surveillance registry tracking out-of-hospital cardiac arrests in communities in 42 states.

The database analysis included all nontraumatic out-of-hospital cardiac arrests from 14 states and the District of Columbia where at least 50 percent of the population was in an area covered by a CARES participating agency from 2013 to 2017.

Researchers found that bystander CPR, [survival](#) to hospital discharge and neurologically favorable survival (mild to moderate cerebral incapacity) was higher in states that require CPR training in high school.

Of the cases studied from 2013 through 2017 (with people representing all ages), 59 percent occurred in states with required [high school](#) CPR training enacted. In those states:

- 41.3 percent of people who suffered cardiac [arrest](#) outside of a

hospital received bystander CPR before emergency medical services arrived, compared to 36.1 percent in states without CPR education laws enacted.

- 11.3 percent of people who suffered cardiac arrest outside of a hospital survived to hospital discharge, compared to 8.9 percent for states without the laws enacted.
- Neurologically favorable survival was more likely in states with the laws enacted, 9.5 percent compared to 7.6 percent for states without laws enacted.

Because CARES is a registry and data are owned by varying local and state agencies, information on specific [states](#) included in the study is confidential.

Provided by American Heart Association

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