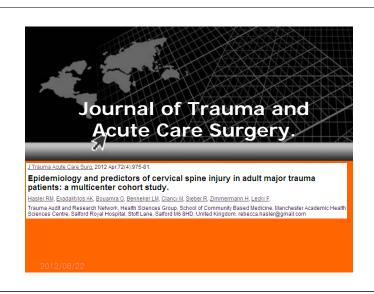


RESULTS:

- 3,121 cardiac arrests included
 - 1,689 (54.4%) were witnessed
 - 516 (16.9%) were primary VF.
- The mean initial EtCO2 was 18.7 (95%ci = 1 8.2-19.3) for all patients.
 - 695 patients (22.4%) ROSC, EtCO2: 27.6 (95 %CI = 26.3-29.0).
 - Failed to achieve ROSC, EtCO2: 16.0 (95%CI = 15.5-16.5).

CONCLUSIONS:

- An initial EtCO2 > 10 and the a falling EtCO2 > 25% from baseline > significantly associated with achieving RO SC in OHCA.
- These additional variables should be incorporated in termination of resuscitation algorithms in the prehospital setting





METHODS:

- Cohort study predictors for C spine injury in adult (≥ 16 years) major trauma patie nts using prospectively collected data of the Trauma Audit and Research Network from 1988 to 2009.
 - Univariate and multivariate logistic regress ion analyses
 - Determine predictors for cervical fractures /dislocations or corp injuly.

RESULTS:

- 250,584 patients were analyzed.
- Median age 47.2 years(29.8-66.0)
- ISS 9 (4-11)
- 60.2% were male.
 - 6702 patients (2.3%) sustained cervical frx/ dislocations alone.
 - 2069(0.8%)sustained cervical cord-injury with /without fractures/dislocations
 - 39.9% of fracture/dislocation and 25.8% of c ord injury patients suffered injuries to other b

Predictive for

Frx/dislocations

- Age ≥ 65 years
- Males
- GCS score <15
- LeFort facial fractions
 res
- Sports injuries
- Road traffic collisi ons
- Falls >2 m

Cord injury

- Age <35 years
- Males
- GCS score <15

-2Pb <110 mm

- Sports injuries
- Road traffic collisi
- ons
- Falls >2 m

CONCLUSIONS:

- 3.5% of patients suffered cervical spine injury.
- Patients increased risk
 - lowered GCS or SBP,
 - severe facial fractures,
 - dangerous injury mechanism,
 - male gender, and/or age ≥ 35 years
- Contrary to common belief, head injury was not predictived for cervical spine involvement.