

New Protocol Gives Patients Fighting Chance to Survive Cardiac Arrest

Condition that has nearly 100% mortality improves to 40% survival

The Ohio State University Wexner Medical Center

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Package Length: 1:44	Content provided by: The Ohio State University Wexner Medical Center

NEWS PACKAGE

SUGGESTED TEASE	CARDIAC ARREST IS THE LEADING CAUSE OF NATURAL DEATH IN THE UNITED STATES ¹ . BUT NOW A NEW PROTOCOL BEING TESTED CAN SIGNIFICANTLY INCREASE SURVIVAL RATES. THE DETAILS ARE COMING UP IN HEALTH NEWS.
ANCHOR LEAD	THERE WERE OVER HALF A MILLION CASES OF CARDIAC ARREST IN THE U-S IN 2016 ² , CLAIMING THE LIVES OF MORE THAN 300 THOUSAND AMERICANS ¹ . WHEN MEDICS CAN'T RESTART A PATIENT'S HEART BEFORE ARRIVING AT THE HOSPITAL, THE MORTALITY RATE IS NEARLY 100 PERCENT. BUT A NEW PROTOCOL IS BEING TESTED IN THESE CASES WITH LIFE-SAVING RESULTS. BARB CONSIGLIO HAS THE DETAILS.
(PACKAGE START) ----- CG: Courtesy: The Ohio State University Wexner Medical Center :00 - :03	(Nats - Sound) :02
Shots of Mark walking in park	IT'S THE SAME WALK MARK BRADFORD TAKES EVERY DAY, BUT ONE SEPTEMBER MORNING CHANGED HIS LIFE FOREVER WHEN HE COLLAPSED IN SUDDEN CARDIAC ARREST. :08
CG: Mark Bradford Survived cardiac arrest	<i>"Next thing I remember was waking up in the heart unit."</i> :04
Shots of EMS arriving	MARK IS ALIVE TODAY THANKS TO A NEW PROTOCOL BEING TESTED IN COLLABORATION WITH THE COLUMBUS DIVISION OF FIRE AND THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER.
Shots of EMS loading patient into ambulance	IT'S INITIATED BY FIRST RESPONDERS WHEN THEY'RE UNABLE TO SHOCK A PATIENT'S HEART BACK INTO RHYTHM. :12
Shots of EMS picking up radio and calling alert	(nats from ambulance - "This is going to be an ECMO patient.") :02
	THAT ALERT SETS OFF A CAREFULLY PLANNED

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<p>Split screen of ambulance and cath lab</p> <p>Shots of EMS using automatic CPR machine</p> <p>Shots of equipment being rolled into cath lab</p> <p>Shots of Dr. Boudoulas scrubbing in</p> <p>Shots of cath lab procedure</p> <p>CG: Dr. Ernest Mazzaferri Jr. Ohio State Wexner Medical Center</p> <p>Shots of ECMO in cath lab</p> <p>CG: Dr. Bryan Whitson Ohio State Wexner Medical Center</p> <p>Shots of mock procedure in cath lab</p> <p>Graphic: Increased survival rates from 0% to 40%</p> <p>CG: Dr. K. Dean Boudoulas Ohio State Wexner Medical Center</p> <p>Shots of Mark and Dawnelle thanking first responders</p> <p>Mark Bradford (CG'd earlier)</p> <p>CG: Dawnelle Bradford</p>	<p>CHAIN OF EVENTS THAT KEEPS A PATIENT ALIVE UNTIL THEIR HEART FUNCTION CAN BE RESTORED. :06</p> <p>(Nats - ambulance siren) :02</p> <p>WHILE MEDICS CONNECT A PATIENT TO AN AUTOMATED C-P-R MACHINE IN THE AMBULANCE, A TEAM ASSEMBLES AT THE HOSPITAL TO PREPARE THE CATH LAB. :07</p> <p>(Nats - Dr. Boudoulas finishes scrubbing and enters cath lab) :02</p> <p>UPON ARRIVAL, THE PATIENT BYPASSES THE EMERGENCY ROOM. :03</p> <p><i>“Getting people directly to the cath lab is critically important because the more time we wait the more damage is done to the heart, the more damage is done to all of your organs, including your brain.” :07</i></p> <p>THEY’RE IMMEDIATELY CONNECTED TO AN ECMO (EHCK-moe) MACHINE THAT DOES THE JOB OF THEIR HEART AND LUNGS. :04</p> <p><i>“So we can rest the heart and the lungs and then work, in this case, work on the heart to try to get it restarted and beating well.” :07</i></p> <p>THIS SEAMLESS PROCESS FROM THE FIELD TO THE CATH LAB GIVES DOCTORS A CHANCE TO FIX WHAT CAUSED THE CARDIAC ARREST – A CHANCE THEY DIDN’T HAVE BEFORE.</p> <p>SO FAR, EARLY RESULTS HAVE ALREADY INCREASED SURVIVAL RATES FROM ZERO TO ABOUT FORTY PERCENT. :12</p> <p><i>“Patients have a chance to walk out of a hospital with neurological recovery, having a meaningful life, when essentially, they would have been pronounced dead in the field.” :09</i></p> <p>MARK WAS THE FIRST PATIENT HERE TO BENEFIT FROM THE PROTOCOL, AND HE’S THANKFUL THAT HE WAS IN THE RIGHT PLACE AT THE RIGHT TIME. :06</p> <p><i>“Without that protocol, I wouldn’t be alive.” :03</i></p> <p><i>“It saved his life, and it can save many people’s lives.”</i></p>
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<p>Husband survived cardiac arrest</p> <p>Shots of Mark and Dawnelle at fire station (PACKAGE END) -----</p> <p>ANCHOR TAG</p>	<p>:03</p> <p>AT OHIO STATE WEXNER MEDICAL CENTER, THIS IS BARB CONSIGLIO REPORTING. :03</p> <hr/> <p>WITH POSITIVE RESULTS FROM THE PILOT PROGRAM, EXPERTS HOPE THE E-C-P-R PROTOCOL WILL BECOME STANDARD PRACTICE FOR PERSISTENT CARDIAC ARREST CASES ACROSS THE COUNTRY.</p>
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SOCIAL MEDIA

<p> Share it! Suggested tweet:</p> <p> Suggested post:</p>	<p>A new protocol being tested @OSUWexMed for persistent cardiac arrest has increased survival rates from 0 to about 40%. See how the hospital is working with @ColsFire to save lives: http://bit.ly/2nHbFqc</p> <hr/> <p>When emergency responders can't shock a patient's heart back into rhythm in the field, there is a virtually 0% chance of survival. But a new protocol being tested with The Ohio State University Wexner Medical Center and Columbus Division of Fire is changing that, giving patients a chance at making a full recovery. http://bit.ly/2nHbFqc</p>
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EXTRA BITES

<p>CG: Dr. Ernest Mazzaferri Jr. Ohio State Wexner Medical Center</p> <p>CG: Dr. K. Dean Boudoulas Ohio State Wexner Medical Center</p>	<p>Dr. Mazzaferri says acting quickly is critically important: <i>"The more time we wait the more damage is done to the heart, the more damage is done to all of your organs, including your brain. So that's why we have this protocol with Columbus Fire to bring them directly to the cath lab for this procedure so that we can get them improved and hopefully healthy as quickly as possible."</i></p> <p>Dr. Mazzaferri says ECPR provides hope for survival: <i>"Typically, these patients would die in the field, and we didn't have any options to recover them, and so now we have the opportunity to take somebody who had 100% mortality and bring them to the cath lab and in certain situations, they leave the hospital, walk right out of the hospital."</i></p> <hr/> <p>Dr. Boudoulas says ECPR gives patients a chance of survival: <i>"When you're in refractory cardiac arrest, the chances of coming out of that is essentially zero. With this program, with have a survival rate of about 30% to 40%."</i></p>
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<p>CG: Dr. K. Dean Boudoulas Ohio State Wexner Medical Center</p>	<p>Dr. Boudoulas explains the process in the cath lab with ECPR: <i>“Once the patient is stabilized on ECMO, we then go ahead and proceed with heart catheterization to look for a reversible cause of ventricular fibrillation or tachycardia, essentially for a blocked artery that we can open up with a stent.”</i></p>
<p>CG: Dr. Bryan Whitson Ohio State Wexner Medical Center</p>	<p>Dr. Whitson explains why the ECMO machine is needed: <i>“It allows us to do what the circulation is supposed to do, so pump blood to the body while we’re working on repairing the heart to get it working again also.”</i></p>
<p>CG: Mark Bradford Survived cardiac arrest</p>	<p>Mark says taking a walk was the last thing he remembers: <i>“I believe, for what I remember, had gone out and I was in the habit of walking the park. Do a couple miles around the park and then, just passed out. And that’s really and truly is about all I remember for the next probably five or six days.”</i></p> <p>Mark says the new protocol is giving people a chance to live: <i>“Now, with the procedures that they have in line, and the training they have in line - with the fire departments and everything else - it gives other people a chance to live.”</i></p> <p>Mark says he’s fortunate the new protocol was in place: <i>“I mean, I’m very fortunate that they were trained in it. That they used it. That I was out in the park rather than in the house by myself.”</i></p>

References

¹*Development and Implementation of a Comprehensive, Multidisciplinary Emergency Department Extracorporeal Membrane Oxygenation Program, Annals of Emergency Medicine, July 2017 Volume 70, Issue 1, Pages 32-40.* Online:
[http://www.annemergmed.com/article/S0196-0644\(16\)31213-6/fulltext](http://www.annemergmed.com/article/S0196-0644(16)31213-6/fulltext)

² *Heart Disease and Stroke Statistics—A 2013 Update: A Report from the American Heart Association, Circulation, 2013, Page 127.* Online:
<http://circ.ahajournals.org/content/circulationaha/early/2012/12/12/CIR.0b013e31828124ad.full.pdf>

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