

PP071 THE BOY WHO LIVED: SURVIVING AN OUT-OF-HOSPITAL CARDIAC ARREST (OOHC) WITH EARLY BYSTANDER RESCUE BREATHS POST AUTOMOBILE WINDOW STRANGULATION

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ventilation is extremely important in pediatric resuscitation. Early resuscitation initiated by the bystander improves the outcome of the survivor and avoid many unfavorable complications.

INTRODUCTION:

Asphyxia caused by strangulation ranks fourth among the causes of unintentional injuries in children following road accidents, drowning and burns. Cribs, ropes and cords are the leading causes of accidental asphyxia and strangulation of children left unattended in motor vehicles is still poorly reported especially in Malaysia.

CASE REPORT:

A 2-year-old boy was brought to emergency room post accidental strangulation by automatic closing of a car window. His head was found hanged between the window and the frame of the car while his father left him unaccompanied inside. He was later found unresponsive, not breathing, with central and peripheral cyanosis. Bystander rescue breaths was performed immediately and continued throughout journey to the hospital. Upon assessment, the child is not arousable, tachypneic with decorticates position. He was promptly intubated for airway protection and admitted to Pediatric Intensive Care Unit for close observation and ventilatory support. Physical examination revealed semi circumferential bruises over the anterior neck and computed tomography of brain and cervical imaging showed unremarkable study. Upon hospitalization, he showed unremarkable improvement, weaned off his oxygen supplementation and subsequently was discharged well without neurological or pulmonary sequelae.

DISCUSSION:

The severity of complications following asphyxia is influenced by initial interventions. Bystander resuscitation gives the greatest impact for out-of-hospital cardiac arrest (OHCA), accounting > 70 % survival rates with intact neurologic outcome and less undesirable sequelae. Even though in this case, the bystander only gives rescue breaths alone to the child instead of the conventional chest compression with ventilation technique, it still helps in reducing the risk of mortality and its associated complications.

CONCLUSION:

Asphyxia cardiac arrest is the end result of progressive respiratory failure in children and