

Neuropsychological care after out-of-hospital cardiac arrest – the CARE clinic model

Authors: Marco Mion,^A Neil Magee,^A Noel Watson,^A John Davies,^A Shahed Islam,^A Firas Al-Janabi,^A Grigoris Karamasis,^A Rajesh Balasubramanian^B and Thomas Keeble^A

Aims

European Resuscitation Council guidelines recommend screening for cognitive and emotional problems for all survivors of out-of-hospital cardiac arrest (OHCA), and prompt referral to a psychiatrist, psychologist or neuropsychologist when appropriate. In our specialist cardiac centre we have created the first care after resuscitation (CARE) clinic to offer cardiac arrest survivors and their carers psychological, cognitive and medical support up to 1 year after discharge from hospital.

Methods

In our specialist centre, we see in excess of 70 OHCA survivors a year. In this small pilot service, funding for one physician associate and a week of clinical psychology time was obtained from the Sudden Arrhythmic Death Syndrome (SADS) UK charity to run a weekly clinic.

A senior intensive care nurse identifies patients on de-escalation from the intensive care unit (ICU) to a cardiology ward, and introduces them to the service, providing information in multiple forms (leaflet, bespoke video (www.lifeaftercardiacarrest.com) and via social media (Facebook SuddenCardiacArrestUK)) to answer questions around common reasons for a cardiac arrest, possible post-cardiac arrest changes (physical and psychological) and peer support available in the community. Every survivor is then offered a psychological and cognitive assessment before discharge from hospital, with early interventions where appropriate (including early cognitive neurorehabilitation). Caregivers, if present, are offered an early psychosocial adjustment screen and provided time-limited support or signposted to appropriate services. Reports are generated and shared with general practitioners and other professionals involved to ensure continuity of care. A follow-up call is initiated 48 hours after discharge by the senior ICU nurse to identify any early problems, and a dedicated phone helpline is available via the critical care outreach team 24/7.

Two follow-ups are offered by the clinical psychologist at 3 and 9 months, when cognitive changes and psychosocial adjustment

(respectively) often reach a plateau, for further investigation into unmet needs, and recommendations / brief interventions / signposting are made if appropriate. A senior ICU nurse offers a review at 6 and 12 months to address any potential medical issues. If any psychological/medical issue is identified during nursing/psychology review (respectively), this is promptly discussed with the other multidisciplinary team (MDT) member for further management.

Results

This service was launched in November 2017 and is now being offered as a routine to every survivor of OHCA.

Conclusion

Data collected by this service helps to characterise the (neuro) psychological needs of survivors and their families, and the role of psychology in reducing long-term morbidity. ■

Conflict of interest statement

None declared.

Authors: ^ABasildon and Thurrock Hospitals NHS Foundation Trust - Essex Cardiothoracic Centre; ^BEssex Partnership University NHS Foundation Trust, Basildon, UK