

The ALIVE Trial

Article Review

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Prehospital care plays an important role in the facilitation of more specialized medical attention by controlling the vital signs that would endanger the patient. This article aims at changing the traditional approaches of prehospital care by identifying the most effective intervention that would improve survival rates for patients with shock-refractory VF. This will have a more significant impact on the provision of prehospital care and also save more lives. The article investigates two common medications, amiodarone, and lidocaine, to determine which among the two would be more effective in prehospital care for patients with shock-refractory VF, out-of-hospital cardiac arrest. The study included a patient population of individuals who had been suffering persistent VF despite three defibrillation shocks.

The results of this study have a huge impact on clinical practice since it confirmed that IV amiodarone is more effective than lidocaine concerning patient survival in hospitals. Therefore, it is advisable to treat patients who have acute VF in and out of hospital settings with amiodarone. The prehospital care becomes more reliant on the use of amiodarone to improve the survival rates of the patients who suffer cardiac arrest before they are admitted to a hospital. This will ease the treatment of such patients whose arrests would lead to immediate death when care is not availed in time. Most of the hospitals' interventions have relied on traditional interventions, but this article provides a more efficient and effective approach.

The survival of patients who received amiodarone proves that it is more appropriate to be used in prehospital as increases the patient's survival after admission in a hospital. One of the weaknesses of this study is that it uses a randomized study design, which makes it hard to manage because its validity requires multiple sites. This may lead to skewed results in one direction because the relevance of results may change over time.

REFERENCES.

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