

## **Improving psycho-social and cognitive outcomes after sudden cardiac arrest**

### *(Neuro)psychological care after out of hospital cardiac arrest – the CARE clinic model*

It is not uncommon for survivors of sudden cardiac arrest and their families to experience significant challenges in returning to their day-to-day life after discharge from hospital. Memory difficulties, anxiety, depression and post traumatic stress disorders are some of the fairly common complications experienced after this life-changing event, but until recently no appropriate (neuro)psychological follow-up has been offered, despite recommendation from clinical guidelines. Thanks to support from SADS UK, we are now able to offer in our Cardio Thoracic Centre at Basildon Hospital (Essex) the first care after resuscitation (CARE) clinic, focussed on providing cardiac arrest survivors and their carers with psychological, cognitive and medical support up to one year after discharge from hospital.

In this clinic, a senior intensive care nurse identifies patients on de-escalation from ITU to a cardiology ward and introduces them to the service, providing information in multiple forms (leaflet, bespoke video and via social media) 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 by a clinical psychologist a cognitive and psychological 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 GPs and other professionals involved to ensure continuity of care. A follow-up call is initiated 48h 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.

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 issue. If any psychological/medical issue is identified during nursing/psychology review (respectively), this is promptly discussed with the other MDT member for further management

In our specialist centre we see in excess of 70 survivors of out of hospital cardiac arrest every year. By providing this service, and documenting the impact it has on our patients and their families' ability to return to their day to day life, we are leading the way in post-cardiac arrest psychological care.