



Sudden Cardiac Arrest “Have a Plan”

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**ONE NATION.
ONE TEAM.**

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Sudden Cardiac Death

- Rare but high stakes (fatal)
- Often first manifestation of underlying heart disease
- Reduced but not eliminated by PPCS (i.e. screening)
- English experience in a screened population (7:100K)
- Goal is to SCD >> aborted SCA
- This requires careful EAP





THE CALL TO HEALTH CARE PROFESSIONALS FOR EAP

THE PRESENT AND FUTURE

STATE-OF-THE-ART REVIEW

Sports Cardiology

Core Curriculum for Providing Cardiovascular Care to Competitive Athletes and Highly Active People



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ABSTRACT

The last few decades have seen substantial growth in the populations of competitive athletes and highly active people (CAHAP). Although vigorous physical exercise is an effective way to reduce the risk of cardiovascular (CV) disease, CAHAP remain susceptible to inherited and acquired CV disease, and may be most at risk for adverse CV outcomes during intense physical activity. Traditionally, multidisciplinary teams comprising athletic trainers, physical therapists, primary care sports medicine physicians, and orthopedic surgeons have provided clinical care for CAHAP. However, there is increasing recognition that a care team including qualified CV specialists optimizes care delivery for CAHAP. In recognition of the increasing demand for CV specialists competent in the care of CAHAP, the American College of Cardiology has recently established a Sports and Exercise Council. An important primary objective of this council is to define the essential skills necessary to practice effective sports cardiology. (*J Am Coll Cardiol* 2017;70:1902-18) © 2017 Published by Elsevier on behalf of the American College of Cardiology Foundation.

Competitive athletes and highly active people (CAHAP) are a growing population. Although routine physical exercise is an effective way to reduce the risk of cardiovascular (CV) disease, it does not confer complete immunity (1,2), and actually increases the risk of CV events acutely, even in trained individuals (3). The complex interplay between CV disease and vigorous physical activity remains incompletely understood, but is increasingly relevant in clinical practice. People with occult CV disease are susceptible to sudden cardiac death during exercise. However, sudden death prevention represents only 1 element of caring for CAHAP. Accurate interpretation of diagnostic testing with an emphasis on differentiating pathology from physiological exercise-induced adaptation, efficient and targeted assessment of symptoms, and provision of longitudinal care including the development of exercise

no PPCS approach will eliminate exercise-related sudden cardiac arrest. Comprehensive emergency action planning focusing on access to **timely bystander cardiopulmonary resuscitation** and **early defibrillation** is required to ensure efficient and structured response to sudden cardiac arrest. **Sports cardiologists** are encouraged to **work with organizations** that sponsor, house, or oversee competitive sports and organized exercise programs to **develop, rehearse, and refine** emergency action plans that are specific to the athletic venue and type of exercise performed.

Key Component of the E.A.P

- Documentation of everything (personnel, venue maps, etc.)
- CPR training (ideally universal for all people at a training / competition venue)
- AED accessibility (< 2min. time to player at 100% of training and competition)
- EMS integration (access, egress, chain of command)
- Annual practice & revision



STEPS to SUCCESS

- ✓ Prioritize E.A.P.
- ✓ Champion universal buy-in... “The best coach I ever had was the one who saved my life.”
- ✓ CPR training
 - Mandatory for all staff
 - Encouraged for everyone else
- ✓ AED Access & Comfort
- ✓ Liaise with EMS
- ✓ Practice, Practice, Practice
- ✓ Document
- ✓ Review
- ✓ Revise





THANK YOU!