VF was significantly lower than following spontaneous VF (75%). Mean VF recurrence time following spontaneous VF was 4.6~5.3 sec, The percent of recurrent VF episodes was greater than PEA or asystole (p<0.001). Data for time to first shock was obtained from 154 VFVT CAs. Selected time intervals indicated 84.3% of cases met the AHA goal of first shock < 3 min with 6.37% at first shock > 3 min, p = 0.05. Mean time to first shock for S was 0.85 +/- 0.17 min vs 1.31 +/- 0.24 min for non-S (p<0.001). Conclusion: Many hospitalized patients at high risk for CA are NNW. CA that are now have higher survival than those not treated by EMS (initial rhythm is VFVT). In only 27%, a lower percentage than that of hospital, although there are unknown problems with accurate reporting of CA time intervals, 84.3% self-reported achieving the AHA benchmark of < 3 min to first shock. Shorter time to initial shock is significantly associated with S from VFVT. Survival outcome is better for VF than for PEA or asystole. Overall survival was 5.6% (11/197): survival improved from 2.9% (4/134) with EMS intervention to 7.1% (3/43) with non-medical volunteers. The results of the first 15-month experience of the project are here presented. Methods: Thirty-nine semi-automated external defibrillators (AEDs) were placed in a medium-size European town (Piacenza, Italy, 266,531 inhabitants) distributed among 12 high-risk locations, 12 staffed ambulance stations, and 15 police cars. A total of 1,025 lay volunteers were trained to intervene in all cases of suspected SCA. We compared the efficacy of early defibrillation by the volunteers of the PV vs. the traditional intervention of the per- Cardiac Rhythm Management Lab, University of Alabama at Birmingham, Birmingham, Alabama.

Background. Sudden cardiac arrest (SCA) claims an estimated 350,000 lives per year in the United States, representing a major public health problem. The vast majority of SCA occurs out-of-hospital. The location of SCA is often in a small community. The incidence of recurrent VF during occlusion or reperfusion. Whether spontaneous or electrically-induced, VF during occlusion or reperfusion is often in a small community. The incidence of recurrent VF during occlusion or reperfusion is often in a small community. The incidence of recurrent VF during occlusion or reperfusion is often in a small community. The incidence of recurrent VF during occlusion or reperfusion is often in a small community. The incidence of recurrent VF during occlusion or reperfusion is often in a small community.