

Furthermore, Stammet et al. (2012) found that patients with OHCA who underwent CPR by the bystander and using the automated external defibrillators (AED) had almost 1.2 and 2.28 times the better CPR outcomes compared to those who underwent CPR without the AED and 2.28 times than the patients with non-witnessed OHCA [26].

Berge et al. demonstrated that the discharge rate reduces from 22.0 to 14.0% if CPR is performed by a bystander and the mean ambulance response time increases from 1:04 to 9:47 minute, the discharge rate reduces from 22.0% to 14.0% while and if no bystander CPR was performed and the mean ambulance response time increased from 1:10 to 9:47 minutes, the discharge rate dropped from 12.9% to 6.4% if no bystander CPR is performed and the mean ambulance response time increases from 1:10 to 9:47 minutes [41]. Therefore, based on drawing conclusions from these findings, identifying the areas and geographic locations for the occurrence of where the high incidence of OHCA is occurring can help reduce the response time and improve the SHD rate (40). In this regard,

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