



Correspondence on “Significance of automated external defibrillator in identifying lethal ventricular arrhythmias”

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To the Editor:

We read with great interest the extremely informative paper recently published by Tsuda et al. [2] demonstrating that 16% of patients are initially managed for possible seizure disorders until automated external defibrillator (AED) recording identified lethal ventricular arrhythmia. We completely agree with their landmark conclusions. Their study can provide valuable lessons for the public access defibrillation program in China.

Recently, a study presented by Zhang and colleagues reported that “AEDs were installed in the specialized cabinet and sited inside the buildings with their availability only during the working hours. 80% AED cabinets were locked with keys. Of these, 25.7% were with keys obtainable from staff, 11.5% with keys nearby the cabinets, and 62.8% with no information about how to get the keys. All locked AEDs were equipped with a hammer to break the box in case of an emergency” [3]. We are surprised that so many AEDs were kept in locked cabinets in China. Can you imagine trying to save a person in cardiac arrest by running to the nearest life-saving AED to find it in a locked cabinet, where you have to open it with a key or break it with a hammer? Optimal conditions for defibrillation are present for only 1–2 min with success rates decreasing thereafter by at least 10% per minute of delay [1]. The quicker an AED is attached to a patient in cardiac arrest, the quicker a shock can be given (if indicated) to treat the arrhythmia causing the cardiac arrest. Locked cabinets inevitably introduce a delay in obtaining a defibrillator

and applying it to a person in cardiac arrest. Given the importance of reducing to a minimum the time taken to administer a shock, we believe that no delays or constraints should be placed on any person willing to use an AED nor should there be any physical barrier to restrict the immediate use of an AED such as a locked cabinet.

Author Contributions The author is solely responsible for the content of this manuscript.

Compliance with ethical standards

Conflict of interest The author declares that there is no conflict of interest.

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