

Moving with no beating heart: CPR-induced consciousness in three middle-aged women—a case series

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DOI: XXX

Background: Cardiopulmonary resuscitation-induced consciousness (CPRIC), also known as CPR-induced awareness, is a rare but increasingly recognized phenomenon where patients exhibit signs of consciousness—such as purposeful movements or following commands—during active chest compressions despite the absence of a spontaneous heartbeat. Estimated to occur in 0.3% to 0.9% of cardiac arrests, it is thought to be a surrogate for high-quality CPR that provides sufficient cerebral perfusion to maintain brain function. However, the lack of standardized clinical guidelines for managing conscious patients during resuscitation creates significant challenges for healthcare providers.

Case Series: This series describes three middle-aged Sri Lankan women (aged 52, 55, and 62) who presented to the Emergency Department in ventricular tachycardia (VT) cardiac arrest secondary to acute myocardial infarction. In all three cases, the patients gained consciousness specifically during high-quality, uninterrupted chest compressions.

* Case 1: A 52-year-old patient attempted to grasp the resuscitator's gown during CPR.

* Case 2: A 55-year-old patient opened her eyes during compressions.

* Case 3: A 62-year-old patient exhibited purposeful upper and lower limb movements.

Crucially, in every instance, consciousness disappeared immediately when compressions were stopped for rhythm checks, and return of spontaneous circulation (ROSC) was not achieved despite prolonged efforts.

Discussion: These cases highlight the "critical balance" required between maintaining effective resuscitation and ensuring patient comfort. Management dilemmas included the need for physical restraint, the potential requirement for analgesics or sedation to reduce patient distress, and the psychological impact and "stigma" felt by clinicians continuing CPR on an awake-appearing patient.

Conclusion: CPRIC serves as a clinical indicator of high-quality CPR but necessitates a clear distinction from ROSC to avoid premature termination of life-saving interventions. There is an urgent need for formal guidelines to address sedation protocols and the ethical complexities of managing consciousness in the absence of a beating heart.

Keywords: CPRIC, CPR induced consciousness, resuscitation