IL-6, TNF-α of the patients was measured. All patients were evaluated by SIRS diagnosis standard and their general organ functions were examined.

Results Activation of NF-κB, IL-6 and TNF-α of patients experienced CPR were significantly higher than normal people ($p<0.05$). The Ulinastain group had significantly lower blood level of NF-κB, IL-6, TNF-α than control group ($p<0.05$). Only 20% patients receiving Ulinastain suffered SIRS after CPR, compared to 65% patients in the control group ($p<0.05$). Ulinastain infusion caused a significant decrease in mean blood level of CK, AST, ALT and Cr than the control group ($p<0.05$) .

Conclusions Ulinastain applied after CPR plays a role in inhibition of inflammatory mediators and may be one reason for the lower incidence of SIRS.

GW23-e1072 **EFFECTS OF THE APPLICATION OF ULINASTAIN ON THE ACTIVATION OF NF-κB AFTER CARDIAC ARREST**

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Objectives The aim of this study was to investigate the incidence of systemic inflammatory response syndrome (SIRS) after cardiopulmonary resuscitation (CPR) and to assess the affection of Ulinastain on SIRS after CPR.

Methods Forty patients experienced CPR and survival more than 48 h after ROSC were randomized into Ulinastain group and control group. The level of blood nuclear factor-kappa B (NF-κB),