



Does the Advanced Airway Benefit the EMT-resuscitated OHCAs?

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Background: Bystander CPRAROS

VENTILATION OR NOT?

- Many studies now favor compression-only CPR for bystander.
- However, for a health-care provider (HCP) like EMTs, there was no evidence to show if it is NOT necessary to perform ventilation.

Background: EMT CPR

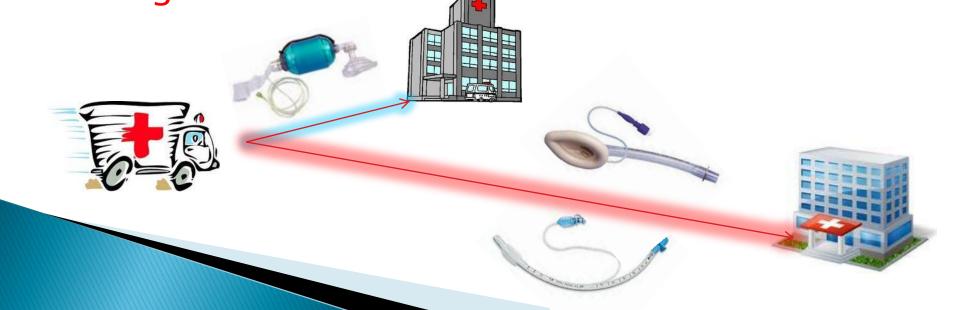


INTUBATION OR NOT?

- According to ACLS 2005, ventilation by BMV is as effective as <u>advanced airway</u> (including LMA, combitube, and endotracheal tube) in the early stage of CPR.
- However, the current training curriculum of EMTs put more emphasis on use of advanced airway in resuscitation of OHCAs.

Hypothesis

- The advanced airway used by EMTs in resuscitation of OHCAs benefits the outcome in comparing to BVM only.
- The advantage of advanced airway will be more obviously if the transport time is longer.



Methods: enrollees



Setting

By analysis of PAORS registered OHCA databank

Inclusion

adult non-traumatic OHCA

Exclusion

 OHCA caused by definite asphyxia, including submission, foreign-body airway obstruction, and anaphylaxis.

Methods: analyses



Exposure (Xi)

 type of resuscitative ventilation, level of EMT, bystander CPR, initial arrest rhythm, response time, transport time.

Outcome (Y)

 ROSC rate, survival to admission, survival to discharge, CPC at discharge.

Statistic plans

Multivariate logistic regression

Significance



- Provide the evidence of choice of ventilation devices for EMS in resuscitation of OHCAs.
- Guide the ALCS recommendation for the ventilation in OHCA in rural vs. urban EMS area (where there were much difference in transport time).

