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# Does the **Advanced Airway** **Benefit** the **EMT-resuscitated OHCA**s?

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# Background: Bystander CPR



## 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 advanced airway (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 OHCA.





# 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 ( $X_i$ )**
  - 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 OHCA.
- ▶ Guide the ALCS recommendation for the ventilation in OHCA in rural vs. urban EMS area (where there were much difference in transport time).

