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Outline of Proposal



- Introduction
- Aims/Hypotheses
- Methods
- Significance

Introduction



- Non-cardiac OHCA
 - 20% 50% of adult OHCAs are of non-cardiac origin
 - Cardiac arrest as a result of trauma, burns, hanging, traumatic asphyxia, electrocution and drowning
 - Survival from non-cardiac OHCA is poor
 - Some consider resuscitation of this patient group futile



Introduction



- Non-cardiac OHCA in Korea
 2005-2008 CAVAS data (N=18,413)
 - crude incidence rate:12.2 (2006), 14.2 (2007) and 11.2 (2008) per 100,000
 - Survival to discharge: 2.8%
 - Good neurologic outcome: 0.5%

Introduction



- Non-cardiac OHCA in Korea
 - 2005–2008 CAVAS data (N=18,413)
 - multivariate logistic regression analysis, predictors for survival to discharge
 - female gender (OR; 1.48, 95% CI; 1.20 1.81)
 - witnessed arrest (OR; 1.95, 95% CI; 1.55 2.44)
 - bystander CPR (OR; 3.02, 95% CI; 1.81 5.03)
 - EMS intervals (OR; 0.98, 95% CI; 0.97 0.99)

Aims



- To describe the epidemiological features of non-cardiac origin OHCA and to explore whether there is regional variation in Asian countries
- To determine the predictors for survival outcome according to etiology from noncardiac cause OHCA in PAROS

Methods



Outcome

- Primary outcome: good neurologic outcome
- Secondary outcome: survival to discharge
- Tertiary outcome: ROSC
- Outcome are compared by the etiology
- trauma vs. asphyxia (conflagration, drowning, electrocution, traumatic asphyxia, hanging, other)



Methods



Outcome

- Primary outcome: good neurologic outcome
- Secondary outcome: survival to discharge
- Tertiary outcome: ROSC
- Outcome are compared by the different EMS systems or regionality



Methods

PARCOS B THE REAL BOLTATION OUTCOME

Inclusion

- all study sites of PAROS
- non-cardiac origin OHCA
- Study design
 - observation study

Statistic

 Multivariable analyses are used to assess the contribution of predictors to better outcomes

Significance



- Understanding of the patient's outcomes of non-cardiac OHCA in Asian countries and its associated factors according to etiology
- Comparison of data from different EMS systems may lead us to identify factors that can influence outcomes and to improve the performance