

Improving Outcomes from Pre-hospital and Emergency Care across the Asia-Pacific

STUDY PROPOSAL REQUEST FORM

Please complete the form and email to PAROS secretariat at patricia.tay@scri.edu.sg by the stipulated date. You will be notified in due time on whether your study has been accepted for presentation.

Reminder: Please check the list of existing proposals and publications from https://www.scri.edu.sq/crn/pan-asian-resuscitation-outcomes-study-paros-clinical-research-network-crn/paros-publications/ to avoid duplications of proposals. Abstract and manuscript must be sent to PAROS chairs for approval before submission for presentation/publication.

1. BASIC INFORMATION											
Name: Gene Ong	Designation	Designation: Senior Consultant									
Email: geneong@yahoo.com	Country: Singapore										
2. TYPE OF REQUEST (Please select one)											
New Study Proposal (initial)			Explanatory Analyses								
3. STUDY TITLE											
Emergency department factors and outcomes of adult and paediatric out-of-hospital arrests in Pan-Asian Countries											
4. ABSTRACT OF STUDY PROPOSAL											
In no more than 350 words, describe the study under the given headings below.											
Objectives/Hypotheses The objective of this retrospective, observational study is to determine associations of advanced cardiac life support (ACLS) provided in emergency departments for a) adult and b) paediatric (infants and children) cases of out-of-hospital cardiac arrest (OHCA) in Pan-Asian countries with 1) long-term neurobehavioural outcomes, 2) survival to discharge and 3) sustained return-of-circulation (ROSC) / survival to hospital admission.											
Methodology (To include sample size, settings, inclusion & exclusion criteria, etc. For secondary &											
explanatory analyses: include statistical plan, type of analyses, measurement, etc.)											
The proposed study is a secondary analysis retrospective cohort study of all adult and paediatric non-traumatic OHCA cases enrolled in the PAROS registry by December 31, 2018. Patient epidemiology and clinical characteristics (underlying cardiac vs non-cardiac aetiologies, shockable rhythms) will be studied.											
Emergency department (ED) medical records will be investigated to ascertain associations of ED-interventions (time to tracheal intubation, use of mechanical chest compression, time to the first adrenaline and number of doses given and use of volume resuscitation).											
For shockable rhythms, use of anti-a resuscitation, defibrillation (time of	first shock and numb	er delivered).	•								
The duration of resuscitation will . Where appropriate, ED ECMO initiation time.											
For paediatric out-of-hospital arrest general emergency departments.	s, those occurring in	paediatric em	nergency departments and								
The primary outcome measure is patient survival to hospital discharge and when available, long-term											



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neuro-behavioural outcomes for survivors. Secondary outcomes include sustained return of circulation / survival to hospital admission.

The distribution of the patient demographics, clinical factors and ED-interventions will be examined via univariate and multivariate analyses. Bivariate analyses will be used to compare between relevant groups. The statistical associations and the significance of the relevant variables among each group and outcome measures will be examined using Student's t-test and Pearson's chi-square when appropriate. Odds ratios and 95% confidence intervals will also be calculated to assess the magnitudes of the associations.

Significance of the study (e.g. provide brief description on how the study can improve current

Despite the major role emergency departments play in cardiac arrest for both adult and paediatric OHCAs, there is very little focused literature on outcome correlations of ED critical interventions.

Current literature and research primarily focus on community basic resuscitation, EMS and ICUs despite EDs being a major player in cardiac arrest management.

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(A) Score (please highlight the appropriate score):												
1	2	3	4	5	6	7	8	9	10			
Unfavo	ourable								Favourable			
(B) Comments (free text):												

GUIDELINES FOR PREPARING NEW PROPOSAL PRESENTATION

If your study proposal has been accepted for presentation, you will be notified by the Secretariat. Please prepare your presentation slides in accordance to the following instructions. Each presenter is given 10 minutes to present (8min presentation + 2min Q&A).

General Instructions

- 1. Presentation must include the following sections:
 - a. Introduction
 - b. Objectives/Hypotheses



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- c. Methodology
- d. Significance
- 2. Limit total number of slides to not more than 12. The following are the recommended number of slides for each section.
 - a. Introduction maximum of 2 slides
 - b. Objectives/Hypotheses maximum of 2 slides
 - c. Methodology maximum of 6 slides
 - d. Significance maximum of 2 slides
- 3. Try to use big fonts and contrasting colours to increase readability e.g.
 - a. Black/dark blue font against white background
 - b. White/yellow font against black background
 - c. Black font against blue background

For any enquiries, please contact PAROS secretariat at paros.secretariat@yahoo.com