

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 <u>patricia.tay@scri.edu.sg</u> 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 <u>http://www.scri.edu.sq/crn/pan-asian-resuscitation-outcomes-study-paros-clinical-research-network-crn/paros-publications/</u> 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: Daniel Unno H. Hiquiana, MD Designation: Resident in training   Email: uhiquiana@gmail.com Country: Philippines   2. TXPE OF RECULEST (Please select one)										
Email: uhiquiana@gmail.com Country: Philippines										
2 TYPE OF REQUEST (Places solart and)										
2. TYPE OF REQUEST (Please select one)										
New Study Proposal (initial)										
3. STUDY TITLE										
Early versus Late Intubation among Out-of-Hospital Cardiac Arrest Patients: A Prospective Observational Study										
4. ABSTRACT OF STUDY PROPOSAL										
In no more than 350 words, describe the study under the given headings below.										
Objectives:										
To determine the return-of-spontaneous circulation and 30-day survival-to-hospital discharge outcome among OHCA patients, brought to SPMC Emergency Department, treated initially with bag-valve mask ventilation with late ETI and early endotracheal intubation.										
Hypotheses:										
There is no significant difference in the 30-day Survival-to-Hospital Discharge with:										
A: OHCA patients treated with BVM and late ETI										
B: OHCA patients treated with early ETI										
Methodology										
This will be a prospective cohort study. The study will include OHCA patients subjected to the BVM with late ET and early ETI. Early ETI is defined as intubation done ≤ 5 minutes while late ETI is defined as intubations done after 5 minutes. The study will be conducted from July 2020 to December 2020 in the Resuscitation Area of Emergency Complex, Southern Philippines Medical Center, a public tertiary hospital in Davao City. The study population includes 18 years or older with OHCA; witnessed or unwitnessed OHCA; OHCA										

transported by EMS or Non-EMS; and with or without pre-hospital resuscitation attempted by bystander



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and/or emergency responder. Excluded are patients with signs of irreversible death (decomposition, rigor mortis, decapitation, etc.); In-Hospital-Cardiac Arrest; pre-existing DNR order; patients with advanced airway in place prior to resuscitation; and known pregnancy.

The study will make use of systemic sampling. Sample size for this study was computed using a calculator in https://select-statistics.co.uk/calculators/sample-size-calculator-two- proportions/ and with the assumption that the proportion of patients assigned in the early intervention has out-of-hospital cardiac arrest rate of 59.07%. Computations were made in order for the study to detect a 30% difference against late intervention in proportions of patients with the outcome. In a computation for comparison of two proportions carried out at 95% confidence level, a sample size of 40 per group (total of 80participants) will have an 80% power of rejecting the null hypothesis if the alternative holds.

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

All health institutions have the same approach with OHCA patients. That is, early high quality CPR and early defibrillation. However, these health institutions have dissimilar approach in airway. Some institutions advocate early intubation, while others settle with BVM ventilation with late intubation. Currently, airway management during OHCA is a controversial topic. This will be the first study to be done in Mindanao, Philippines. The results of this study may guide general practitioners, pre-hospital EMTs, or first responders with airway approach in OHCA and as a result may focus more in providing high quality CPR. Moreover, this study may benefit hospitals with their existing OHCA and IHCA resuscitation protocols in airway management. Lastly, since this is the first study that will be conducted in the region, this may be used as source data for future research about OHCA and resuscitation, thus further expanding our knowledge in improving the mortality rate and quality of care of cardiac arrest patients.

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



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## **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
  - 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