



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 paros.secretariat@yahoo.com by the stipulated date. You will be notified in due time on whether your study has been accepted for presentation.

1. BASIC INFORMATION

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2. TYPE OF REQUEST (Please select one)

<input checked="" type="checkbox"/> New Study Proposal (initial)	<input checked="" type="checkbox"/> Secondary Analyses	<input type="checkbox"/> Explanatory Analyses
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3. STUDY TITLE

The Outcomes of Traumatic or Injured Out-of-hospital Cardiac Arrest and Ventricular Fibrillation

4. ABSTRACT OF STUDY PROPOSAL

In **no more than 350 words**, describe the study under the given headings below.

Objectives/Hypotheses
Ventricular fibrillation (VF) may not be often for traumatic or injured OHCA, the outcomes of traumatic or injured OHCA presenting with VF and the role of automated external defibrillator (AED) has not been clearly defined.

Methodology (To include sample size, settings, inclusion & exclusion criteria, etc. For secondary & explanatory analyses: include statistical plan, type of analyses, measurement, etc.)

All PAROS-1 dataset among the seven participating PAROS-1 countries.
Trauma: totally 8650 cases, VF plus VT: 103 + 10 cases, Asystole: 5584 cases, PEA: 2679 cases.
Retrospective observational analysis. Outcomes will be PAROS-1 dataset definition of outcomes.
Chi-square, Student-t test, and Regression analysis for statistical analyses.
Outcomes impact will be analyzed and adjusted with age, sex, bystander CPR, witnessed status, airway devices, locations and EMS time intervals.

Significance of the study (e.g. provide brief description on how the study can improve current
The hypothesis is traumatic OHCA presenting with VF may still have fair and better chance to reach discharge survival or good neurological outcome compared with the non-VF, and which may imply the proper use of AED on this occasion.

Secretariat

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