This template guides the Task Force Scoping Review (TFScR) team on how to prepare the summary of the TF Scoping Reviews including the Task Force Insights for review and approval by the Scientific Advisory Committee and then by ILCOR executive prior to posting on ILCOR.org.

This summary document includes more of the steps along the way, as it does not rely on that information to be published in a separate document (eg. published Systematic Review).

User Instructions:

Please maintain header size (14) and font calibri size (10) and bolded as per the template and the references should be formatted as per the ILCOR pre-specifications. Examples are italicized in the template however it not necessary to italicize when completing the sections in the template

## Scoping Review and Task Force Insights for [www.ilcor.org](http://www.ilcor.org) posting

## Header: Insert Title for ILCOR Scoping Review

Insert disclaimer for why the review is marked ‘DRAFT’  *Note to Webmaster – this preamble about draft can be removed when you are notified by ILCOR that the review label of draft is no longer required.*

*This review is a final version prepared by ILCOR and is labelled “draft” to comply with copyright rules of journals. The ‘draft label’ will be removed from this website once a summary article has been published in a scientific journal.*

## Header: Conflict of Interest Declaration

The ILCOR Continuous Evidence Evaluation process is guided by a rigorous ILCOR Conflict of Interest policy. The following Task Force members and other authors were recused from the discussion as they declared a conflict of interest: (insert names or declare none applicable)

The following Task Force members and other authors declared an intellectual conflict of interest and this was acknowledged and managed by the Task Force Chairs and Conflict of Interest committees: (insert names or declare none applicable)

## Header: Task Force Scoping Review Citation

Insert citation for ILCOR.org posting of Scoping Review

Example

*Soar J, Donnino MW, Andersen LW, Berg KM, Böttiger BW, Callaway CW, Deakin CD, Drennan I, Neumar RW, Nicholson TC, O’Neil BJ, Paiva EF, Parr MJ, Reynolds JC, Ristagno G, Sandroni C, Wang TL, Welsford M, Nolan JP, Morley PT (if not all members of the TF contributed sufficiently to be authors please include the caveat -on behalf of the International Liaison Committee on Resuscitation (insert) Life Support Task Force(s).*

*Antiarrhythmic Drugs for Cardiac Arrest in Adults and Children Scoping Review and Task Force Insights [Internet] Brussels, Belgium: International Liaison Committee on Resuscitation (ILCOR) Advanced Life Support Task Force, 2018 May 30.  Available from:*[*http://ilcor.org*](http://ilcor.org/)

**Header - Methodological Preamble and Link to Published Scoping Review**

Insert a brief methodological overview and TF chair will adjust specific for the TF Scoping Review Team that did the work:

Example:

*The continuous evidence evaluation process started with a scoping review of basic life support conducted by the ILCOR BLS Task Force Scoping Review team. Evidence for adult and pediatric literature was sought and considered by the Basic Life Support Adult Task Force and the Pediatric Task Force groups respectively.*

## Header -Scoping Review

Webmaster to insert the Scoping Review citation and link to Pubmed using this format when/if it is available.

Example

*Usman M, Fitzpatrick-Lewis D, Kenny M, Parminder R, Atkins DL, Soar J, Nolan J, Ristagno G, Sherifali D Effectiveness of antiarrhythmic drugs for shockable cardiac arrest: A systematic review Resuscitation 132:November 2018 63-72 PMID:30179691 DOI:*[*10.1016/j.resuscitation.2018.08.025*](https://doi.org/10.1016/j.resuscitation.2018.08.025)

## Header - PICOST

Insert the PICOST (TF chairs uses the SAC approved PICOST)

Example

**The PICOST (Population, Intervention, Comparator, Outcome, Study Designs and Timeframe)**

**Population:** Adults and children in any setting (in-hospital or out-of-hospital) with cardiac arrest and a shockable rhythm at any time during cardiopulmonary resuscitation (CPR) or immediately after return of spontaneous circulation (ROSC).

***Intervention:*** Administration (intravenous or intra-osseous) of an antiarrhythmic drug during CPR and immediately (within 1 hour) after ROSC.

**Comparators:**  Another anti-arrhythmic drug or placebo or no drug during CPR or immediately after ROSC.

**Outcomes:** Survival to hospital discharge with good neurological outcome and survival to hospital discharge were ranked as critical outcomes. Return of spontaneous circulation (ROSC) was ranked as an important outcome. For antiarrhythmic drugs after ROSC – re-arrest was included as an important outcome.

**Study Designs:**  Randomized controlled trials (RCTs) and non-randomized studies (non-randomized controlled trials, interrupted time series, controlled before-and-after studies, cohort studies) are eligible for inclusion.

**Timeframe:**All years and all languages were included as long as there was an English abstract; unpublished studies (e.g., conference abstracts, trial protocols) were excluded. Literature search updated to August 15, 2019.

NOTE FOR SELECTING OUTCOMES: For both consistency in messaging and in approach, it is recommended to report on survival (and morbidity-free survival) preferentially over death (and death and/or disability), where the data in the literature allows this approach.

**Header – Search Strategies**

Please insert search strategy used (and date of last search) for each database searched.

**Header – Inclusion and Exclusion criteria**

Please insert the inclusion and exclusion criteria that were used to select the final articles.

**Header – Data tables**

Please insert/paste the completed summary tables: including abstracted data.

**Header – Task Force Insights**

Please insert your task force insights here. They should comprise 3 sections.

**1. Why this topic was reviewed.**

*Examples of these statements are:*

*• “This topic was chosen for review by the ALS Task Force because of ongoing controversies in the published literature.”*

*• “This topic was re-evaluated by the BLS taskforce because it had not been reviewed by ILCOR since 2010.”*

**2. Narrative summary of evidence identified**

*Examples of these statements are:*

*• “There were insufficient studies identified to support a more specific systematic review.”*

*• “A number of relevant studies were identified, and as a result, a Task Force Systematic Review was initiated.”*

*• “Three observational studies were identified that were published since 2009. They compare the use of “intervention X” with “comparator Y” in “population Z” in “1234 patients”.”*

*• “The identified studies were from diverse geographical areas, and there were large differences in the interventions used.”*

*• “No published studies reported survival with good neurological outcome . . .“*

*• “The only outcomes that were reported were surrogate outcomes or short-term outcomes of limited importance.”*

*• “The published literature identified by this scoping review fell into three main themes/subgroups . . .”*

*• “In one specific area, XYZ in ABC, a number of relevant studies were identified, so this specific topic was referred for consideration of a systematic review.”*

**3. Narrative Reporting of the task force discussions**

*The task force should document the key issues that were considered in their deliberations, including gaps and deficiencies in the literature, to provide more transparency about the complexity of the discussions.*

*Examples of these statements are:*

*• “We identified many gaps in the published literature. These included . . .”*

*• “The majority of the studies identified in this review were focused on out-of-hospital cardiac arrest highlighting a major gap in research in the in-hospital context.”*

*• “The task force identified that no studies addressed . . .”*

*• “No Randomised Controlled Trials were identified that met our inclusion criteria.”*

*• “No study addressed the interaction between X and Y . . .”*

*• “This scoping review demonstrated that the majority of studies focused on a single CC component, whereas a number of studies suggest the presence of confounding interactions that prompt caution when evaluating any CC component in isolation.”*

*• “The information from the studies identified was considered insufficient to alter existing recommendations. ”*

## Header – Knowledge Gaps

Knowledge Gaps Template for Task Force chairs

The statements regarding the knowledge gaps could include wording such as:

There were no studies identified that evaluated this question in the pediatric/in-hospital setting.

No RCTs compared intervention with standard care in any patient population

Only short term/surrogate outcomes were evaluated, future studies should document survival/neurologically intact survival to hospital discharge/30days.

## [Header – References](#_4_Creation_of)

**References listed alphabetically by first author last name in this citation format (Circulation)**

Paradis NA, Martin GB, Rivers EP, Goetting MG, Appleton TJ, Feingold

M, Nowak RM. Coronary perfusion pressure and the return of spontaneous

circulation in human cardiopulmonary resuscitation. JAMA.

1990;263:1106–1113.