Task Force	AHA ID	Domain	Active	Subcategory	Short Title	PICO	Category	Prioritization	Domain Leader	Comments
BLS	343	CPR	Yes	Compressions	Chest compression rate	Among adults and children who are in cardiac arrest in any setting (P), does any specific rate for external chest compressions (I), compared with a compression rate of about 100/min (C), change outcome including CPR	REPOSE			
BLS	344	Emergency Care	No	Head & Neck Injury	Face-down victim	Among adults and children with suspected neck rijury who are in cardiac arrest in any setting (P), does any different strategy regarding positioning (eg. leaving them in the position they are found) (1), compared with standard care (ie. positioning the victim on his or her back) (C), change spinal cord injury, neurological injury,	DEDOCE			
BLS	345	CPR	Yes	Compressions	Rhythm check timing	harm to nation: time to first shock (O)? Among adults and children who are in cardiac arrest in any setting (P), does checking the cardiac rhythm Immediately after defibrillation (1), compared with immediate resumption of chest compressions with delayed	REPUSE			
	346				-	check of the cardiac rhythm (C), change outcome including recurrence of VE (O)? Among adults who are in cardiac arrest in any setting (P), does pausing chest compressions at another	REPOSE	-		
BLS	510	CPR	Yes	Compressions	Timing of CPR cycles (2 min vs other)	interval (1), compared with pausing chest compressions every two minutes to assess the cardiac rhythm (C), change Survival with Favorable neurological/functional outcome at discharge, 30 days, 60 days, 180 days				
BLS	347	Defibrillation & Electrical Therapy	Yes	-	Public access AED programs	AND/OR 1 year Survival only at dischame 30 days. 60 days 180 days AND/OR 1 year ROSC commany Among adults and children who are in cardiac arrest outside of a hospital (P), does implementation of a public access AED program (I), compared with traditional EMS response (C), change Survival with Favorable neurological/functional outcome at discharge, 30 days, 60 days, 180 days AND/OR 1 year, Survival only at	REPUSE	-		
	348					discharge, 30 days, 60 days, 180 days AND/OR 1 year, ROSC, time to first shock, bystander CPR rates.	REPOSE			1
BLS	540	CPR	Yes	Compressions	Check for circulation during BLS	spontaneous circulation at pre-defined time intervals (1), compared with interruption of CPR to check for return of constaneous circulation at pre-defined time intervals (1), compared with interruption of CPR to check for return of constaneous circulation at one-defined time intervals (C), chance nutcome (O)?	REACTIVATE	В4	de Caen	
BLS	349	CPR	No	Compressions	Rescuer fatigue in CC Only CPR	Among rescuers who are performing chest compressions (P), does compression only CPR (I), compared with	REACTIVATE	85	de Caen	
	352					Among adults and children who are in cardiac arrest in any setting (P), does addition of any passive ventilation				
BLS		Airway & Ventilation	Yes	Basic Airway Management	Passive ventilation techniques	technique (eg positioning the body, opening the airway, passive oxygen administration) to chest compression- only CPR (I), compared with just chest compression-only CPR (C), change outcome including bystander				
						initiated CPR_oxygenation (O)?	REPOSE	_		
BLS	353	CPR	Yes	Compressions	Harm from CPR to victims not in arrest	Among Adults and children who are NOT in cardiac arrest outside of a hospital (P), does provision of chest compressions from lav rescuers (I), cause unacceptable harm (O)?	REPOSE			
BLS	354	CPR	No	Miscellaneous	Harm to rescuers from CPR	Among rescuers who are caring for patients in cardiac arrest in any setting (P), does performing CPR (I), compared with not performing CPR (C), change harm to rescuer, bystander CPR performance, willingness to				
						provide CPR_prevent further illness or injury (i.e., harm), the likelihood of harm (eq infection) (O)?	REPOSE	_		
BLS	357	CPR	Yes	Compressions	Hand position during compressions	Among adults and children who are receiving chest compressions in any setting (P), does delivery of chest compressions on the lower half of the sternum (I), compared with any other location for chest compressions				
	358					(C) change outcome including cardiac output harm (eq rib fracture) coronary perfusion pressure (O)? Among adults and children who are in cardiac arrest in any setting (P), does minimization of pauses in chest	REPOSE	-		
BLS		CPR	Yes	Compressions	Minimizing pauses in chest compressions	compressions for cardiac rhythm analysis or ventilations (I), compared with prolonged pauses in chest				
	359					compressions for rhythm analysis or ventilations (C), change outcome including time to first shock. CPR Among adults and children who are in cardiac arrest outside of a hospital (P), does the ability of a dispatch	REPOSE			
BLS		CPR	Yes	Bystander CPR	Dispatcher instruction in CPR	system to provide CPR instructions (I), compared with a dispatch system where no CPR instruction are ever	DEACTRUATE	54	C	
	360					provided (C) change outcome including delivery of bystander CPR_time to first shock_time to commence Among adults who are in cardiac arrest outside of a hospital (P), does provision of chest compressions with	REACTIVATE	81	Couper	
BLS		CPR	Yes	Compressions	EMS CC only vs standard CPR	delayed ventilation by EMS (I), compared with chest compressions with early ventilations by EMS (C), change twome including time to first check, time to first compressions. CDR guality (Q)2	REPOSE			
	361					Among adults and children who are in cardiac arrest in any setting (P), does real-time feedback and prompt				
BLS		CPR	Yes	Monitoring / Feedback	Feedback for CPR quality	device regarding the mechanics of CPR quality (e.g. rate and depth of compressions and/or ventilations) (I),	REPOSE			
BLS	362	CPR	Yes	Compressions	Compression ventilation ratio	Among adults and children who are in cardiac arrest in any setting (P), does delivery of CPR with another				
	363	-		,		specific C:V ratio (I), compared with CPR using a 30:2 compression:ventilation ratio (C), change outcome	REPOSE	_		
BLS	505	CPR	Yes	Compressions	CPR prior to defibrillation	(P), does a prolonged period of chest compressions before defibrillation (I), compared with a short period of				
	366					chest compressions before defibrillation (C) change outcome including rhythm control (O)?	REPOSE	_		
BLS	500	CPR	Yes	Compressions	Chest compression depth	(I), compared with chest compression depth to 5 cm (2 inches) (C), change outcome including CPR quality,				
	367				-	coronary nerfusion pressure cardiac output hystander CPR performance (Ο)? Among adults, and children who are in cardiac arrest (Ρ), does allowing complete chest wall recoil (Ι).	REPOSE	-		
BLS	50,	CPR	Yes	Compressions	Chest wall recoil	compared with incomplete chest wall recoil (C), change outcome (O)?	REPOSE			
BLS	368	Emergency Care	No	Miscellaneous	Foreign body airway obstruction	Among adults and children who are choking from a foreign body in the airway in any setting (P), does provision of abdominal thrusts, and/or back slaps, and/or chest thrusts (I), compared with no action (C), change				
	370					outcome including clearance of airway foreign body, risk of complications (eq aspiration), airway pressure	REACTIVATE	B8	Cheng	
BLS	570	CPR	Yes	Miscellaneous	Firm surface for CPR	surface like a backboard or deflatable mattress (I), compared with performance of CPR on a regular mattress		P.C	Caupar	
DI C	372	CPR	Yos	Comproceione	Chest compression only CPR vs conventional	(C) change outcome including chest compression denth (O)? Among adults who are in cardiac arrest outside of a hospital (P), does provision of chest compressions	REACTIVATE	БО	Couper	
DLS	272	LPK	res	Compressions	CPR	(without ventilation) by untrained/trained lavpersons (I), compared with chest compressions with ventilation	REPOSE	l	Т	1
BLS	3/3	CPR	Yes	Compressions	Analysis of rhythm during chest compression	chest compressions (I), compared with standard care (analysis of cardiac rhythm during pauses in chest				
	274					compressions) (C) change outcome including time to first shock, time to commence (PR, CPR, guality (Ω)2	REACTIVATE	B2	de Caen	
BLS	3/4	CPR	No	Compressions	Alternative compression techniques	simultaneous compression and ventilation, interposed abdominal compression, active compression-		1		
	202					decompression, heel-CPR) (I), compared with standard CPR (C), change outcome (O)?"	REPOSE			1
Peds	302	Airway &	No	Ventilation rate	Etiology specific minute ventilation	minute ventilation (combination of respiratory rate and tidal volume) depending on the aetiology of the arrest				
	294	venuation				(I) compared with standard care (8-10 as vnchronous hreaths per minute) (C) chance outcome (O)?	REACTIVATE	P13	Rabi	
Peds	304	Miscellaneous	No	Miscellaneous	Family presence (peds)	during the resuscitation (I), compared with the absence of family members (C), change outcome (O)?	REACTIVATE	P33	Skifvars	

	Peds	387	Post Arrest Care	Yes	Therapeutic	Post-ROSC Targeted Temperature	Among infants and children who are experiencing ROSC after cardiac arrest in any setting (P), does does the use of TTM (eq, therapeutic hypothermia) (I), compared with compared with the use of normothermia (C),				
					Hypothermia	Management (TTM)	change outcome including ICI length of stay (O)?	REPOSE	P10	1	
	Peds	388	Drugs & Fluids	No	Buffering Agents	Sodium bicarb for peds	Among Infants and children who are in cardiac arrest in any setting (P), does buffering agent administration (I), compared with no use of huffering agents (C), change outcome, (O)?	REACTIVATE	P16	Ristagno	
	Peds	390	Miscellaneous	No	Etiology	Resuscitation of the patient with single ventricle	Among infants and children with single ventricle, s/p stage I repair who are in cardiac arrest in any setting (P), does any specific modification to standard result (C).	REPOSE		-	
	Peds	391	Miscellaneous	No	Etiology	Resuscitation of the patient with pulmonary hypertension	Among Infants and children who are in cardiac arrest with pulmonary hypertension in any setting (P), does any specific alteration in treatment algorithm (I), compared with standard care (according to 2010 treatment	REPOSE			
	Peds	392	Miscellaneous	No	Etiology	Resuscitation for Fontan circulation.	alonrithm) (C) change outcome (O)? Among infants and children with Fontan or hemi-Fontan circulation who are in cardiac arrest in any setting (P),	REPOSE			
	Peds	393	CPR	No	Monitoring / Feedback	Pulse check accuracy	does any specific modification to standard practice (1), compared with standard resuscitation practice (C). Among infants and children who are in cardiac arrest in any setting (P), does a pulse check (I), compared with	REPOSE			
		394					In infants and children receiving chest compressions (in or out of hospital) (P), does does the use of any	REFUSE			
	Peds		CPR	Yes	Compressions	Chest Compression Depth	specific chest compression depth (I), compared with compared with the depth specified in the current				
							treatment algorithm (C), change survival to 180 days with good neurological outcome, survival to hospital	REACTIVATE	P3	de Caen	
	Peds	396	Airway & Ventilation	No	Supplemental Oxygen	Oxygen dose (peds)	Among infants and children who are in cardiac arrest in any setting (P), does an FIO2 titrated to oxygenation during cardiac arrest (I), compared with the use of 100% oxygen (C), change utcome (D)?	REACTIVATE	P21	Rabi	
		397					For infants and children in the in-hospital setting (P), does does the use of pediatric METs/RRTs (I), compared				
	Peds		Emergency Care	Yes	Rapid Response Teams	Pediatric METs and RRTs	with compared with not using METs/RRTs (C), change Cardiac arrest frequency outside of the ICU, Cardiac arrest frequency, overall bosnital mortality (O)?	REPOSE			
		399			a		Among infants and children who are in any type of shock in any setting (P), does intubation and assisted				
	Peds		Emergency Care	No	Shock	Intubation for shock (timing)	ventilation prior to the onset of respiratory failure (I), compared with intubation and assisted ventilation only	REPOSE			
	Pode	400	Emergency Care	No	Shock	Graded volume resuscitation for traumatic	Among infants and children who are hemorrhagic shock following trauma in any setting (P), does graded				
	reas		Aimumu 9	110	Advanced Airway	shock	volume resuscitation (I), compared with standard care (C), change outcome (O)?	REACTIVATE	P20	Patocka	
	Peds	401	Ventilation	No	Management	Formulas for peds ET tube size	Among infants and children who are requiring endotracheal intubation in any setting (P), does a specific formula to quide cuffed endotracheal tube size (I), compared with the formula of $3.5 \pm are/4$ (C), change outcome (O)?	REPOSE			
		407				Extracorporeal CPR for Inhospital Cardiac	In infants and children with IHCA (P), does does the use of ECMO for resuscitation, also called ECPR (I),				
	Peds		CPR	Yes	Extracorporial CPR	Arrest	compared with when compared with conventional resuscitative treatment (CPR without the use of ECMO) (C),	PEPOSE	pq		
	Pode	408	Screening &	No	ECC/EEC	Echo to diagnoco porfucing rbuthm	change survival to 180 days with good neurological outcome, survival to hospital discharge, survival to Among infants and children who are in cardiac arrest in any setting (P), does a focused echocardiogram (I),	REFUSE	15		
	reus		Diagnosis	NO	LCG/LLG	Echo to diagnose pendsing mythin	compared with standard assessment (C), change (Q)?	REACTIVATE	P14	Scholefield	
	Peds	409	Drugs & Fluids	No	Tachycardia	Drugs for unstable tachycardia	Among infants and children who are in unstable ventricular tachycardia in any setting (P), does any drug or combination of drugs (I), compared with electrical cardioversion (C), change outcome (O)?	REPOSE			
	Peds	410	Drugs & Fluids	No	Miscellaneous	Distributive shock and instrones (neds)	Among infants and children who are in distributive shock with or without myocardial dysfunction in any setting				
_		414					(P), does inotropic agent use (I), compared with no inotropic agent use (C), change outcome (O)?	REACTIVATE	P7	Kleinman	
	Peds	414	CPR	Yes	Compressions	Chest Compression–Only CPR Versus	compared with compared with the use of conventional CPR (C), change neurologically intact survival at one				
						Conventional	vear . neurologically intact survival at 30 days, survival to bospital discharge, improved ICU length of stay	REACTIVATE	P1	de Caen	
	Peds	417	Miscellaneous	No	Etiology	Channelopathies	Among infants and children who are in cardiac arrest in any setting (P), does consideration of a channelopathy as the stiology of the arrest (I), compared with standard management (C), change outcome, (O)?	REACTIVATE	P32	Kleinman	
	Peds	420	Drugs & Fluids	No	Miscellaneous	Calculating peds drug dosages	Among infants and children who are in cardiac arrest in any setting (P), does any specific alternative method				
	i cus	424	Brugs a rialas	110	Thecenaricous		for calculating drug dosages (I), compared with standard weight-based dosing (C), change outcome (O)?	REPOSE			
	Peds	424	Drugs & Fluids	Yes	Vasoconstrictors	Vasopressor Use During Cardiac Arrest	vasopressin, combination of vasopressors) (I), compared with compared with any use of vasopressors (C),				
			-				change survival to 180 days with good neurological outcome_survival to bospital discharge_ROSC (O)?	REPOSE			
	ALS	428	Drugs & Fluids	Yes	Antiarrhythmics	Antiarrhythmic Drugs for Cardiac Arrest	Among adults who are in cardiac arrest in any setting (P), does administration of antiarrhythmic drugs (eg,				
					,	· · · · · · · · · · · · · · · · · · ·	nacebo) (C) change outcome (O)?	REACTIVATE	A1	Ristagno	
	AL C	429	Emorgoney Caro	No	Toxic Substances /	Tricyclic aptidoproscapt toxicity	Among adults who are in cardiac arrest due to severe tricyclic antidepressant toxicity in any setting (P), does				
	ALS		Energency care	NO	Toxicity	meyene antidepressant toxicity	any specific alteration in treatment algorithm (1), compared with standard care (according to 2010 treatment algorithm) (C), change outcome (Ω)?	REPOSE			
	ALS	431	Post Arrest Care	Yes	Miscellaneous	Postresuscitation Seizure Prophylaxis	Among adults with ROSC after cardiac arrest in any setting (P), does does seizure prophylaxis (I), compared	DEACT		01/6	
-		433					with compared with no prophylaxis (C), change outcome (O)? Among adults who are in cardiac arrest in any setting (P), does does corticosteroid or mineralocorticoid	KEACTIVATE	A10	Skirvars	
	ALS		Drugs & Fluids	Yes	Corticosteroids	Steroids for Cardiac Arrest	administration during CPR (I), compared with compared with not using steroids (C), change outcome (O)?	REPOSE			
	ALS	435	Miscellaneous	Yes	Etiology	Cardiac Arrest Associated With PE	Among adults who are in cardiac arrest due to PE or suspected PE in any setting (P), does does any specific alteration in treatment algorithm (eq. fibrinolytics, or any other) (I), compared with compared with standard				
<u> </u>		426					care (according to 2010 treatment algorithm) (C) change outcome (O)?	REPOSE			
	ALS	436	Miscellaneous	Yes	Pregnancy & Child Birth	Cardiac Arrest During Pregnancy	Among pregnant women who are in cardiac arrest in any setting (P), does do any specific interventions (1), compared with compared with standard care (usual resuscitation practice) (C), change outcome (O)?	REPOSE			
	FIT	437	CPP	No	Miscellanoous	Practioner ovnerience	Among adults who are in cardiac arrest in any setting (P), does resuscitation by experienced practitioners (I),				this question should be combined with
1	шI		UPK	INU	miscellaneous	Practioner experience	compared with care by less experienced practitioners (C), change outcome (O)?	ACTIVATE	E6	Couper	EIT 773.
	ALS	441	Emergency Care	Yes	Toxic Substances /	Opioid Toxicity	Among adults who are in cardiac arrest or respiratory arrest due to opioid toxicity in any setting (P), does	REPOSE			
		442			TOXICITY		Among adults who are in cardiac arrest due to hemorrhagic, hypovolemic, septic, or neurogenic shock in any	HEI ODE			
	ALS		Emergency Care	No	Shock	Non-cardiac etiology cardiac arrest	setting (P), does any specific alteration in treatment algorithm (I), compared with standard care (according to 2010 treatment algorithm) (C), change autcome (O)?	REPOSE			
		444					Among adults who are in cardiac arrest who were initially in a) a non-shockable rhythm but who develop a				
1	ALS		Detibrillation & Electrical Therapy	No	-	Algorithm for transition from shockable to	shockable rhythm or b) were in a shockable rhythm and develop a non-shockable rhythm, in any setting (P),				
			_ cectrear merapy			the shoeld be my tim and vice versa	treatment algorithm) (C), change outcome, (O)?	REPOSE			
	ALS	445	Drugs & Fluids	No	Fibrinolytics	Fibrinolytics for cardiac arrest	Among adults who are in cardiac arrest in any setting (P), does fibrinolytic therapy (I), compared with not	REPORT			
					1		using fibrinoivtic therapy (C), change outcome (O)?	KLFUJL	1		1

	446					Among adults with BOSC after cardiac arrest in any setting (P), does corticosteroid administration (I).				
ALS		Drugs & Fluids	No	Corticosteroids	Steroids post resuscitation	compared with no corticosteroids (C), change outcome (O)?	REPOSE		i l	
ALC	447	Deet Americ Cone	No	Missellansous	Mechanical circulatory support post	Among adults with ROSC after cardiac arrest but with cardiovascular dysfunction in any setting (P), does			1	
ALS		FOST ATTEST Care	NU	Miscellaneous	resuscitation	mechanical circulatory support (I), compared with no mechanical circulatory support (C), change outcome	REPOSE		1	
	448	Airway &				Among adults who have ROSC after cardiac arrest in any setting (P), does does an inspired oxygen			í l	
ALS		Vontilation	Yes	Supplemental Oxygen	Oxygen Dose After ROSC in Adults	concentration titrated to oxygenation (normal oxygen saturation or partial pressure of oxygen) (I), compared			1 1	
		Ventilation				with compared with the use of 100% inspired oxygen concentration. (C), change outcome (Ω)?	REPOSE		1	
	449					In adults and children who are receiving an organ transplant in any setting (P), does do organs retrieved from a			1 1	
ALS		Post Arrest Care	Yes	Miscellaneous	Organ Donation	donor who has had CPR (I), compared with compared with organs retrieved from a donor who did not have			1 1	
						CPR (C) change increase survival rates. Complication Rate (O)?	REPOSE		1	
	450	Screening &		Risk Factors &	Prognostication in Comatose Patients Treated	Among adults with ROSC who are comatose and treated with hypothermia (P), does does any clinical variable			1 1	
ALS		Diagnosis	Yes	Assessment	With Hypothermic TTM	when abnormal (eg, clinical exam, EEG, somatosensory evoked potentials [SSEPs], imaging, other) (I),			1	
		Bidghoolo		rissessmene	mennypothermite i m	compared with compared with any clinical variable when normal (C), change outcome (O)?	REACTIVATE	A4	Scholefield	
ALS	452	Miscellaneous	No	Etiology	Morbid obesity	Among adults with morbid obesity who are in cardiac arrest in any setting (P), does any specific alteration in			1 1	
						treatment algorithm (I), compared with standard care (according to 2010 treatment algorithm) (C), change	REPOSE		łł	
ALS	453	Post Arrest Care	No	Miscellaneous	Hemofiltration post resuscitation	Among adults who are experiencing ROSC after cardiac arrest in any setting (P), does hemofiltration therapy	DEDOCE		1 1	
						(I), compared with no hemofiltration (C), change outcome (O)?	REPUSE	4	↓	
ALS	454	Post Arrest Care	No	Miscellaneous	Neuroprotective drugs	Among adults who are experiencing ROSC after cardiac arrest in any setting (P), does neuroprotective drug	DEACTIVATE	4.9	Chiferene	
	450					administration (I), compared with no neuroprotective agents (C), change outcome (O)?	REACTIVATE	AO	SKIIVAIS	
ALC	456	Emorgoney Caro	No	Missellanoous	Electrolyte dicturbances	Among adults who are in cardiac arrest due to severe electrolyte abnormalities in any setting (P), does any			1	
ALS		Energency care	NU	Miscellaneous	Electrolyte distarbances	specific alteration in treatment algorithm for (1. Potassium, 2. Calcium, 3. Magnesium, 4. Other) (1),	PEPOSE		1 1	
	457					compared with standard care (according to 2010 freatment algorithm) (C), change outcome (O)?	KEI OSE	+	1 1	
ALS	437	Drugs & Fluids	No	Tachycardia	Drugs for Torsades de Pointes	Annoing adults who are in forsades de pointes racingar dans et allo pointes racingar dans (1) appresentation of	REPOSE		1 1	
	458	Screening &				Among adults who are comatose after cardiac arrest in the bospital (P), does expecific findings on imaging	110 000	+		
ALS	450	Diagnosis	No	Imaging	Imaging studies post resuscitation	Anong data who are contacted with when she can the inspired of the area (1), does a formation of the she area (1) and the she area (1)	REACTIVATE	49	Scholefield	
	459	Airwav &		Gas Concentrations &		Among adults who are in cardiac arrest in any setting (P), does does any FTCO2 level value, when present		†		-
ALS		Ventilation	Yes	Volume Monitoring	ETCO2 to Predict Outcome of Cardiac Arrest	(I) compared with compared with any ETCO2 level helpwithat value (C) predict clinical outcome (O)?	REACTIVATE	A7	Rabi	
	468			Toxic Substances /		Among adults who are in cardiac arrest due to digoxin toxicity in any setting (P), does any specific alteration in		1	1	
ALS		Emergency Care	No	Toxicity	Digoxin toxicity	treatment algorithm (I) compared with standard care (according to 2010 treatment algorithm) (C) change	REPOSE		1	
	470	1			1	Among adults who are in VE or pVT in any setting (P), does does any specific defibrillation strategy such as		1	1	
		Defibrillation &				hinhasic waveform nulsed binhasic waveform first-shock energy single shock versus stacked shocks fixed			1 1	
ALS		Electrical Therapy	Yes	-	Defibrillation Strategies for VF/pVT	uprise execution, paised approximation wavelong, instance energy, single shock versus stateked shocks, inked			1 1	
						versus esaciating denomination energy levels, recurrent vir (Renomination), (1), compared with compared with	REPOSE		1 1	
	471			Toxic Substances /		Among adults who are in cardiac arrest due to severe cvanide toxicity in any setting (P), does any specific		1	1	
ALS		Emergency Care	No	Toxicity	Cyanide toxicity	alteration in treatment algorithm (1) compared with standard care (according to 2010) treatment algorithm)	REPOSE		1 1	
	474			Toxic Substances /		Among adults who are in cardiac arrest due to severe cocaine toxicity in any setting (P), does any specific		1	1	
ALS		Emergency Care	No	Toxicity	Cocaine toxicity	alteration in treatment algorithm (I) compared with standard care (according to 2010 treatment algorithm)	REPOSE		1 1	
	475	Definition 0			Conditioned and the fact with TCD or	Among adults with an ICD or pacemaker who are in a shockable hythm requiring defibrillation or cardioversion		1	1	
ALS		Detionilation &	No	-	Cardioversion strategies with ICD or	in any setting (P), does any unique or modified cardioversion/defibrillation strategy (I), compared with			1	
		Electrical Therapy			pacemakers	standard management (C) change outcome (O)?	REPOSE		1 1	
ALC	478	Miccollapoous	No	Etiology	Cardiac tamponado	Among adults who are in cardiac arrest due to cardiac tamponade in any setting (P), does any specific			í l	
ALS		Miscellaneous	INU	ELIDIOGY	Cardiac tamponade	alteration in treatment algorithm (I), compared with standard care (according to 2010 treatment algorithm)	REPOSE		1	
	479					Among adults who have a cardiac arrest in the cardiac catheterization laboratory (P), does does any special			1	
ALC		Miccollapoous	Voc	Ftiology	Cardiac Arrest During Coronary	intervention or change in care (eg, catheterization during CPR, cardiopulmonary bypass, balloon pump,			1 1	
ALS		Hiscellaneous	Tes	LUDIOGY	Catheterization	different timing of shocks) (I), compared with compared with standard resuscitation care (eg, CPR, drugs,			1 1	
						and shocks according to 2010 treatment algorithm). (C), change outcome (Q)?	REPOSE		1	
	480			Toxic Substances /		Among adults who are in cardiac arrest due to severe carbon monoxide toxicity in any setting (P), does any			1	
ALS		Emergency Care	No	Toxic Substances /	Carbon monoxide toxicity	specific alteration in treatment algorithm (I), compared with standard care (according to 2010 treatment			1 1	
				TOXICITY		algorithm) (C) change outcome (O)?	REPOSE		1	
	481			Toxic Substances /		Among adults who are in cardiac arrest due to calcium channel blocker toxicity in any setting (P), does any		1	1	
ALS		Emergency Care	No	Toxicity	Calcium channel blocker toxicity	specific alteration in treatment algorithm (I), compared with standard care (according to 2010 treatment			1	
				rosacity		algorithm) (C) change outcome (O)?	REPOSE	────	↓	
ALS	482	Drugs & Fluids	No	Buffering Agents	Calcium administration (adults)	Among adults who are in cardiac arrest in any setting (P), does calcium administration (I), compared with no	DEDOCE		1	
	100				,	calcium administration (C), change outcome (O)?	REPUSE	+	<u>├</u> ────┤	
ALS	483	Drugs & Fluids	No	Buffering Agents	Buffering agents for cardiac arrest	Among adults who are in cardiac arrest in any setting (P), does buffering agent administration (I), compared	DEDOCE	1	1	
	40F	1		Toxic Substances /		with not using buffering agents (C), change outcome (O)?	KEPUSE	+	<u>├</u> ───── ┃	
ALS	465	Emergency Care	No	Toxic Substances /	Beta blocker toxicity	Among adures who are in cardiac arrest due to beta-biocker toxicity in any setting (P), does any specific	PEPOSE		1	
	196	1		Toxic Substances /		alteration in treatment algorithm (1), compared with standard care (according to 2010 treatment algorithm)	REFUSE	+	<u> </u>	
ALS	400	Emergency Care	No	Tovicity	Benzodiazepine toxicity	Among adults who are in cardiac arrest due to severe perizodiazephie toxicity in any setting (P), does any	REPOSE		1	
	489	1		ΤΟΧΙΟΙΕΥ		Among adults who are victims of an avalanche outside of a bospital (P), does what factors when present (T)	110 000	1		
ALS	.05	Emergency Care	No	Accidents & Disasters	Avalanche victims	compared with when absent (C), change outcome (O)?	REPOSE		1	
	490	Airwav &		Advanced Airway	Automatic ventilators vs manual ventilation	Among adults and children who are in cardiac arrest with advanced airways in any setting (P), does use of		1	i – – – †	
ALS	.50	Ventilation	No	Management	during CPR	automatic ventilators (I) compared with manual ventilation (C) change outcome (O)?	REPOSE	1	1	
41.0	491	David & Eluit	N -	Durana ha al'ilata	A human 1 a a	Among adults who are in cardiac arrest in any setting (P), does atropine administration (I), compared with not				
ALS		Drugs & Fluids	No	Bronchodilators	Atropine	using atropine (C), change outcome (O)?	REPOSE	1	1	
ALC	492	Missellanse	Ne	Etislam	Asthma and saudias area-t	Among adults who are in cardiac arrest due to severe asthma in any setting (P), does any specific alteration in				
ALS	-	miscellaneous	INO	Etiology	Astrima and cardiac arrest	treatment algorithm (I), compared with standard care (according to 2010 treatment algorithm) (C), change	REPOSE		1	
			Vee	Antiograph themion	Postrosuccitation Antiambuthmia Dura	Among adults with ROSC after cardiac arrest in any setting (P), does do prophylactic antiarrhythmic drugs			1	
A1C	493	Druge & Eluide			FUSUESUSUIDUOLAUUDUUVUUUUC DEUOS		REPOSE	1	1	
ALS	493	Drugs & Fluids	tes	Ancidi Hiychinics	·	given immediately after ROSC (1), compared with compared with not giving antiarrhythmic drugs (C),	KEI OSE			
ALS	493 494	Drugs & Fluids	No	Ananbylavie	Cardiac arrest caused by anaphylaxic	Among adults who are in cardiac arrest due to anaphylaxis in any setting (P), does any specific alteration in	REFOSE			
ALS	493 494	Drugs & Fluids Emergency Care	No	Anaphylaxis	Cardiac arrest caused by anaphylaxis	given immediately after ROSC (1), compared with compared with not giving antiarrivithmic drugs (C), Among adults who are in cardiac arrest due to anaphylaxis in any setting (P), does any specific alteration in treatment alcorithm (1), compared with standard care (according to 2010 treatment alcorithm) (C), change	REPOSE			
ALS ALS	493 494 495	Drugs & Fluids Emergency Care Defibrillation &	No	Anaphylaxis	Cardiac arrest caused by anaphylaxis	aven immediately after ROSC (1), compared with compared with not giving antiarrivithmic drugs (C), Among adults who are in cardiac arrest due to anaphylaxis in any setting (P), does any specific alteration in treatment algorithm (I). compared with standard care (according to 2010) treatment algorithm) (C), change Among adults who are in cardiac arrest in any setting (P), does AED or a multifunctional defibrillator in	REPOSE			
ALS ALS ALS	493 494 495	Drugs & Fluids Emergency Care Defibrillation & Electrical Therapy	No	Anaphylaxis	Cardiac arrest caused by anaphylaxis AED vs manual defibrillator	given immediately after ROSC. Its compared with compared with not giving antiarmythmic drugs (C). Among adults who are in cardiac arrest due to anaphylaxis in any setting (P), does any specific alteration in treatment algorithm (I). compared with standard care (according to 2010 treatment algorithm) (C). change Among adults who are in cardiac arrest in any setting (P), does AED or a multifunctional defibrillator in automatic mode use (I). compared with standard resuscitation (using a manual defibrillator) (C), change	REPOSE			
ALS ALS ALS ALS	493 494 495 497	Drugs & Fluids Emergency Care Defibrillation & Electrical Therapy Defibrillation &	No No	Anaphylaxis	Cardiac arrest caused by anaphylaxis AED vs manual defibrillator Adhesive pads vs paddles for defibrillation	aiven immediatelv äter ROSC (1). compared with compared with not diving antiarrivithmic drugs (C). Among adults who are in cardiac arrest due to anaphylaxis in any setting (P), does any specific alteration in treatment algorithm (1). compared with standard care (according to 2010 treatment algorithm) (C). change Among adults who are in cardiac arrest in any setting (P), does AED or a multifunctional defibrillator in automatic mode use (1). compared with standard resuscitation (using a manual defibrillator) (C). change Among adults who are in cardiac arrest in any setting (P), does self-adhesive defibrillation god use (1).	REPOSE			

Peds	498	Emergency Care	No	Rapid Response Teams	Traumatic arrest	Among infants and children with major (blunt or penetrating) injury who are in cardiac arrest in any setting (P), does any specific alteration in treatment algorithm (I), compared with standard care (according to 2010				
						treatment algorithm) (C) change outcome (O)?	REACTIVATE	P24	Lockey	
First Aid	500	Emergency Care	Yes	Anaphylaxis	Second dose of epinephrine for anaphylaxis	Among adults and children experiencing anaphylaxis requiring the use of epinephrine (P), does administration of a second dose of epinephrine (I), compared to administration of only one dose (C), change resolution of	DEDOCE			
First Aid	502	Emergency Care	No	Environmental Injury -	Cold injury - Anti-inflammatory agents	symptons adverse effects complications (O)? Among adults and children who are being treated for frostbite outside of a hospital (P), does NSAID	REPUSE	E15	Patacka	
First Aid	511	Emergency Care	No	Musculoskeletal Injury	Compression wrap for joint injuries	Among adults and children who are victims of a closed joint injury outside of a hospital (P), does application of	DEACTIVATE	F10	Chang	
First Aid	513	Emergency Care	No	Anaphylaxis	Recognition of anaphylaxis by first aid	a compression bandage by a lay rescuer (1), compared with not applying a compression bandage (C), change Among adults and children who are being evaluated for possible allergic reaction outside of a hospital (P), does	REACTIVATE	F10	Chieng	
		. 3,		.,,,	providers	any specific factor (eq. clinical exam finding, history) (I), compared with other factors (C), change outcome	REPOSE			
First Aid	516	Emorgoney Caro	No	Environmental injury -	Jellyfish stings - Topical applications to	Among adults and children who are stung by a jellyfish (P), does topical application of vinegar, baking soda,				
TIISCAIU		Liffergency care	NU	Bites & stings	prevent nematocyst discharge	meat tenderizer, lidocaine preparations or another commercial product (I), compared with not applying a	REACTIVATE	F7	Enctoin	
	517					Foncial treatment (1.), change complications, prevent hirther illness or injury (1.e., harm), resolution of	REACTIVATE	17	Epstein	
	517			Altered Level of		(P) does positioning in any specific position (1), compared with a surine or other proposed recovery position				
First Aid		Emergency Care	Yes	Response	Recovery Position	(C) change overall mortality, complications, incidence of cardiac arrest, the incidence of aspiration, the				
						(c), change overall mortainty, complications, incluence of cardiac arrest, the incluence of aspiration, the likelihood of cervical spinal injuny, need for airway management (O)?	REPOSE			
	519					Among adults and children who exhibit symptoms or signs of shortness of breath, difficulty breathing or				
Einek Aid		Airway &	Vee	Cumplemental Overgen	Oversen administration for first aid	hypoxia outside of a hospital (P), does administration of oxygen (I), compared with no administration of oxygen				
FILST AID		Ventilation	res	Supplemental Oxygen	Oxygen administration for first ald	(C), change outcomes including shortness of breath, time to resolution of symptoms, therapeutic endpoints				
						(en oxygenation and ventilation) (0.)?	REPOSE			
	520					Among adults and children who receive First Aid for shock (P), does does positioning of the patient (I),				
First Aid		Emergency Care	Yes	Shock	Optimal position for shock victim	compared with not positioning the patient (C), change overall mortality, complications, incidence of cardiac				
				Taula Calastana (arrest vital sions hospital length of stay (0)?	REPOSE			
First Aid	522	Emergency Care	No	Toxic Substances /	Irrigation of skin for toxic substance exposure	Among adults and children who are exposed to a toxin on the skin outside of a hospital (P), does irrigation with	DEDOCE			
	F22			Ioxicity Environmental injuny		water (I), compared with irrigation with other fluids (C), change outcome (O)?	REPUSE			
First Aid	525	Emergency Care	No	Dites 9 stings	Jellyfish stings - Heat or cold application	Among adults and children who are study by a jenyish outside of a hospital (P), does application of heat of cold	REACTIVATE	F16	Enstein	
	525			DILES & SLINGS		(1), compared with not applying near or cold (C), change outcome (O)? Among adults and children who are being treated for an open chect wound outside of a bospital (P), does	REACTIVATE	110	Epstein	
	525					acclusive bandage application or occlusive device (I) compared with a pap occlusive drossing (C) change				
First Aid		Emergency Care	Yes	Bleeding & Wounds	First aid treatment for open chest wound	occlusive bandage application of occlusive device (1), compared with a non-occlusive dressing (C), change				
						improve survival, respiratory arrest, oxygen saturation, vital signs, the rate of cardiac and respiratory	REPOSE			
	530					Among adults and children with severe, external bleeding, (P), does application of ice, elevation of an injured				
First Aid		Emergency Care	Yes	Bleeding & Wounds	Control of bleeding	extremity and/or application of pressure over proximal pressure points, with or without simultaneous direct				
					-	pressure (1) compared with direct pressure alone (C) change (Q)?	REPOSE			
First Aid	531	Emergency Care	No	Environmental injury -	Spake bite - Compression wrapping	Among adults and children who are victims of a venomous snakebite in any setting (P), does pressure				
That Ald		Emergency care	140	Bites & stings	Shake bice Compression wrapping	immobilization of the injured extremity (I), compared with no therapy (C), change outcome (O)?	REACTIVATE	F11	Epstein	
	534					Among adults and children in the prehospital setting who suffer from asthma and are experiencing difficulty in				
First Aid		Drugs & Fluids	Yes	Bronchodilators	Bronchodilator administration	breathing (P), does bronchodilator administration (I), compared with no brochodilator administration (C),				
						change time to resolution of symptoms, time to resumption of usual activity, complications, harm to patient,				
	505			En incomental initial	Jellufich stings Dressure immehilization	therapeutic endpoints (en ovvdenation and ventilation) need for advanced medical care (O)?	REPUSE			
First Aid	535	Emergency Care	No	Environmental injury -	Jellyfish stings - Pressure immobilization	Among adults and children who are stung by a jellyfish (P), does application of a pressure immobilization	DEACTIVATE	E10	Enctoin	
	527			Toxic Substances /	bandage	bandade (1), compared with not applying a pressure immobilization bandade (C), change outcome (O)?	KLACHIVATL	115	Lpstein	
First Aid	557	Emergency Care	No	Toxicity	Dilution with milk or water for poisoning	Among addits and children who are being treated for highstion of a caustic substance outside of a hospital (r) , does mill or water administration (I) , compared with no use of mills or water (C) , change outsome (O) ?	REPOSE			
	539					Among adults and children who are being treated for amputated body parts outside of a hospital (P), does				
First Aid		Emergency Care	No	Bleeding & Wounds	Preservation of amputated body part	cooling the amputated part (I), compared with not cooling the amputated part (C), change (O)?	REACTIVATE	F13	Epstein	
	540			Toxic Substances /		Among adults and children who are exposed to a chemical agent (i.e., cleaning solutions, known acidic or				
First Aid		Emergency Care	Yes	Toxic Substances /	Eye injury - Irrigation	alkaline substance) in the eye (P), does irrigation with saline, tap water or commercial eye irrigation solution				
				TOXICILY		(I) compared with each other (C)_change (O)?	REACTIVATE	F18	Patocka	
	544					Among infants and children with ROSC after cardiac arrest(in- or out-of-hospital setting) (P), does does the				
Peds		Airway &	Yes	Gas Concentrations &	Post-ROSC PaO2	use of a targeted PaO2 strategy (I), compared with compared with a strategy of no targeted PaO2 (C), change				
		Ventilation		Volume Monitoring		survival to 180 days with good neurological outcome, survival to 6 months, survival to hospital discharge,	DEACTIVATE	025	Dahi	
	F70	1		ł	1	survival to ICII discharge ICII length of stay (0)?	REACTIVATE	r2J	Naul	
	570					Among adults with ROSC alter cardiac arrest many setting (P), does does thration of therapy to achieve a				
ALS						enorific homodynamic goal (og MAD groater than 65 mm Hg) (I), compared with compared with as				
		Drugs & Fluids	Yes	Drug Delivery	Postresuscitation Hemodynamic Support	specific hemodynamic goal (eg, MAP greater than 65 mm Hg) (I), compared with compared with no				
		Drugs & Fluids	Yes	Drug Delivery	Postresuscitation Hemodynamic Support	specific hemodynamic goal (eg, MAP greater than 65 mm Hg) (I), compared with compared with no hemodynamic goal (C), change Survival with Favorable neurological/functional outcome at discharge, 30 due, 60 due, 100 due MD(C), tuest, Curried advice discharge, 20 due, 60 due, 100 due	RFACTIVATE	A5	Kleinman	
	571	Drugs & Fluids	Yes	Drug Delivery	Postresuscitation Hemodynamic Support	specific hemodynamic goal (eg, MAP greater than 65 mm Hg) (1), compared with compared with no hemodynamic goal (C), change Survival with Favorable neurological/functional outcome at discharge, 30 dravs. 60 dravs. 180 dravs AND/OR 1 vear. Survival nolv at discharge. 30 dravs. 60 dravs. 180 dravs AND/OR 1 Amona daults with ROSC after cardica carrest in any setting (P), does does ventilation to a specific PaCO2 goal	REACTIVATE	A5	Kleinman	
	571	Drugs & Fluids Airway &	Yes	Drug Delivery Gas Concentrations &	Postresuscitation Hemodynamic Support	specific hemodynamic goal (eg, MAP greater than 65 mm Hg) (1), compared with compared with no hemodynamic goal (C), change Survival with Favorable neurological/functional outcome at discharge, 30 dws. 60 dws. 180 dws. ANI/OR 1 vear. Survival only at discharge. 30 dws. 60 dws. 180 dws. ANI/OR 1 Among adults with ROSC after cardiac arrest in any setting (P), does does ventilation to a specific PaCO2 goal (C). change dwith compared with no sater discharge at different PaCO2 goal (C). change Survival only at (1), compared with compared with no sater file stratego va different PaCO2 goal (C). Change Survival only at	REACTIVATE	A5	Kleinman	
ALS	571	Drugs & Fluids Airway & Ventilation	Yes	Drug Delivery Gas Concentrations & Volume Monitoring	Postresuscitation Hemodynamic Support Postresuscitation Ventilation Strategy	specific hemodynamic goal (eg, MAP greater than 65 mm Hg) (1), compared with compared with no hemodynamic goal (C), change Survival with Favorable neurological/functional outcome at discharge, 30 days. 6ft days. 18ft days. 6N1/02 I year. Survival only at discharme. 30 days. 6ft days. 18ft days. 6N1/02 I Among adults with ROSC after cardiac arrest in any setting (P), does does ventilation to a specific PaCO2 goal (I), compared with compared with no specific strategy or a different PaCO2 goal (C), change Survival only at discharen. 30 days. 6ft days. 18ft days. 6ft day	REACTIVATE	A5	Kleinman	
ALS	571	Drugs & Fluids Airway & Ventilation	Yes	Drug Delivery Gas Concentrations & Volume Monitoring	Postresuscitation Hemodynamic Support Postresuscitation Ventilation Strategy	specific hemodynamic goal (eg, MAP greater than 65 mm Hg) (1), compared with compared with no hemodynamic goal (C), change Survival with Favorable neurological/functional outcome at discharge, 30 daws. 6nd daws. 6nd daws. 18N daws. 6nd daws. 6n	REACTIVATE	A5 A6	Kleinman Rabi	
ALS	571	Drugs & Fluids Airway & Ventilation	Yes	Drug Delivery Gas Concentrations & Volume Monitoring	Postresuscitation Hemodynamic Support Postresuscitation Ventilation Strategy Post on cardiothoracic surgery cardiac arrest	specific hemodynamic goal (cg, MAP greater than 65 mm Hg) (1), compared with compared with no hemodynamic goal (C), change Survival with Favorable neurological/functional outcome at discharge, 30 dws. 6fd dws. 18fd dws. ANI/OR 1 vear. Survival only at discharge. 30 dews. 6fd dws. 18fd dws. ANI/OR 1 Among adults with ROSC after cardiac arrest in any setting (P), does does ventilation to a specific PaCO2 goal (C). Lonage Survival only at discharge, 30 days, 60 days, 180 days AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharge. 30 days, 60 days, 180 days AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharge. 30 days. 60 days. AND/OR 1 vear, Survival with Favorable neurological/functional Among adults who are in cardiac arrest 610 days. AND/OR 1 vear (D)?	REACTIVATE	A5 A6	Kleinman Rabi	
ALS	571	Drugs & Fluids Airway & Ventilation Miscellaneous	Yes Yes No	Drug Delivery Gas Concentrations & Volume Monitoring Etiology	Postresuscitation Hemodynamic Support Postresuscitation Ventilation Strategy Post op cardiothoracic surgery cardiac arrest	specific hemodynamic goal (cg, MAP greater than 65 mm Hg) (1), compared with compared with no hemodynamic goal (C), change Survival with Favorable neurological/functional outcome at discharge, 30 days. 60 days. 180 days. AND/OR 1 vear. Survival only at discharge. 30 days. 60 days. 180 days. AND/OR 1 Among adults with ROSC after cardiac arrest in any setting (P), does does ventilation to a specific PaCO2 goal (1), compared with compared with no specific strategy or a different PaCO2 goal (C), change Survival only at discharge, 30 days, 60 days, 180 days. AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharora. 30 days. 60 days. AND/OR 1 vear, Survival with Favorable neurological/functional autome at discharora. 30 days. 60 days. AND/OR 1 vear. (D)? Among adults who are in cardiac arrest following recent open or closed heart surgery in any setting (P), does any specific alteration in treatment algorithm (1). compared with standard care (according to 2010) treatment.	REACTIVATE	A5 A6 A12	Kleinman Rabi Deakin	
ALS ALS ALS	571 572 574	Drugs & Fluids Airway & Ventilation Miscellaneous CPR	Yes Yes No	Drug Delivery Gas Concentrations & Volume Monitoring Etiology Miscellaneous	Postresuscitation Hemodynamic Support Postresuscitation Ventilation Strategy Post op cardiothoracic surgery cardiac arrest Open-chest CPR	specific hemodynamic goal (eg, MAP greater than 65 mm Hg) (1), compared with compared with no hemodynamic goal (C), change Survival with Favorable neurological/functional outcome at discharge, 30 dws. 60 dass. 180 davs. AND/OR 1 wear. Survival noiv at discharge. 30 davs. 60 davs. 180 davs. AND/OR 2 wear Among adults with ROSC after cardiac arrest in any setting (P), does does ventilation to a specific PACO 2 goal (1), compared with compared with no specific strategy or a different PACO 2 goal (C), change Survival only at discharge, 30 days, 60 days, 180 days AND/OR 1 year, Survival with Favorable neurological/functional outcome at discharge and use. 60 davs. END/OR 1 year, Survival with Favorable neurological/functional outcome at discharge and a davs. 61 davs. BND/OR 1 year, Survival with Favorable neurological/functional any specific alteration in treatment algorithm (1). compared with standard care faccordina to 2010 treatment. Among adults who are in cardiac arrest following recent open or closed heart surgery in any setting (P), does any specific alteration in treatment algorithm (1). Compared with standard care faccordina to 2010 treatment.	REACTIVATE REACTIVATE REACTIVATE	A5 A6 A12	Kleinman Rabi Deakin	
ALS ALS ALS	571	Drugs & Fluids Airway & Ventilation Miscellaneous CPR	Yes Yes No No	Drug Delivery Gas Concentrations & Volume Monitoring Etiology Miscellaneous	Postresuscitation Hemodynamic Support Postresuscitation Ventilation Strategy Post op cardiothoracic surgery cardiac arrest Open-chest CPR	specific hemodynamic goal (cg, MAP greater than 65 mm Hg) (1), compared with compared with no hemodynamic goal (C), change Survival with Favorable neurological/functional outcome at discharge, 30 dws. 60 dws. 180 dws. AND/OR 1 vear. Survival only at discharge. 30 dws. 60 dws. 180 dws. AND/OR 1 Among adults with ROSC after cardiac arrest in any setting (P), does does ventilation to a specific PaCO2 goal (C). Lange Survival only at discharge, 30 days, 60 days, 180 days AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharge. 30 days, 60 days, 180 days AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharge. 30 days, 60 days, 180 days AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharge. 30 days. 60 days. AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharge. 30 days for days. 180 days AND/OR 1 vear (D)? Among adults who are in cardiac arrest following recent open or closed heart surgery in any setting (P), does any specific alteration in treatment algorithm (1). compared with standard care (according to 2010) treatment. Among adults who are in cardiac arrest in any setting (P), does open-chest CPR (1), compared with closed- chest CPR (C). change. (D)?	REACTIVATE REACTIVATE REACTIVATE REACTIVATE	A5 A6 A12 A14	Kleinman Rabi Deakin Couper	
ALS ALS ALS ALS	571 572 574 577	Drugs & Fluids Airway & Ventilation Miscellaneous CPR Drugs & Fluids	Yes Yes No No	Drug Delivery Gas Concentrations & Volume Monitoring Etiology Miscellaneous Fluids	Postresuscitation Hemodynamic Support Postresuscitation Ventilation Strategy Post op cardiothoracic surgery cardiac arrest Open-chest CPR IV fluids following cardiac arrest	specific hemodynamic goal (eg, MAP greater than 65 mm Hg) (1), compared with compared with no hemodynamic goal (C), change Survival with Favorable neurological/functional outcome at discharge, 30 days. 60 days. 180 days. AND/OR 1 vers. Survival only at discharge. 30 days. 60 days. 180 days. AND/OR 1 Among adults with ROSC after cardiac arrest in any setting (P), does does ventilation to a specific PaCO2 goal (I), compared with compared with no specific strategy or a different PaCO2 goal (C), change Survival only at discharge, 30 days, 60 days, 180 days. AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharge. 30 days. 60 days. 180 days. AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharge. 30 days. 60 days. 180 days. AND/OR 1 vear (D)? Among adults who are in cardiac arrest following recent open or closed heart surgery in any setting (P), does any specific alteration in treatment algorithm (1). compared with standard care faccording to 2010 treatment. Among adults who are in cardiac arrest in any setting (P), does open-chest CPR (1), compared with closed- chest CPR (C). change. (D)? Among adults with ROSC after cardiac arrest but with cardiovascular dysfunction in any setting (P), does	REACTIVATE REACTIVATE REACTIVATE REACTIVATE	A5 A6 A12 A14	Kleinman Rabi Deakin Couper	
ALS ALS ALS ALS	571 572 574 577	Drugs & Fluids Airway & Ventilation Miscellaneous CPR Drugs & Fluids	Yes Yes No No	Drug Delivery Gas Concentrations & Volume Monitoring Etiology Miscellaneous Fluids	Postresuscitation Hemodynamic Support Postresuscitation Ventilation Strategy Post op cardiothoracic surgery cardiac arrest Open-chest CPR IV fluids following cardiac arrest	specific hemodynamic goal (cg, MAP greater than 65 mm Hg) (1), compared with compared with no hemodynamic goal (C), change Survival with Favorable neurological/functional outcome at discharge, 30 dws. 60 daws. 180 daws. 180 daws. 180 daws. 60 daws.	REACTIVATE REACTIVATE REACTIVATE REACTIVATE REPOSE	A5 A6 A12 A14	Kleinman Rabi Deakin Couper	
ALS ALS ALS ALS ALS	571 572 574 577 578	Drugs & Fluids Airway & Ventilation Miscellaneous CPR Drugs & Fluids Drugs & Fluids	Yes Yes No No No	Drug Delivery Gas Concentrations & Volume Monitoring Etiology Miscellaneous Fluids Fluids	Postresuscitation Hemodynamic Support Postresuscitation Ventilation Strategy Post op cardiothoracic surgery cardiac arrest Open-chest CPR IV fluids following cardiac arrest IV fluids during cardiac arrest	specific hemodynamic goal (cg, MAP greater than 65 mm Hg) (1), compared with compared with no hemodynamic goal (C), change Survival with Favorable neurological/functional outcome at discharge, 30 dws. 60 dws. 180 dws. 180 dws. AND/OR 1 vear. Survival noily at discharge. 30 dws. 60 dws. 180 dws. AND/OR 1 Among adults with ROSC after cardiac arrest in any setting (P), does does ventilation to a specific PaCO2 goal (C). Change Survival only at discharge, 30 days, 60 days, 180 days AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharge. 30 days, 60 days, 180 days AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharge. 30 days, 60 days, 180 days AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharge. 30 days. 60 days. 180 days AND/OR 1 vear (D)? Among adults who are in cardiac arrest 610 days. AND/OR 1 vear (D)? Among adults who are in cardiac arrest in any setting (P), does open-cless CPR (I), compared with compared with cosed- thest CPR (C). change (D)? Among adults with ROSC after cardiac arrest but with cardiovascular dysfunction in any setting (P), does parenteral fluid administration (I). compared with no arenteral fluids (C). change (O)? Among adults who are in cardiac arrest in any setting (P), does parenteral fluid administration (I), compared with no arenteral fluid (C). change (O)?	REACTIVATE REACTIVATE REACTIVATE REACTIVATE REPOSE REPOSE	A5 A6 A12 A14	Kleinman Rabi Deakin Couper	
ALS ALS ALS ALS ALS	571 572 574 577 578 578	Drugs & Fluids Alrway & Ventilation Miscellaneous CPR Drugs & Fluids Drugs & Fluids	Yes Yes No No No	Drug Delivery Gas Concentrations & Volume Monitoring Etiology Miscellaneous Fluids Fluids	Postresuscitation Hemodynamic Support Postresuscitation Ventilation Strategy Post op cardiothoracic surgery cardiac arrest Open-chest CPR IV fluids following cardiac arrest IV fluids during cardiac arrest	specific hemodynamic goal (eg, MAP greater than 65 mm Hg) (1), compared with compared with no hemodynamic goal (C), change Survival with Favorable neurological/functional outcome at discharge, 30 days. 60 days. 180 days AND/OR 1 vers. Survival not at discharge. 30 days. 60 days. 180 days AND/OR 1 Among adults with ROSC after cardiac arrest in any setting (P), does does ventilation to a specific discharge, 30 discharge, 30 days, 60 days, 180 days AND/OR 1 vers. Survival with Favorable neurological/functional outcome at discharge. 30 days AND/OR 1 vers. Survival with Favorable neurological/functional outcome at discharge. 30 days AND/OR 1 vers. Survival with Favorable neurological/functional outcome at discharge. 30 days AND/OR 1 vers. Survival with Favorable neurological/functional outcome at discharge. 30 days AND/OR 1 vers. Survival with Favorable neurological/functional outcome at discharge. 30 days AND/OR 1 vers. Survival with Favorable neurological/functional outcome at discharge. 30 days 60 days. 180 days AND/OR 1 vers. (D): Among adults who are in cardiac arrest in any setting (P), does open-chest CPR (1), compared with closed- chest CPR (C), change. (D): Among adults with ROSC after cardiac arrest but with cardiovascular dysfunction in any setting (P), does graenteral fluid administration (1), compared with cardiovascular dysfunction in any setting (P), does graenteral fluid administration (1), compared (P), does pertereal fluids (C), change. (D): Among adults with ROSC after cardiac arrest but with cardiovascular dysfunction in any setting (P), does graenteral fluid administration (1), compared (P), does pertereal fluids (C), change. (D): Among adults who are in cardiac arrest in any setting (P), does pertereal fluid administration (1), compared with no graenteral fluid administration (1), compared with no graenteral fluid administration (1), compared (P).	REACTIVATE REACTIVATE REACTIVATE REACTIVATE REPOSE REPOSE	A5 A6 A12 A14	Kleinman Rabi Deakin Couper	
ALS ALS ALS ALS ALS ALS	571 572 574 577 578 579	Drugs & Fluids Airway & Ventilation Miscellaneous CPR Drugs & Fluids Drugs & Fluids Airway &	Yes Yes No No No Yes	Drug Delivery Gas Concentrations & Volume Monitoring Etiology Miscellaneous Fluids Fluids Advanced Airway	Postresuscitation Hemodynamic Support Postresuscitation Ventilation Strategy Post op cardiothoracic surgery cardiac arrest Open-chest CPR IV fluids following cardiac arrest IV fluids during cardiac arrest Impedance Threshold Device	specific hemodynamic goal (cg, MAP greater than 65 mm Hg) (1), compared with compared with no hemodynamic goal (C), change Survival with Favorable neurological/functional outcome at discharge, 30 dws. 60 daws. 180 daws. 180 daws. 180 daws. 60 daws. 60 daws. 60 daws. 180 daws. 60 daws. 180 daws. 60 daws. 180 daws. 60 daws. 6	REACTIVATE REACTIVATE REACTIVATE REACTIVATE REPOSE REPOSE	A5 A6 A12 A14	Kleinman Rabi Deakin Couper	
ALS ALS ALS ALS ALS ALS	571 572 574 577 578 579	Drugs & Fluids Airway & Ventilation Miscellaneous CPR Drugs & Fluids Drugs & Fluids Airway & Ventilation	Yes Yes No No No Yes	Drug Delivery Gas Concentrations & Volume Monitoring Etiology Miscellaneous Fluids Fluids Advanced Airway Management	Postresuscitation Hemodynamic Support Postresuscitation Ventilation Strategy Post op cardiothoracic surgery cardiac arrest Open-chest CPR IV fluids following cardiac arrest IV fluids during cardiac arrest Impedance Threshold Device	specific hemodynamic goal (cg, MAP greater than 65 mm Hg) (1), compared with compared with no hemodynamic goal (C), change Survival with Favorable neurological/functional outcome at discharge, 30 dws. 60 dws. 180 dws. AND/OR 1 vear. Survival noily at discharge. 30 dws. 60 dws. 180 dws. AND/OR 1 Among adults with ROSC after cardiac arrest in any setting (P), does does ventilation to a specific PaCO2 goal (C). Change Survival only at discharge, 30 days, 60 days, 180 days AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharge. 30 days, 60 days, 180 days AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharge. 30 days, 60 days, 180 days AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharge. 30 days. 60 days. 180 days AND/OR 1 vear (D)? Among adults who are in cardiac arrest 100 days. AND/OR 1 vear (D)? Among adults who are in cardiac arrest in any setting (P), does open-cless CPR (I), compared with compared with no specific discharge. (C). <i>change</i> (D)? Among adults with ROSC after cardiac arrest but with cardiovascular dysfunction in any setting (P), does parenteral fluid administration (I). compared with no arenteral fluids (C). <i>change</i> (O)? Among adults who are in cardiac arrest in any setting (P), does parenteral fluid administration (I), compared with no narenteral fluids (C). <i>Change</i> (O)? Among adults who are in cardiac arrest in any setting (P), does does use of an inspiratory ITD during CPR (I), compared with compared with no ITD (C), change Survival with Favorable neurological/functional outcome at discharge. 180 days. 60 days. 180 days AND/OR I vear. Survival with Favorable neurological/functional outcome at discharge. 180 days. 60 days. 180 days AND/OR I vear. Survival with Favorable neurological/functional outcome at discharge. 180 days. 60 days. 180 days AND/OR I vear. Survival with Favorable neurological/functional outcome at discharge. 180 days. 60 days. 60 days. 60 days. 60 days. 60 days.	REACTIVATE REACTIVATE REACTIVATE REPOSE REPOSE REPOSE	A5 A6 A12 A14	Kleinman Rabi Deakin Couper	
ALS ALS ALS ALS ALS ALS ALS	571 572 574 577 578 579 580	Drugs & Fluids Airway & Ventilation Miscellaneous CPR Drugs & Fluids Drugs & Fluids Airway & Ventilation Bect Agent Care	Yes Yes No No Yes	Drug Delivery Gas Concentrations & Volume Monitoring Etiology Miscellaneous Fluids Fluids Advanced Airway Management	Postresuscitation Hemodynamic Support Postresuscitation Ventilation Strategy Post op cardiothoracic surgery cardiac arrest Open-chest CPR IV fluids following cardiac arrest IV fluids following cardiac arrest Impedance Threshold Device Cluster Central Afree DeviceInterview	specific hemodynamic goal (cg, MAP greater than 65 mm Hq) (1), compared with compared with no hemodynamic goal (C), change Survival with Favorable neurological/functional outcome at discharge, 30 days. 60 days. 180 days AND/OR 1 vers. Survival not at discharge. 30 days. 60 days. 180 days AND/OR 1 Among adults with ROSC after cardiac arrest in any setting (P), does does ventilation to a specific discharge, 30 days, 60 days, 180 days AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharge. 30 days. 60 days. AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharge. 30 days. 60 days. AND/OR 1 vear, Survival with Favorable neurological/functional outcome at discharge. 30 days. 60 days. AND/OR 1 vear (D)? Among adults who are in cardiac arrest fillowing recent open or closed heart surgery in any setting (P), does anv specific alteration in treatment algorithm (1). compared with standard care (according to 2010 treatment. Among adults who are in cardiac arrest in any setting (P), does open-chest CPR (1), compared with closed- chest CPR (C). change (1)? Among adults with ROSC after cardiac arrest but with cardiovascular dysfunction in any setting (P), does parenteral fluid administration (1). compared with no parenteral fluids (C). change (O)? Among adults who are in cardiac arrest in any setting (P), does parenteral fluid administration (1), compared with no parenteral fluids (C). change (O)? Among adults who are in cardiac arrest in any setting (P), does does use of an inspiratory ITD during CPR (1), compared with compared with no ITD (C), change Survival with Favorable neurological/functional outcome at discharge. 30 days. 60 days. 180 days. 4NN/OR 1 vear. Survival with Favorable neurological/functional outcome at discharge. 30 days. 60 days. 180 days. 4NN/OR 1 vear. Survival with Favorable neurological/functional outcome at discharge. 30 days. 60 days. 180 days. 4NN/OR 1 vear. Survival with Favorable neurologis alfunction and thom of discharg	REACTIVATE REACTIVATE REACTIVATE REACTIVATE REPOSE REPOSE	A5 A6 A12 A14	Kleinman Rabi Deakin Couper	

	504	1		T		Assessed and a believe with a contract or back of a body to the (N), above detailed a contract or device the structure				
First Aid	584	Emergency Care	Yes	Environmental Injury -	Exertion-related dehydration and rehydration	Among adults and children with exertion-related denydration (P), does drinking oral carbohydrate-electrolyte liquids (I), compared with drinking water (C), change Volume/hydration status, vital signs, development of				
				heat/dehydration	therapy	where the main a development of hypopatremia need for advanced medical care, blood durose, patient	REPOSE			
First Aid	586	Drugs & Fluids	Yes	Platelet Agregator Inhibitors	Aspirin for Chest Pain (Early vs. Late)	Among adults who are experiencing chest pain outside of a hospital (P), does prehospital administration of aspirin (I), compared with later administration of aspirin (C), change cardiovascular mortality, complications,				
	500	-				incidence of cardiac arrest cardiac functional outcome infarct size hospital length of stay, chest pain	REPOSE	_		
NDD	590	Airway &	Voc	Basic Airway	CRAP and IRP/	In spontaneously breathing preterm infants with respiratory distress requiring respiratory support in the				
INISE		Ventilation	ies	Management	CFAF and IFFV	delivery room (P), does the use of CPAP (I), compared with with intubation and IPPV (C), change overall	REPOSE			
	593					mortality. Bronchonulmonary dysplasia, air leak, retinonathy of prematurity, necrotizing enterocolitis, brain Among peopates who have no detectable cardiac output or have asystole or sustained bradycardia. (P), does	Refore			
NRP	555	Drugs & Fluids	No	Vasoconstrictors	Adrenaline/ Epinephrine dose	any other doce or interval of intravenous, adrenaline/eninenbrine or alternative vaconrescor. (I) compared				
						with stradard done anionabian (C), schange schatt as long term automace (Q)2	REACTIVATE	N6	Kleinman	
NIDD	596	Manufactor	N -	Deserves A. Child Distle	Characteristic field	Among neonates who are being born in clear amniptic fluid and are depressed in any setting (P), does				
NKP		Miscellaneous	INO	Pregnancy & Child Birth	Clear amniotic fluid	suctioning of the mouth and nose (I), compared with no suctioning (C), change (O)?	REACTIVATE	N12	Rabi	
NDD	597	Airway &	No	Gas Concentrations &	Bradycardia and CO2 monitoring	In neonates who are receiving mask ventilation (P), does does the use of end-tidal CO2 monitoring				
INRP		Ventilation	INU	Volume Monitoring	Bradycardia and CO2 monitoring	demonstrate effective ventilation faster than (I), compared with clinical judgement (chest rise) (C), change	REPOSE			
	599			Environmental Injury -		Among preterm neonates who are under radiant warmers in the hospital delivery room (P), does increased				
NRP		Emergency Care	Yes	cold/frosthite	Warming adjuncts	room temperature, thermal mattress, or another intervention (I), compared with plastic wraps alone (C),				
				condy in obconce		reduce hypothermia (< 36.0) on admission to NICLI (0)?	REPOSE			
ALS	601	Defibrillation &	No	-	Waveform analysis for predicting successful	Among adults who are in cardiac arrest in any setting (P), does a technique for prediction of the likelihood of				
		Electrical Therapy			defibrillation	success of defibrillation (analysis of VF, etc) (I), compared with standard resuscitation (without such	REPOSE			
NRP	605	CPR	Yes	Compressions	Two thumb vs two finger	In neonates receiving cardiac compressions (P), does does the use of a two thumb technique (I), compared	DEDOCE			
	607					with as opposed to a two finger technique (C), change (O)?	REPUSE			
NRP	607	Post Arrest Care	No	Glucose Control	Supplemental glucose	Among neonates who are in or immediately after cardiac or respiratory arrest in any setting (P), does early	PEPOSE			
	611	Screening &		Rick Factors &	Prenatal prediction of respiratory	supplemental discose administration (1), compared with no olicose administration (C), change (0)?	KEI USE			
NRP	011	Diagnosis	No	Accessment	compromise	Annoig initiality who are derivered at 2 34 weeks gestation in the inspirat (F), does derivery by elective C-	REPOSE			
	613	Diagnosis		Assessment	compromise	section uncer regional allestnessa (1), compared with unassisted vertex valuated deriveries (c), change (c));	REFORE			
NRP	015	Post Arrest Care	No	Fever	Maternal fever	(I) compared with as temporative management (C) change (O)	REPOSE			
	615					Among neonates who are at term with a beat rate < 60 and no other signs of life in any setting (P), does				
NRP		Drugs & Fluids	No	Vasoconstrictors	IV vs ET epinephrine	tracheal delivery of eninenhrine (I) compared with intravenous drug delivery (C) change (O)?	REPOSE			
NIDD	616	During & Fluida	N -	Davis Dallassa	10 ··· 11/	Among neonates who are requiring resuscitation in the hospital (P), does intraoseus medication				
NKP		Drugs & Fluids	INO	Drug Delivery	10 VS IV	administration (I), compared with intravenous medication administration (C), change (O)?	REACTIVATE	N15	Kleinman	
NDD	617	Deet Arrest Care	Ne	Therapeutic	Linekhowsia (induced)	Among neonates who are at risk for hypoxic-ischemic encephalopathy secondary to intra-partum hypoxia in				
INRP		Post Arrest Care	INU	Hypothermia	Hypothermia (induced)	the hospital (P), does targeted temperature management (I), compared with no temperature management	REPOSE			
	618	Airway &		Basic Airway		In newborn infants at or near term that have indications for positive pressure ventilation for resuscitation (P),				
NRP		Vontilation	Yes	Management	LMA	does use of a laryngeal mask as a primary device (I), compared with mask ventilation (C) improve response				
		ventilation		Hanagement		to resuscitation or change outcomes (O)?	REPOSE			
	623					Partcipants undertaking training (ALS BLS PAEDS FA NRP) in an education setting (P), does the use of high-				
FIT		Education	Yes	Simulation	High fidelity training	fidelity manikins (I), compared with the use of low-fidelity manikins (C), change improve patient outcomes,				
						skill performance in actual resuscitations, skill performance at 1 year, skill performance at time between				
						course conclusion and 1 year, skill performance at course conclusion, coonitive knowledge (0)?	REPOSE			
FTT	624	Manadia	¥	Designation of Comp	Contraction to the second	Adults and children in out-of-hospital cardiac arrest (OHCA) (P), does transport to a specialist cardiac arrest				
EII		Miscellaneous	res	Regionalization of Care	Cardiac arrest centers	centre (I), compared with no directed transport (C), change neurologically intact survival at 30 days, survival	DEACTIVATE	E1	Dookin	
	626					to bosnital discharge with good neurological outcome, survival to bosnital discharge, bosnital admission	REACTIVATE	C1	Deakin	
EIT	020	CPR	No	Miscellaneous	Willingness to provide CPR	Among rescuers who are responsible for caming or patients at risk for cardiac or respiratory arrest outside of a	PEPOSE			
	629					hospital (P), does any specific factor (1), combared with other factors (C), change (O)?	KEI USE			
FIT	028	Education	Yes	Miscellaneous	Timing for retraining	Among students who are taking resuscitation of its 12 as 24 methods so for a provide on applicate of retraining (1) compared with standard are static for (1) 2 as 24 methods (1) changes				
						retraining (1), compared with standard practice (ie. 12 of 24 monthly) (C), change improve patient outcomes,	REPOSE			
	629	Screening &		Risk Factors &		Among adults and children who are requiring resuscitation or first aid in any setting (P), does checklist use (I).				
EII		Diagnosis	No	Assessment	Use of checklist during ACLS or PALS	compared with no use of checklists (C), change outcome (O)?	REACTIVATE	E2	Scholefield	
	631					Among students who are taking courses in an educational setting (P), does inclusion of specific leadership or				
E17		Education	Ven	Teaching Methods &	Toom and loadership training	team training (I), compared with no such specific training (C), change improve patient outcomes, bystander		1		
C1 1		Education	Tes	Models	really and readership training	CPR performance, skill performance in actual resuscitations, skill performance at 1 year, skill performance at				
						course conclusion, cognitive knowledge (0)?	REPOSE			
EIT	632	Education	No	Teaching Methods &	Skills testing for resuscitation	Among students who are taking resuscitation or first aid courses in an educational setting (P), does skill and		1		
				Models		knowledge assessment (I), compared with no such assessment (C), change outcome (O)?	REPOSE			
1	634			Taxable Mathe	Descus stastics busicises to low t	Among students who are taking resuscitation or first aid courses in a resource limited educational setting (P),				
EIT		Education	Yes	reaching methods &	Resuscitation training in low income	does does any educational approach (I), compared with compared with other approaches (C), change clinical				
				models	countries	outcome, skill performance in actual resuscitations, skill performance at 1 year, skill performance at time	DEDOCE	1		
├ ─── 	627			+		hetween course conclusion and 1 year, skill performance at course conclusion, countive knowledge (O)?	KEPUSE	1		
	637			Teaching Mothode 9		Annong scuterics who are taking resuscitation or first aid courses in an educational setting (P), does inclusion				
EIT		Education	Yes	Modele	Precourse preparation for advanced courses	or specific pre-course preparation (eg. e-learning and pre-testing) (1), compared with no such preparation (C),		1		
				mouers		cnange increase survival rates, skill performance in actual resuscitations, cognitive knowledge, skill	REACTIVATE	F4	Lockey	
<u> </u>	638				1	Among adults who are at risk for cardiac or respiratory arrest in the boggital (D) door EWSS (response)	ALACINALL	1	Looney	
EIT	000	Emergency Care	Yes	Rapis Response Teams	METs for adults	teams/MET systems (I) compared with no such respiratory diffest in the hospital (F), does EW33/TeSp0ilse		1		
						begnital incidence of cardiac (rechiratory arroct, curvival to begnital discharge with seed revealed at theme	REPOSE			
	640				Manager and an and a second second second	Among systems of care who are caring for patients in cardiac arrest in any setting (P). does a performance		1		
EIT		Miscellaneous	Yes	Regionalization of Care	measuring performance of resuscitation	measurement system (I), compared with no system (C), change survival to hospital discharge, skill		1		
					systems	performance in actual resuscitations, survival to admission, system level variables (0)?	REPOSE			
	641					Within organisations that provide care for patients in cardiac arrest in any setting (P), does implementation of				
EIT		Education	Yes	Miscellaneous	Implementation of guidelines in communities	resuscitation guidelines (I), compared with no such use (C), change survival to 180 days with good		1		
						neurological outcome, survival to bospital discharge, bystander CPR performance, return of spontaneous	REPOSE			
	642					In adults with (out-of-hospital / in-hospital) cardiac arrest (P), does clinical decision rule use (I), compared		1		
EIT		Miscellaneous	No	Guidelines & Protocols	Futile resuscitation rules	with no use of a clinical decision rule (C), change accurately predict: transport to hospital rates (OHCA only),	DEDOCE			
				1		sum ited to be pitch discharge BOCC (0)2	KEPUSE	1		

EIT	643	Education	No	Evaluation	End of course testing vs continuous feedback	Among students who are taking BLS or ALS or First Aid courses in an educational setting (P), does end of	REACTIVATE	F5	Cheng	
	645					course testing (1), compared with continuous assessment and feedback (C), change outcome (O)?	KLACHIVATL	5	Cheng	
EIT	045	Education	Yes	Teaching Methods &	Debriefing of resuscitation performance	compared with no briefing or debriefing (C), change improve survival, skill performance in actual				
				Models		resuscitations improve quality of resuscitation (eq reduce bands-off time allow for continuous compressions)	REPOSE			
	647			Teaching Methods &	CPB instruction methods (self-instruction vs	Among students who are taking BLS courses in an educational setting (P), does video or computer self				
EIT		Education	Yes	Models	traditional)	instructions (I), compared with traditional instructor-led courses (C), change improve survival, skill				
	640					nerformance in actual resuscitations skill performance at 1 year. skill performance at course conclusion	REPOSE			
FIT	648	Education	Yes	Teaching Methods &	CPR feedback devices during training	Among students who are taking (BLS ALS NRP) courses in an educational setting (P), does CPR feedback				
				Models		device use (1), compared with no use of CPR leedback devices (C), change improve patient outcomes, skill performance in actual resuscitations, skill performance at 1 year, skill performance at course conclusion	REPOSE			
	649			Tooching Mothods %		For people at high-risk of OHCA (P) (P), does does focussed training of likely rescuers (eg family or care-			•	•
EIT		Education	Yes	Models	BLS training for high risk populations	givers) (I) (I), compared with no such targeting (C), change Survival with favorable neurological outcome at				
				Piddels		discharge_ROSC_bystander_CPR_performance_number of people trained in CPR_willingness to provide CPR	REPOSE		1	
	656				Manitaring Divisiological Deservatore During	Among adults who are in cardiac arrest in any setting (P), does does the use of physiological feedback				
ALS		CPR	Yes	Monitoring / Feedback		regarding CPR quality (eg, arterial lines, ETCO2 monitoring, SpO2 waveforms, or others) (I), compared with				
					City	compared with no reedback (C), change Survival with Favorable neurological/functional outcome at discharge,	REACTIVATE	A3	Couper	
	658	Corconing 9				Among adults who are in cardiac arrest in any setting (P), does does use of ultrasound (including				
ALS		Diagnosis	Yes	Imaging	Ultrasound During CPR	echocardiography or other organ assessments) during CPR (I), compared with compared with conventional				
		Diagnosis				CPR and resuscitation without use of ultrasound. (C) change outcome (O)?	REPOSE			
ALS	659	Drugs & Fluids	Yes	Vasoconstrictors	Epinephrine Versus Vasopressin	Among adults who are in cardiac arrest in any setting (P), does does use of epinephrine (I), compared with	DEDOCE			
	660	Ainwow 9		Advanced Ainway		compared with vasopressin (C), change outcome (O)?	REPUSE		-	
Peds	000	Ventilation	No	Management	Supraglottic airway devices	compared with bac-valve-mack alone (C) change (Ω)?	REPOSE			
PL C	661	CDD	Vee	Compressions	Charting CDD	Among adults and children who are in cardiac arrest in any setting (P), does CPR beginning with compressions				
BLS		CPR	tes	Compressions	Starting CPR	first (30:2) (I), compared with CPR beginning with ventilation first (2:30) (C), change outcome (O)?	REPOSE			
	709					Among infants and children who are in cardiac arrest in any setting (P), does does the use of a circulation-				
Peds		CPR	Yes	Miscellaneous	Sequence of Chest Compressions and	airway-breathing approach to initial management (I), compared with compared with the use of an airway-				
		-			Ventilations:	breathing-circulation approach to initial management (C), change ROSC, survival to hospital discharge,	DEACTIVATE	20	Courses	
	712					survival to 180 days with good neurological outcome, time to first compressions (O)?	REACTIVATE	P2	Couper	
	/15	Screening &		Risk Factors &		finding addits who are contractore after cardiac affest and are not treated with TTM (P), does does any chilical				
ALS		Diagnosis	Yes	Assessment	Prognostication in Absence of TTM	clinical finding when abnormal (C), change Survival with Favorable neurological/functional outcome at				
						discharge 30 dave 60 dave 180 dave AND/OR 1 year Survival only at discharge 30 dave 60 dave 180 dave	REPOSE			
	714					Among adults who are in cardiac arrest in any setting (P), does does SGA insertion as first advanced airway				
ALS		Airway &	Yes	Advanced Airway	SGAs Versus Tracheal Intubation	(I), compared with compared with insertion of a tracheal tube as first advanced airway (C), change Survival				
1120		Ventilation	100	Management		with Favorable neurological/functional outcome at discharge, 30 days, 60 days, 180 days AND/OR 1 year,				
	700					Survival only at discharge, 30 days, 60 days, 180 days AND/OR 1 year, ROSC, CPR parameters, development	REPOSE			
	723					Among adults who are in cardiac arrest in any setting (P), does does the use of ECPR techniques (including				
ALS		CPR	Yes	Extracorporial CPR	ECPR Versus Manual or Mechanical CPR	extracorporeal membrane oxygenation or cardiopulmonary bypass) (1), compared with compared with manual				
						EVEN of Thechanical CPR (C), change survival to 100 days with good neurological outcome, survival with	REACTIVATE	A2	Deakin	
	724					Among adults who are in cardiac arrest in any setting (P), does Does the use of early IABP (I), compared with				
ALS		CPR	No	Miscellaneous	IABP vs manual CPR	manual CPR (C), change coronary perfusion pressure; ROSC; survival to hospital discharge; survival to 180				
						days with good neurological outcome: survival to bospital discharge with good neurological outcome (0)?	REPOSE			
	734			Thorpportio		For term infants with moderate/severe hypoxic ischemic encephalopathy managed in resource limited				
NRP		Post Arrest Care	Yes	Hupothormia	Limited resource induced hypothermia	countries (P), does therapeutic hypothermia to core temperature of ~33.5C for 72 hours delivered by passive				
				пуроспентна		hypothermia and/or ice packs (1), compared with standard care (C), change improved rates of death;	REPOSE			
	738	A				In neonates receiving cardiac compressions (P), does does 100% O2 as the ventilation gas (I), compared with				
NRP		All Wdy &	Yes	Supplemental Oxygen	Oxygen delivery during CPR (Neonatal)	compared with lower concentrations of oyxgen (C), change increase survival rates, improve neurologic				
		ventilation				outcomes decrease time to ROSC decrease in oxidative injury (O)?	REPOSE			
PLC.	740	CDD	Vaa	Buchander CDD	Dispatchor recognition of coording areas	Among adults and children who are in cardiac arrest outside of a hospital (P), does the description of any				
DLS		LPK	Tes	Dystanuer CPK	Dispacener recognition of cardiac arrest	specific symptoms to the dispatcher (I), compared with the absence of any specific description (C), change	REPOSE		1	
	768					Among adults and children with severe life-threatening external limb bleeding (P), does the application of a	110 000		1	
First Aid		Emergency Care	Yes	Bleeding & Wounds	Use of Tourniquet	tourniquet (I), compared with not applying a tourniquet (C), change (O)?	REPOSE			
	769					In patients with severe, life-threatening external bleeding (P), does the application of topical hemostatic				
First Aid		Emergency Care	Yes	Bleeding & Wounds	Hemostatic Dressings	dressings plus standard first aid (I), compared with standard first aid alone (C), change overall mortality ,			1	
						vital signs, hemostasis, complications, blood loss, major bleeding, incidence of cardiac arrest (0)?	REPOSE			
First Aid	/70	Emergency Care	Yes	Burns	Cooling of burns	Among adults and children with thermal injuries (P), does active cooling of burns by a specific technique or for	REACTIVATE	F9	Enstein	
<u> </u>	772					Among adults and children with possible traumatic cervical spinal injury (P), does spinal motion restriction (T)	ILD ICHTAIL	r-		1
First Aid		Emergency Care	Yes	Head & Neck Injury	Spinal motion restriction	compared with no spinal motion restriction (C), change (O)?	REPOSE			
	773			Teaching Methods &		Among adults and children receiving first aid (P), does care from a trained first aid provider (I), compared with				This question should
EIT		Education	Yes	Models	First Aid Training	care from an untrained person (C), change increase survival rates, recognition of acute injury or illness,				be combined with
	700					nevent further illness or injury (i.e. harm), time to resolution of injury, the likelihood of harm (eq infection)	REACTIVATE	Eb	Lockey	EI 43/.
	/82					Among adults who are in cardiac arrest in any setting (P), does do automated mechanical chest compression devices (I), compared with compared with standard manual chest compressions. (C), shares Survival with				
ALS		CPR	Yes	Compressions	Mechanical CPR Devices	uevices (1), compared with compared with standard manual thest compressions (C), change survival with Eavorable neurological/functional outcome at discharge 20 days, 60 days, 190 days, AND/OD, 1 year, Curvival			1	
						n averable near orogical/functional outcome at discharge, 30 days, 00 days, 100 days AND/OK 1 year, SURVIVal	REPOSE			
	783		1			Among adults who are in cardiac arrest in any setting (P), does does insertion of an advanced airway (tracheal			1	
		Airway &		Basic Airway		tube or SGA) (I), compared with compared with basic airway (bag-mask device with or without oropharyngeal				
ALS		Ventilation	Yes	Management	Basic Versus Advanced Airway	airway) (C), change Survival with Favorable neurological/functional outcome at discharge, 30 days, 60 days,			1	
						180 days AND/OR 1 year, Survival only at discharge, 30 days, 60 days, 180 days AND/OR 1 year, ROSC, CPR	DEDOCE			
		•	1	1	1		KEPUSE		1	•

ALS	784	Drugs & Fluids	Yes	Vasoconstrictors	Timing of drug delivery (epinephrine)	Among adults who are in cardiac arrest in any setting (P), does does early epinephrine delivery by IV or IO route (eq. less than 10 minutes after the beginning of resuscitation) (I), compared with compared with				
		-				delayed timing of epigenbring delivery (e.g. more than 10 minutes after the beginning of resuscitation) (C)	REPOSE			
	787					In preterm infants, including those who received resuscitation (P), does delayed cord clamping (> 30 seconds)				
NRP	-	Miscellaneous	Yes	Pregnancy & Child Birth	Delayed Cord Clamping in Preterm Infants	(1) compared with immediate cord clamping (C), change survival (death), long-term developmental outcome				
					Requiring Resuscitation	(1), compared with minical de cord champing (c), change survival (death), long term developmental odecome,	REPOSE			
	788					Intraventriciliar nemorrhade, cardiovascular staniuty, necentrizing enterproduits, temperature on admission to Among adults who are in cardiac atrest in any setting (P), does does the use of emperature on admission to		1		
ALS	700	Drugs & Fluids	Yes	Vasoconstrictors	Epinephrine Versus Placebo	with semenand with sleache ar net using simplement (C), shere a strong (O)	REPOSE			
	700		'		Epipephripe Versus Vesopressin in	with compared with placebo or not using ebinephrine (C), change outcome (O)?	REI OSE	1		
ALS	769	Drugs & Fluids	Yes	Vasoconstrictors	Combineties With Estendard	Among addits who are in cardiac arrest in any setting (P), does does use of both vasopressin and epinepinnie	DEDOCE			
	700			Therepeutie	Combination with Epinephrine	(1), compared with compared with using epinephrine alone (C), change outcome (O)?	KLF03L	4		
ALS	790	Post Arrest Care	Yes	Inerapeutic	Targeted Temperature Management	Among patients with ROSC after cardiac arrest in any setting (P), does does inducing mild hypothermia	DEDOCE			
			·	Hypothermia		(target temperature 32°C-34°C) (I), compared with compared with normothermia (C), change outcome	REPUSE			r
	791			Therapeutic		In patients with ROSC after cardiac arrest in any setting (P), does does induction and maintenance of				
ALS		Post Arrest Care	Yes	Hypothermia	Duration of TTM	hypothermia for any duration other than 24 hours (I), compared with compared with induction and				
				.,,,		maintenance of hypothermia for a duration of 24 hours. (C), change outcome (O)?	REPOSE			
	793			Environmental Injury -	Maintaining Infant Temperature During	In newborn infants (>30 weeks gestation) during and/or post resuscitation/ stabilization (P), does drying and				
NRP		Emergency Care	Yes	cold/fracthita	Dolivory Room Resustation	skin to skin contact or covering with plastic (I), compared with drying and no skin to skin or use of radiant				
				cold/ifostbite	Delivery Room Resucceation	warmer or isolette. (C), change body temperature (O)?	REPOSE			
	795			Altored Level of		Among adults and children with symptomatic hypoglycemia (P), does administration of dietary forms of sugar				
First Aid		Emergency Care	Yes	Altereu Lever of	Hypoglycemia treatment	(I), compared with standard dose (15 - 20 gm) of glucose tablets (C), change time to resolution of symptoms,				
				Response		risk of complications (en aspiration) blood ducose. Hypodycaemia, hospital length of stay (0)?	REPOSE			
	796					Among first aid providers in the setting of potential exposure to blood or body fluids (P), does use of nitrile				
First Aid		Emergency Care	No	Miscellaneous	Medical exam gloves	medical examination doves (I) compared with vinvl medical examination doves (C) change infection rate				
					-	emplications from to recover them to recover them to relate the state of the second st	REACTIVATE	F20	Cheng	
	797	İ		İ		Among adults and children with hyperventilation (P), does use of re-breathing into a paper bag (I), compared		1	-	
First Aid		Emergency Care	No	Miscellaneous	Hyperventilation treatment	with reassurance (C) change time to resolution of symptoms, complications, improving patient systematic				
		gene, edie		/ insection could		with reassurance (C), charge time to resolution or symptoms, complications, improving patient outcomes,	REACTIVATE	F14	Cheng	
<u> </u>	700		'		1	Instient satisfaction, symptoms (0)? Among adulte and children with clone and symptome of faintness as are surgery (0), does as interesting on the	MACHINALL	r - ·	chichy	
	198		1	Altered Level of	1	Among addres and children with sight and symptoms of raintness of pre-syncope (P), does an intervention such				
First Aid		Emergency Care	No	Altered Level Of	Presyncope	as muscle contraction, positioning the person supine, raising the legs, placing the head between the knees,				
				Response		use of smelling salts/ammonia, or fanning (I), compared with no intervention (C), change time to resolution of				
						symptoms, death, the incidence of aspiration, the rate of cardiac and respiratory arrests (Q)?	REACTIVATE	F2	Epstein	
First Aid	799	Screening &	Yes	Risk Factors &	Concussion	Among adults and children with suspected head injury without loss of consciousness (P), does use of a simple				
		Diagnosis		Assessment		single-stage concussion scoring system (I), compared with standard first aid assessment without a scoring	REPOSE			
	801	Screening &		Risk Factors &		Among adults with suspected acute stroke (P), does the use of a rapid stroke scoring system or scale (I),				
First Aid		Diagnostic	Yes	Accorcmont	Stroke recognition	compared with standard first aid assessment (C), change time to treatment (eg door to balloon), recognition				
		Diagnosis		Assessment		of acute injury or illness, discharge with favorable neurologic status, cognitive knowledge, survival with	REPOSE			
	802			Thorspoutic		Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of				
ALS	802	Post Arrest Care	Yes	Therapeutic	Timing of Induced Hypothermia	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eq. 1 hour after ROSC or before hospital arrival) (I), compared with				
ALS	802	Post Arrest Care	Yes	Therapeutic Hypothermia	Timing of Induced Hypothermia	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg, 1 hour after ROSC or before hospital arrival) (1), compared with compared with induction of hypothermia after that time point (C), change outcome (O)?	REPOSE			
ALS	802	Post Arrest Care Screening &	Yes	Therapeutic Hypothermia Risk Factors &	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg, 1 hour after ROSC or before hospital arrival) (1), compared with compared with induction of hypothermia after that time point (C), chance outcome (D)? In extremely oreterm infants (<25 weeks) (P), does Delivery room assessment with a proonostic score	REPOSE			
ALS NRP	802 805	Post Arrest Care Screening & Diagnosis	Yes	Therapeutic Hypothermia Risk Factors & Assessment	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg, 1 hour after ROSC or before hospital arrival) (I), compared with compared with induction of hypothermia after that time point (C) chance putcome (C). In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (I), compared with Gestational are assessment only (C), chance survival to 30 days (O)?	REPOSE			
ALS NRP	802 805 806	Post Arrest Care Screening & Diagnosis	Yes	Therapeutic Hypothermia Risk Factors & Assessment	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg, 1 hour after ROSC or before hospital arrival) (1), compared with compared with induction of hypothermia after that time point (C), change outcome (O12 In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T), compared with Gestational are assessment not/(C), change survival to 30 days (O12 Newborn infants who receive positive pressure ventilation for resuscitation (P), does be of a device to assess	REPOSE	-		
ALS NRP	802 805 806	Post Arrest Care Screening & Diagnosis Airway &	Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations &	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg, 1 hour after ROSC or before hospital arrival) (1), compared with compared with induction of hypothermia after that time point (C) chance pulses (1), compared with In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (1), compared with Gestational are assessment point (C), chance survival to 3 days (O)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess sequelation function with or sceive positive pressure ventilation for resuscitation (P), does Use of a device to assess and the sequence of the second of the sec	REPOSE			
ALS NRP NRP	802 805 806	Post Arrest Care Screening & Diagnosis Airway & Ventilation	Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg, 1 hour after ROSC or before hospital arrival) (1), compared with compared with induction of hypothermia after that time point (C). Chance putcome (D) (D) (D) (D) (D) (D) (D) (D) (D) (D)	REPOSE			
ALS NRP NRP	802 805 806	Post Arrest Care Screening & Diagnosis Airway & Ventilation	Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg.). Hour after ROSC or before hospital arrival) (I), compared with compared with induction of hypothermia after that time noint (C), chance nutrone (N)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T), compared with Gestational are assessment noiv (C), chance survival to 30 days (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with or without pressure monitoring (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100	REPOSE REPOSE			
ALS NRP NRP	802 805 806	Post Arrest Care Screening & Diagnosis Airway & Ventilation	Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg, 1 hour after ROSC or before hospital arrival) (1), compared with compared with induction of hupothermia after that time point (C). Chance outcome (C) and (C) a	REPOSE REPOSE REPOSE			
ALS NRP NRP	802 805 806 808	Post Arrest Care Screening & Diagnosis Airway & Ventilation	Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg.). Hour after ROSC or before hospital arrival) (I), compared with connared with induction of hypothermia after that time noist. (C) - chance nutrone (N)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). commared with Gestational are assessment noist (C). chance survival to 30 davs (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with or without pressure monitoring (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom Bronchoulmonary dusplasia. Pneumothoray (D)?	REPOSE REPOSE REPOSE			
ALS NRP NRP ALS	802 805 806 808	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation	Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg, 1 hour after ROSC or before hospital arrival) (I), compared with compared with induction of hupothermia after that time point (C). Chance autcome (O):2. In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). compared with Gestational are assessment any (C). Chance survival to 3 dhasc (O)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with or without pressure monitoring (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. Bronchorulmonary denalasis. Pneumothoray (O)? Among adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with compared with	REPOSE REPOSE REPOSE			
ALS NRP NRP ALS	802 805 806 808	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation	Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg, 1 hour after ROSC or before hospital arrival) (1), compared with compared with induction of hypothermia after that time point (C). Chance outcome (C) and (C) a	REPOSE REPOSE REPOSE			
ALS NRP NRP ALS	802 805 806 808	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation	Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg.). Hour after ROSC or before hospital arrival) (I), compared with compared with induction of hypothermia after that time point (C), chance nutrome (O)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T), compared with Gestational are assessment noi/ (C), chance survival to 30 days (O)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with or without pressure monitoring (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. <u>Bronchorulmonary divensita. Pneumotherax (O)?</u> Among adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional ducome at discharge. In days. Ghdws_180 days AMD/DB 1 vae: <u>Survival</u> only at discharge. <u>30 days. 60 days. 180 days AMD/DB 1</u>	REPOSE REPOSE REPOSE REACTIVATE	A11	Rabi	
ALS NRP NRP ALS	802 805 806 808 808	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation	Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg, 1 hour after ROSC or before hospital arrival) (1), compared with compared with induction of hupothermia after that time point (C). Chance pulcome (C) and (C) and (C) and (C) after that time point (C). Chance pulcome (C) and (C) and (C) and (C) after with (C) chance pulcome (C) and (C) a	REPOSE REPOSE REPOSE REACTIVATE	A11	Rabi	
ALS NRP NRP ALS NRP	802 805 806 808 808	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway &	Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strateories in the DR	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg.). Hour after ROSC or before hospital arrival) (I), compared with compared with induction of hypothermia after that time noint. (C). chance nutrone (D)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). compared with Gestational are assessment noiv (C). chance survival to 30 days (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with or without pressure monitoring (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. <u>Branchonulanda</u> darest <u>has accure airway</u> receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation rate (C), change Survival with Favorable neurologic/infunctional outcome at discharge, <u>20 days. End days. ADD/DD I ware: Survival with Pavorable neurologic/infunctional outcome at discharge, <u>20 days. End days. ADD/DD I ware: Survival with Pavorable neurologic/infunctional outcome at discharge, <u>20 days. End days. ADD/DD I ware: Survival with arotals constables are <u>50 days. 40 days. ADD/DD I ware: Survival with arotals accuredow</u> <u>10 days. ADD/DD I ware: Survival with arotals are <u>50 days. 40 days. ADD/DD I ware: Survival with arotals are there are always reperiation at the thory outcome at discharge, <u>20 days. End days. ADD/DD I ware: Survival with arotals days and preterm</u> newborn infants who do not establish spontaneous respiration at birth (P), does days and <u>administration of nore pressure-limited sustained lung</u> inflations (I), compared with compared to</u></u></u></u></u>	REPOSE REPOSE REPOSE REACTIVATE	A11	Rabi	
ALS NRP ALS NRP	802 805 806 808 808	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation	Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg, 1 hour after ROSC or before hospital arrival) (I), compared with compared with induction of hupothermia after that time point (C). Chance and compared (I) compared with CI). compared with Gestational are assessment any (C). Chance survival to 30 days (O)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with or without pressure monitoring (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. Bronchorulmonacy devalation. Becumenthoray (O)? Among adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional buccome at discharge administration of one or more pressure-limited sustained lung inflations (I), compared with compared to intermitter PPV with short inspiratory times (C), change ARA at Short (R), compared to functional pressure-limited sustained lung inflations (I), compared with compared to intermitter PPV with short inspiratory times (C), change AGAR at 5 minutes, StatBishment of functional	REPOSE REPOSE REPOSE	A11	Rabi	
ALS NRP ALS NRP	802 805 806 808 808	Post Arrest Care Screening & Diaqnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation	Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg.). Hour after ROSC or before hospital arrival) (I), compared with compared with induction of hypothermia after that time point (C), chance outcome (O)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). compared with Gestational are assessment mix (C), chance survival to 30 days (O)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with or without pressure monitoring (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. Broochonulinnare vicendiacia. Densimotherar (A)? Among adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/inctional outcome at discharge, 30 days. 60 days. 180 days. ADD/OD L vaer. Survival with a spontaneous respiration at bith (P), does administration of one or more pressure-limited sustained lung inflations (I), compared with compared to intermittent PV with short inspiratory times (C), change AGR at 5 minutes, Establishment of functional presidual caracity. Beauisment for mechanical eventilation in first. 72 hours, time to heart rate > 100 hom. Brocks rates vert pressure in the spontaneous respiration at bith (P), does administration of one or more pressure-limited sustained lung inflations (I), compared with compared to intermittent PV with short inspiratory times (C), change AGR at 5 minutes, Establishment of functional medical caracity. Beausiment for mechanical eventilation in first. 72 hours, time to heart rate > 100 hom. Bate	REPOSE REPOSE REPOSE REACTIVATE REPOSE	A11	Rabi	
ALS NRP ALS NRP	802 805 806 808 809 811	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation	Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances /	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioids.	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg.). Hour after ROSC or before hospital arrival) (I), compared with compared with induction of hupothermia after that time point (C) chance nutrome (O)? In extremely preterm infants (<25 weeks) (P), does Delivery (C) chance survival to 30 days (O)? Newborn infants who receive positive pressure tonk (C), chance survival to 30 days (O)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with on without pressure monitoring (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. Bronchorulmonary disclassia. Poeumotherax (O)? Among adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge. <i>Ol days</i> . <i>Ghas</i> . <i>BM days</i> . <i>AMI/OR</i> 1 vaer. Survival only at discharge. <i>30 days</i> . <i>Ghas</i> . <i>BM days</i> . <i>AMI/OR</i> 1 vaer. Survival only at discharge. <i>30 days</i> . <i>Ghas</i> . <i>BM days</i> . <i>AMI/OR</i> 1 vaer. <i>Survival</i> . <i>C)</i> , compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge. <i>30 days</i> . <i>Ghas</i> . <i>BM days</i> . <i>AMI/OR</i> 1 vaer. <i>Survival</i> . <i>Avis</i> . <i>30 days</i> . <i>Ghas</i> . <i>BM days</i> . <i>AMI/OR</i> 1 Term and preterm newborn infants who do not establish spontaneous respiration at birth (P), does daministration of one or more pressure-limited sustained lung inflations (I), compared with compared to intermittent PPV with short inspiratory times (C), change AGAR at 5 minutes, Establishment of functional residual canacity. <i>Beauisment for machasical ventilation</i> in first 72 hours. ti	REPOSE REPOSE REPOSE REACTIVATE REPOSE	A11	Rabi	
ALS NRP ALS NRP BLS	802 805 806 808 809 811	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care	Yes Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances /	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid-	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg, 1 hour after ROSC or before hospital arrival) (1), compared with compared with induction of hypothermia after that time point (C). Channe and compared with a prognostic score (1). Compared with a prognostic score (1). Compared with a prognostic score (1). Compared with optimula 1 as (1), compared with a prognostic score (1). Compared with optimula 1 as (1), compared with a prognostic score (1). Compared with C). Channes and (1) and (1) and (1). Compared with C) and (1). Compared with C) and (1). Compared with C) and (1) and (1). Compared with C) and (1) and (1) and (2) a	REPOSE REPOSE REPOSE REACTIVATE REPOSE	A11	Rabi	
ALS NRP ALS NRP BLS	802 805 806 808 808 809 811	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care	Yes Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxicity	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg.). Hour after ROSC or before hospital arrival) (D), compared with compared with induction of hypothermia after that time noint (C), chance nutrone (D)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T), compared with Gestational are assessment noi/ (C), chance survival to 30 days (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with or without pressure monitoring (D), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. <u>Bronchondinnoary divendes</u> . <u>Devinentbrozy (D)</u> Among adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (D), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge, <u>Branchondinnoary divendes</u> . <u>Among adults with schorable neurological/functional outcome</u> at discharge, <u>Branchondinnoary divendes</u> . <u>Among adults as AMI/OP 1</u> Term and preterm newborn infants who do not establish spontaneous respiration at birth (P), does <u>administration</u> of one or more pressure-limited sustained lung inflations (D), compared with compared to intermittent PPV with short inspiratory times (C), change AGR at 5 minutes, Establishment of functional estidual canacity. <u>Benimment for mochanical wardiation in first 20 hours. Time to heart rate > 100 hom. Bate</u> Adults and children with Suspected opioid-associated cardio / respiratory arrest in the pre-hospital setting (P), does Bystander naloxone administration (Intramuscular or intranasal), in addition to standard CPR (1), compared with Standard (CBR opiv (C), <u>hono</u>	REPOSE REPOSE REPOSE REACTIVATE REPOSE REPOSE	A11	Rabi	
ALS NRP ALS NRP BLS	802 805 806 808 809 811 812	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care	Yes Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxicity	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg, 1 hour after ROSC or before hospital arrival) (J), compared with compared with induction of hypothermia before some time point (eg, 1 hour after ROSC or before hospital arrival) (J), compared with Compared with induction of hypothermia after that time notif (C). Chance and compared (J): Compared with a prognostic score (T). compared with or sceive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with or without pressure monitoring (J), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. Bronchonulmonary dxnlasta. Desumothorax (D)? Among adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (J), compared with compared with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (J), compared with compared with arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (J), compared with compared with arrow and brows MD/OB to access a dura telescare. Joindaw GMA/OB to access a dura telescare areas the secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (J), compared with compared with arrows the compared with arrows the compared with arrows the secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a curvival outh a dischared and ductore at dischareg. Johaws GMA/OB to access the secure airway receiving chest compared with compared with arrows the pressure-limited sustained lung inflations (J), compared with compared to intermittent PPV w	REPOSE REPOSE REACTIVATE REPOSE REPOSE	A11	Rabi	
ALS NRP ALS NRP BLS	802 805 806 808 809 811 812	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care	Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxicity	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg.) hour after ROSC or before hospital arrival) (I), compared with compared with induction of humothermia after that time noint. (C). chance nutrone (N)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). compared with Gestational are assessment noiv (C). chance survival to 30 days (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with or without pressure wontilation (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. <i>Branchonulumonar duschalas</i> . <i>Desumbhorsu</i> (D): among adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with standard tidal volume) (C), change Survival with Favorable neurologic//functional outcome at discharge, 20 daws. <i>Edidaws</i> . <i>Bid daws</i> . <i>ADD/DD</i> 1 ware: Survival rot as postnaneous respiration at birth (P), does does administration of one or more pressure-limited sustained lung inflations (I), compared with compared to intermittent PPV with short inspiratory times (C), change AGR at 5 minutes, Establishment of functional residual canceity. <i>Reauirement for machanical aventilation</i> (infer: <i>Z)</i> Dours. <i>Lines</i> to heart rate s 100 hom. Rate Adults and children with suspected opioid-associated cardio (respiratory arrest in the pre-hospital setting (P), does Bystander naloxone administration (intramuscular or intramasal), in addition to standard CPR (I), compared with Shandard CPB noiv (<i>C)</i> . <i>Jeanoe autorema (D)</i> .	REPOSE REPOSE REPOSE REACTIVATE REPOSE REPOSE	A11	Rabi	
ALS NRP ALS NRP BLS ALS	802 805 806 808 809 811 812	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous	Yes Yes Yes Yes Yes No	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxicity Surgery	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eg.) hour after ROSC or before hospital arrival) (I), compared with command with induction of humothermia after that time noint (C) channe autome (O)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T) command with or receive positive pressure noint (C), channe survival to 3 dhavc (O)? Newborn infants who receive positive pressure monitoring (I), compared with No Device (C), change survival to 3 hospital ischarge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hospital ischarge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom Bronchoulmonary dvalasia. Pneumotherax (O)? Among adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation of one or more pressure-innited sustained lung inflations (I), compared with compared to intermittent PPV with short inspiratory times (C), change AGR at 5 minutes, Establishment of functional residual canacity. Beauisment for machanical ventilation in first 27 hours time to heart rate > 10 hom. Break dusts and children with supsected opioid-3sociated cardia (respiratory arrest in the perioperative setting (P), does does a ventilation in first 27 hours time to heart rate > 10 hom. Break dusts and children with supsected opioid-3sociated cardia (respiratory arrest in the per-hospital setting (P), does Bystander naloxone administration (intramuscular or intransal), in addition to standard CPR (I), channe and chest roomen(I) (I), compared with Standard CPR (I), channe and chest roomen(I) (I), comesting exilared ALS candard ALS cardiacr arest o	REPOSE REPOSE REACTIVATE REPOSE REPOSE	A11	Rabi	
ALS NRP ALS NRP BLS ALS	802 805 806 808 809 811 812	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous	Yes Yes Yes Yes Yes No	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxicity Surgery	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (g). Hour after ROSC or before hospital arrival) (I), compared with compared with induction of hypothermia before some time point (g). Hour after ROSC or before hospital arrival) (I), compared with compared with induction of hypothermia after that time point (g). Channe survival to 30 days (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with or receive positive pressure wentilation (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. Branchouldmann dusta arrest with a secure alrway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with compared with compared with compared with compared with compared with compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge, 30 days, 60 days	REPOSE REPOSE REACTIVATE REPOSE REPOSE	A11	Rabi	
ALS NRP ALS NRP BLS ALS	802 805 806 808 809 811 812 813	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous	Yes Yes Yes Yes Yes No	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxicity Surgery	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (cg.). Hour after ROSC or before hospital arrival) (D), compared with compared with induction of hypothermia after that time point (C), chance nutrome (D)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T), compared with Gestational are assessment noi/ (C), chance survival to 30 days (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with on without pressure wontilation (D), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. Bronchorulmonary disclassia. Pneumotherax (D)? Among adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (1), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge. <i>Diadus</i> : 610 days: ADU/DB 1 vaes: Survival only at discharge. 30 days: 610 days: ADU/DB 1. Term and preterm newborn infants who do not establish spontaneous respiration at birth (P), does daministration of one or more pressure-limited sustained lung inflations (I), compared with compared to intermittent PPV with short inspiratory times (C), change AGAR at 5 minutes, Establishment of functional residual canacity. Benuirement for machanical werbitation in first 72 hours. Hime to heart rate > 101 hom. Bate Adults and children with suspected opioid-associated cardio / respiratory arrest in the per-hospital setting (P), does Bystander naloxone administration (intramuscular or intranasal), in addition to standard CPR (1), compared with Standard CPR (1). All subjects who have cardiac arrest in the perioperative setting (operating room	REPOSE REPOSE REACTIVATE REPOSE REPOSE REPOSE	A11	Rabi	
ALS NRP ALS NRP BLS ALS	802 805 806 808 809 811 812 813	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous Screening &	Yes Yes Yes Yes Yes No	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxicity Surgery Risk Factors &	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (g). Thour after ROSC or before hospital arrival) (I), compared with compared with induction of hupothermia after that time point (g). Change survival to 30 dues (D)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). channer with a prognostic score (T). Channer dwith Centrared with seven infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). channer dwith the seven without pressure wentilation for resuscitation (P), does Use of a device to asses respiratory function with on without pressure wentilation for resuscitation (P), does Use of a device to assest on memory and metal discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. Bronchondinanar Archadiacia. Deneurohorara (A) ¹² Among adults with cardiac arrest with a secure alrway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (1), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge, 20 daws. 60 daws. 180 daws ADD/OB 1 veer. Survival with favorable neurological/functional outcome at discharge, administration of one or more pressure-limited sustained lung inflations (1), compared with compared to intermittent PPV with short inspiratory times (C), change Survival with Savora and and CRR (1), does administration (1) compared rate or intramuscular or intranas), in addition to standard CR (1), compared with Standard CB any (C) change survival with suspected opoid-associated cardio / respiratory arrest in the pre-hospital setting (P), does bystander nalxone administration in fifst 72 hours. Time to heart rate	REPOSE REPOSE REACTIVATE REPOSE REPOSE REPOSE	A11	Rabi	
ALS NRP ALS NRP BLS ALS Peds	802 805 806 808 809 811 812 813	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous Screening & Diagnosie	Yes Yes Yes Yes No Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / ToxicIty Surgery Risk Factors & Assessment	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room Post-ROSC Predictive Factors	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (g). Thour after ROSC or before hospital arrival) (I), compared with amonard with induction of hypothermia after that time noint (C), chance nutrone (N)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). Compared with Gestational are assessment noi/C), chance survival to 30 days (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with or without pressure wontilation (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. <i>Bronchonulmonarv divensitis</i> . <i>Development Provide</i> (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. <i>Bronchonulmonarv divensitis</i> . <i>Development Provide</i> (C), change survival to hamong adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (1), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge, <i>Brane brokens</i> . <i>Bh duse</i> . <i>ABh/DP 1 vaar</i> . <i>Sundula noiv at</i> dischara. <i>Bh duse</i> . <i>Bh duse</i> . <i>ABh/DP 1 vaar</i> . <i>Sundula noiv at</i> discharate. <i>Bh duse</i> . <i>Bh duse</i> . <i>ABh/DP 1</i> deministration of one or more pressure-limited sustained lung inflations (1), compared with compared to intermittent PPV with short inspiratory times (C), change AGR at 5 minutes, Establishment of functional aedidusl canacity. <i>Bealviernet</i> for morcharical warbitation infirst. <i>2D hore</i> . <i>Lime</i> to heart <i>cate</i> . <i>2</i> 100 hom. <i>Bate</i> Adults and children with suspected opioid-associated cardio / respiratory arrest in the pre-hospital setting (P), do	REPOSE REPOSE REACTIVATE REPOSE REPOSE REPOSE	A11	Rabi	
ALS NRP ALS NRP BLS ALS Peds	802 805 806 808 809 811 812 813	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous Screening & Diagnosis	Yes Yes Yes Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxicity Surgery Risk Factors & Assessment	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room Post-ROSC Predictive Factors	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (eq.) hour after ROSC or before hospital arrival) (I), compared with compared with induction of humothermia after that time noint (C) chance nutcome (O)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (I) compared with or receive positive pressure noint (C) chance survival to 30 have (O)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with or without pressure monitoring (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. Bronchonu/monary declasia. Pneumothorax (D)? Manog adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge. 30 davs. 60 davs. 180 davs. AD/OB 1. Term and preterm newborn infants who do not establish spontaneous respiration at birth (P), does administration of one or more pressure-limited sustained lung inflations (I), compared with compared to intermitter PPV with short inspiratory times (C), change AGRA at 5 minutes, Stablishment of functional residual canacity. Benuizement for machanical wertilation in first 72 hours. Time to heart rate > 101 hom. Bate Adults and chifdren with suspected poind-associated cardia (reparitory arrest in the pre-hospital setting (P), does Bystander naloxone administration (intramuscular or intranasal), in addition to standard CPR (I), compared with scandard CPB nolu (C) chance nutrome (C)? Among outcome (a, atropine, non-stan	REPOSE REPOSE REACTIVATE REPOSE REPOSE REPOSE	A11	Rabi	
ALS NRP ALS NRP BLS ALS Peds	802 805 806 808 809 811 812 813	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous Screening & Diagnosis	Yes Yes Yes Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxicity Surgery Risk Factors & Assessment	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room Post-ROSC Predictive Factors	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (g). Thour after ROSC or before hospital arrival) (I), compared with compared with induction of humothermia after that time noint. (C) chance survival to 30 days (D)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). Channer dwith Gestational ane assessment nois (C) chance survival to 30 days (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess repriratory function with the orthogene monitoring (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. <i>Branchonulmonarch duralasia. Desumpthorax</i> (C)? Among adults with Cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with compared with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with compared with compared with compared with compared with compared with compared with compared with compared with compared with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge, 20 daws. £0 daws £0 daws £0 daws £0 daws £0 daws \$0 do not establish spontaneous respiration at birth (P), does does a deministration (I), compared to intermittent PV with short inspiratory times (C), change AGR at 5 minutes, Establishment of functional eventilation in first 27 bouncs. Time to heart rate > 100 hom. Bate Adults and children with suspected opiol-associated cardio / respiratory arrest in the pre-hospital setting (P), does show on daministration (Intramuscular or intr	REPOSE REPOSE REACTIVATE REPOSE REPOSE REPOSE REACTIVATE	A11	Rabi	
ALS NRP ALS NRP BLS ALS Peds	802 805 806 808 809 811 812 813 814	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous Screening & Diagnosis	Yes Yes Yes Yes Yes No Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxicity Surgery Risk Factors & Assessment	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room Post-ROSC Predictive Factors	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (g). Thour after ROSC or before hospital arrival) (I), compared with command with induction of humothermia after that time noint (C) channe nutrome (O)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). command with not extin of humothermia after that time noint (C) channe nutrome (O)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). command with No Device (C), change survival to 3 days (O)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with or without pressure monitoring (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. Bronchonulmonary disclassica. Pneumotherax (O)? Among adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge. JN days GhU/OB 1 days 10 days AMD/OB 1 days 10 days 20 days	REPOSE REPOSE REACTIVATE REPOSE REPOSE REPOSE REPOSE	A11	Rabi	
ALS NRP ALS NRP BLS ALS Peds	802 805 806 808 809 811 812 813 814	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous Screening & Diagnosis	Yes Yes Yes Yes Yes Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxic Substances / Toxic Substances / Surgery Risk Factors & Assessment	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room Post-ROSC Predictive Factors Intra-arrest prognostic factors for cardiac	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (g). Thour after ROSC or before hospital arrival) (I), compared with compared with induction of humothermia after that time point. (g). Change survival to 30 days (D)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). Channer dwith Gestational ane assessment mix (C). change survival to 30 days (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with on without pressure wontoining (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 haves gave with a cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge, 20 days. 60	REPOSE REPOSE REACTIVATE REPOSE REPOSE REPOSE REACTIVATE	A11	Rabi Scholefield	
ALS NRP ALS NRP BLS ALS Peds Peds	802 805 806 808 809 811 812 813 814	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous Screening & Diagnosis	Yes Yes Yes Yes Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxicity Surgery Risk Factors & Assessment	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room Post-ROSC Predictive Factors Intra-arrest prognostic factors for cardiac arrest in infants and children	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (g). Thour after ROSC or before hospital arrival) (I), compared with compared with induction of hypothermia before some time point (g). Thour after ROSC or before hospital arrival) (I), compared with compared with induction of hypothermia after that time point (g). chance survival to 30 days (D)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). Cronner with or receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with on without pressure wentilation (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. Bronchorulmonary disclassic. Beaumotherax (O)? Among adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge, Mindeas 180 days AM/DB 1 user. Survival only at discharame. 30 days 60 days 180 days AM/DB 1 user Survival only at discharame. 30 days 60 days 180 days AM/DB 1 user Survival only at discharame. 30 days 60 days 180 days AM/DB 1 user Survival only at discharame. 30 days 60 days 180 days AM/DB 1 user Survival only at discharame. 30 days 60 days 180 days AM/DB 1 user Survival only at discharame. 30 days 60 days 180 days AM/DB 1 days AM/DB 1 days 30 days	REPOSE REPOSE REACTIVATE REPOSE REPOSE REPOSE REPOSE	A11	Rabi	
ALS NRP ALS NRP BLS ALS Peds Peds	802 805 806 808 809 811 812 813 814	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous Screening & Diagnosis Screening &	Yes Yes Yes Yes Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxic Substances / Toxic Substances / Surgery Risk Factors & Assessment Risk Factors &	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room Post-ROSC Predictive Factors Intra-arrest prognostic factors for cardiac arrest in infants and children	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (g). Thour after ROSC or before hospital arrival) (I), compared with compared with induction of humothermia after that time point (g). Chance outcome (A)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). compared with central and accessessment mile (C). chance survival to 30 days (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with or without pressure monitoring (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. Branchoulmonanz dusolacia. Bneumotheraz (A)? Among adults with cardiac arrest with a secure alrway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge, 30 days. 60 days. 180 days. ADD/OE 1. vae: Survival with Survival with Favorable neurological/functional outcome at discharge, 30 days. 61 days. 180 days. ADD/OE 1. vae: Survival with Favorable neurological/functional outcome at discharge, 30 days. 61 days. 180 days. ADD/OE 1. vae: Survival with substorable neurological/functional for days. 180 days. ADD/OE 1. vae: Survival with substorable neurological/functional for days and the compared with compared with compared with compared to intermittent PPV with short inspiratory times (C), change Survival to addition survival to addition survival to addition survival to addition survival to addition and CPR (I), compared with subsected opoid-associated cardio / respiratory arrest in the pre-hospital setting (P), does Bystander nalxone administration (intramuscular or intranasal), in addition to standard CPR (REPOSE REPOSE REACTIVATE REPOSE REPOSE REPOSE REACTIVATE	A11	Rabi	
ALS NRP ALS NRP BLS ALS Peds Peds	802 805 806 808 809 811 812 813 814	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous Screening & Diagnosis	Yes Yes Yes Yes Yes Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxic Substances / Toxicity Surgery Risk Factors & Assessment Risk Factors & Assessment	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room Post-ROSC Predictive Factors Intra-arrest prognostic factors for cardiac arrest in infants and children	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (g). Thour after ROSC or before hospital arrival) (I), compared with amonard with induction of hypothermia after that time noint (C), chance nutrone (N)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). Compared with Gestational are assessment noi (C), chance survival to 3 days (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with or without pressure wonitoring (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. <i>Bronchonulmonarv divensitis</i> . <i>Development Provide</i> (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. <i>Bronchonulmonarv divensitis</i> . <i>Development Provide</i> (D), compared with compared with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge, <i>Brlaus</i> . <i>Brlause</i> . <i>ABI/DR 1 vaar</i> . <i>Sundula noiv at discharus</i> . <i>Brlaus</i> . <i>Brlause</i> . <i>ABI/DR 1</i> . Term and preterm newborn infants who do not establish spontaneous respiration at birth (P), does deministration of one or more pressure-limited sustained lung inflations (I), compared with compared to intermittent PPV with short inspiratory times (C), change AGR at 5 minutes, Establishment of functional estidual canacity. <i>Bealument for machanical wartilation in first</i> . 27 hours. <i>Lime</i> to heart <i>Late</i> . 2, <i>LDD hom. Bate</i> . <i>Adults and children</i> with suspected opioid-associated cardio / respiratory arrest in the pre-hospital setting (P), does Bystander naloxone administration (intramuscular or intranasal), in addition to st	REPOSE REPOSE REACTIVATE REPOSE REPOSE REPOSE REACTIVATE	A11	Rabi Scholefield	
ALS NRP ALS NRP BLS ALS Peds Peds	802 805 806 808 809 811 812 813 814 815	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous Screening & Diagnosis	Yes Yes Yes Yes No Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxicity Surgery Risk Factors & Assessment Risk Factors & Assessment	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room Post-ROSC Predictive Factors Intra-arrest prognostic factors for cardiac arrest in infants and children	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (g). Thour after ROSC or before hospital arrival) (I), compared with compared with induction of humothermia after that time noint (C). chance nutcome (A)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). compared with central and an eassessment min (C). chance survival to 30 days (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with on without pressure monitoring (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. Broochonulmonary changlasia. Denoundhorary (A)? A mong adults with cardiac arrest with a secure alrway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge, 20 days. 60 days. 180 days ADD/OB 1 veer. Survival with favorable neurological/functional outcome at discharge, 20 days. 60 days. 180 days ADD/OB 1 veer. Survival with Favorable neurological/functional outcome at discharge, 20 days. 60 days. 180 days ADD/OB 1 veer. Survival with favorable neurological/functional compared with compared to intermittent PV with short inspiratory times (C), change Survival to favorable neurological/functional compared with compared to intermittent PV with short inspiratory times (C), change Survival to addition to standard CR (I), compared with suspected opioid-associated cardio / respiratory arrest in the pre-hospital setting (P), does by and mainstration (intramuscular or intranas), in addition to standard CR (I), compared with Standard LB and (C) - hange aurome (A)? A mong infants and children with return of circulat	REPOSE REPOSE REACTIVATE REPOSE REPOSE REACTIVATE REACTIVATE	A11	Rabi Scholefield	
ALS NRP ALS NRP BLS ALS Peds Peds	802 805 806 808 809 811 812 813 814 815	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous Screening & Diagnosis Screening &	Yes Yes Yes Yes Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxic Substances / Toxicity Surgery Risk Factors & Assessment Risk Factors &	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room Post-ROSC Predictive Factors Intra-arrest prognostic factors for cardiac arrest in infants and children	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (g). Thour after ROSC or before hospital arrival) (I), compared with compared with induction of humothermia after that time noint. (C) chance survival to 30 days (D)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). Channer dwith Gestational ane assessment nois (C) chance survival to 30 days (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess repriratory function with tho receive positive pressure ventilation (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. <i>Renorbonulmonarch duralasia. Pneumothorax</i> (D)? Among adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with compared with compared with compared with compared with compared with compared with compared with compared with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge, 20 daws. 60 daws. 180 daws AND/DB 1 vear Sunoidal nova at discharge. Stabilish spontaneous respiration at birth (P), does does a deministration (intramuscular or intransal), in addition to standard CPR (I), compared with spontarest v. Baauisment for unchanical ventilation in first Z) bounds (I), compared with compared with compared with spontaresidy. Baauisment for unchanical ventilation (C), compared with compared with compared with standard ALS procedure (e.g. atropine, non-standard adrenaline dose, che	REPOSE REPOSE REACTIVATE REPOSE REPOSE REPOSE REACTIVATE	A11	Rabi Scholefield	
ALS NRP ALS NRP BLS ALS Peds Peds	802 805 806 808 809 811 812 813 814 815	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous Screening & Diagnosis Screening & Diagnosis	Yes Yes Yes Yes No Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxicity Surgery Risk Factors & Assessment Risk Factors & Assessment Gas Concentrations &	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room Post-ROSC Predictive Factors Intra-arrest prognostic factors for cardiac arrest in infants and children	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (g). Thour after ROSC or before hospital arrival) (I), compared with compared with induction of humoharmia after that time point (g). Channe automa (N)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (I). Compared with oreceive positive pressment noi/C). Channe survival to 130 days (O)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with or without pressure wontilation for resuscitation (P), does Use of a device to assess Among adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge administration of one or more pressure-limited sustained lung inflations (I), compared with compared to intermittent PPV with short inspiratory times (C), change AGR at 5 minutes, Establishment of functional residual canacity. Beauisment for machanical wortilation in first 72 hours. Time to heart rate > 100 hom. Bet Adults and children with suspected opioid-associated cardia / respiratory arrest in the per-hospital setting (P), does Bystander naloxone administration (intramuscular or intranasal), in addition to standard CPR (I), compared with Standard CPR (I). All subjects who have cardiac arrest in the perioperative setting (operating room /theatre, PACU), before, during or immediately after surgery (I). any surgery, or 2. cardiac surgery) (P), does Any non-standard ALS recordure (e. a. chorade. chorade CDM (A) Among infants and children with suspected poid-acculation (P), does does the presence of any specific factors (I), compared with compared with the absence of those factors (C), change survival to	REPOSE REPOSE REACTIVATE REPOSE REPOSE REPOSE REPOSE REACTIVATE	A11	Rabi Scholefield Scholefield	
ALS NRP ALS NRP BLS ALS Peds Peds Peds	802 805 806 808 809 811 812 813 814 815	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous Screening & Diagnosis Screening & Diagnosis	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxic Substances / Toxic Substances / Toxicity Surgery Risk Factors & Assessment Risk Factors & Assessment	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room Post-ROSC Predictive Factors Intra-arrest prognostic factors for cardiac arrest in infants and children Post-ROSC Ventilation: PaCO2 Goals	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (g). Thour after ROSC or before hospital arrival) (I), compared with compared with induction of humothermia after that time point. (g). Change survival to 30 days (D)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). channer dwith Gestational ane assessment min (C). change survival to 30 days (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with on without pressure wontiloning (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 haves guited with acade carrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge, 20 daws. E0	REPOSE REPOSE REPOSE REPOSE REPOSE REPOSE REPOSE REACTIVATE REACTIVATE	A11	Rabi Scholefield Scholefield	
ALS NRP ALS NRP BLS ALS Peds Peds Peds	802 805 806 808 809 811 812 813 814 815	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous Screening & Diagnosis Screening & Diagnosis	Yes Yes Yes Yes Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxic Substances / Toxicity Surgery Risk Factors & Assessment Risk Factors & Assessment Gas Concentrations & Volume Monitoring	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room Post-ROSC Predictive Factors Intra-arrest prognostic factors for cardiac arrest in infants and children Post-ROSC Ventilation: PaCO2 Goals	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (g). Thour after ROSC or before hospital arrival) (I), compared with compared with induction of hypothermia after that time point (g). Chance nutrone (N)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). compared with not without pressure monitoring (I), compared with No Device (C), change survival to hospital airavia) to 30 days (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with on without pressure monitoring (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. Bronchorulmonary diventasia. Pneumotherax (O)? Among adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge, Mindaws AM/D/B 1. Vae: Survival only at discharma. 30 days (A) days: 180 days AM/D/B 1. Vae: Survival only at discharma. 30 days (A) days: 180 days AM/D/B 1. Vae: Survival only at discharding administration of one or more pressure-limited sustained lung inflations (I), compared with compared to intermittent PPV with short inspiratory times (C), change AGAR at 5 minutes, Establishment of functional residual zanacity. Banizmant frame data salcal userlizion in frazer 32 hours: hime howant rate. 2 MINome 1. Bate Adults and children with suspected opioid-associated cardio / respiratory arrest in the per-hospital setting (P), does best presence of any specific factors (I), compared with Standard CAR at 1. Brane automa (N)2. Among inflatis and children with reum of circulation (P), does does the presence of	REPOSE REPOSE REACTIVATE REPOSE REPOSE REPOSE REACTIVATE	A11	Rabi Scholefield Scholefield	
ALS NRP ALS NRP BLS ALS Peds Peds Peds	802 805 806 808 809 811 812 813 814 815	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous Screening & Diagnosis Screening & Diagnosis	Yes Yes Yes Yes Yes Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxic Substances / Toxic Substances / Surgery Risk Factors & Assessment Risk Factors & Assessment Gas Concentrations & Volume Monitoring	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opiold- associated emergencies Cardiac arrest in operating room Post-ROSC Predictive Factors Intra-arrest prognostic factors for cardiac arrest in infants and children Post-ROSC Ventilation: PaCO2 Goals	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (g). Thour after ROSC or before hospital arrival) (I), compared with compared with induction of humothermia after that time point (g). Channe survival to 30 days (D)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T). channer dwith Gestational ane assessment mix (C). channe survival to 30 days (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with on without pressure monitoring (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. Branchouldmann dusta arrest with a secure alrway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge, 20 days. 60	REPOSE REPOSE REPOSE REPOSE REPOSE REPOSE REACTIVATE REACTIVATE REACTIVATE	A11 P P6 P P12 P	Rabi Scholefield Scholefield	
ALS NRP ALS NRP BLS ALS Peds Peds Peds	802 805 806 808 809 811 812 813 814 815 818	Post Arrest Care Screening & Diagnosis Airway & Ventilation Airway & Ventilation Airway & Ventilation Emergency Care Miscellaneous Screening & Diagnosis Screening & Diagnosis Airway & Ventilation	Yes Yes Yes Yes Yes Yes Yes Yes	Therapeutic Hypothermia Risk Factors & Assessment Gas Concentrations & Volume Monitoring Ventilation rate Basic Airway Management Toxic Substances / Toxic Substances / Toxicity Surgery Risk Factors & Assessment Risk Factors & Assessment Gas Concentrations & Volume Monitoring Risk Factors &	Timing of Induced Hypothermia Delivery room assessment < 25 weeks and prognostic score Newborn infants who receive positive pressure ventilation for resuscitation, and use of a device to assess respiratory function Ventilation Rate During Continuous Chest Compression Ventilation Strategies in the DR Resuscitation care for suspected opioid- associated emergencies Cardiac arrest in operating room Post-ROSC Predictive Factors Intra-arrest prognostic factors for cardiac arrest in infants and children Post-ROSC Ventilation: PaCO2 Goals	Among patients with return of pulses after cardiac arrest in any setting (P), does does induction of hypothermia before some time point (g). Thour after ROSC or before hospital arrival) (I), compared with compared with induction of humothermia after that time noint (C), chance nutrone (D)? In extremely preterm infants (<25 weeks) (P), does Delivery room assessment with a prognostic score (T), compared with cestational are assessment noi/ (C), chance survival to 3 days (D)? Newborn infants who receive positive pressure ventilation for resuscitation (P), does Use of a device to assess respiratory function with on without pressure monitoring (I), compared with No Device (C), change survival to hospital discharge with good neurological outcome, Intraventricular Hemorrhage, time to heart rate > 100 hom. <i>Branchonulmonarv dwalasia. Desempthors</i> (D1): Among adults with cardiac arrest with a secure airway receiving chest compressions (in any setting, and with standard tidal volume) (P), does does a ventilation rate of 10 breaths/min (I), compared with compared with compared with compared with compared with any other ventilation rate (C), change Survival with Favorable neurological/functional outcome at discharge, and mixterim of nor eor more pressure-limited sustained lung inflations (I), compared with compared to intermittent PV with short inspiratory times (C), change AGR at 5 minutes, Establishment of frunctional autorization (Intermuscular or intransa)], in addition to standard CPR (I), compared with Standard CPR (I), compared nor infrast-2 block DND. Bake Standard PR only C-C hance autorome (O)? All subjects who have cardiac arrest in the perioperative setting (operating room /theatre, PACU), before, during or immediately after surgery (I any surgery, or 2, cardiac surgery) (P), does Andor ALS procedure (e, g. atropine, non-standard darenaline does, chest reopening) (I), compared with Standard ALS procedure (e, g. atropine, non-standard darenaline does, chest reopening) (I), compared with Standard ALS procedure (REPOSE REPOSE REACTIVATE REPOSE REPOSE REPOSE REACTIVATE REACTIVATE REACTIVATE	А11 Рб Р12	Rabi Scholefield Scholefield	

	820	1				In infants and children after ROSC (D), does does the use of parenteral fluids and inotrones and/or				
	020					In manus and children are NOSC (F), does does the use of parenterial house and houses and you				
Dede		Davias 8. Eluida	Vee	Eluida	Peeb POCC Fluid/Instrumen	vasopressors to maintain targeted measures or perfusion such as blood pressure (1), compared with as				
Peus		Drugs & Fluids	res	Fluids	Post-ROSC Fluid/Indulopes	compared with not using these interventions (C), change patient satisfaction, Survival with Favorable				
						neurological/functional outcome at discharge, 30 days, 60 days, 180 days AND/OR 1 year, Survival with	DEACTRUATE	20	Distance	
						Favorable neurological/functional outcome at discharge 30 days, 60 days, 180 days, AND/O.P. 1 year, sunvival	REACTIVATE	P8	Ristagno	
	821					In infants and children requiring emergency tracheal intubation (P), does does the use of atropine as a				
						premedication (I), compared with compared with not using atropine (C), change Survival with Favorable				
						neurological/functional outcome at discharge, 30 days, 60 days, 180 days AND/OR 1 year, incidence of cardiac				
Peds		Drugs & Fluids	Yes	Miscellaneous	Atropine for Emergency Intubation	arrest, Survival with favorable neurological outcome at 1 year follow up, Survival with favorable neurological				
						outcome at 180 days, suprival to boshital discharge. Survival with favorable neurological outcome at 90 days				
						Curring with Brunchla supralational subsensing of Survival with Automatic Incurring with Brunchla source at 20 days,				
						Survival with lavorable neurological outcome at 50 days follow up, Survival with lavorable neurological	REACTIVATE	P30	Kleinman	
	822					For infants and children who have had cardiac arrests in the inhospital or out-of-hospital setting (P), does does				
	-					any use of neuroelectrophysiology information (EEG) (I) compared with compared with none (C), change				
Peds		Screening &	Yes	FCG/FFG	Post-ROSC Electroencephalogram (EEG)	any disc on ear of ear of the and many with eard neuronal earlier of the and with earlier of the and the angle of the angl				
		Diagnosis			· · · · · · · · · · · · · · · · · · ·	predict survival to one year with good neurological outcome, survival to too days with good neurological				
						outcome, survival to 60 days with good neurological outcome, survival to 6 months, survival to 30 days with	REPOSE			
	0.25					and nourological outcome, curving to be pital discharge with good nourological outcome, curving with	KEI OSE			
Dede	025	Davias 8. Eluida	Vee	A stigesty three is a	Amiodarone Versus Lidocaine for Shock-	initiality and children with shock-refractory ve or pv ((r), does does antiodarone (1), compared with				
Peus		Drugs & Fluids	res	Anuarmyunnics	Resistant VF or pVT	compared with lidocaine (C), change termination of arrhythmia, recurrence of VF, return of spontaneous	DEACTIVATE	P23	Ristans	
						circulation survival to hospital discharge. Survival rates neurologically intact survival at 30 days (0)?	REACTIVATE	P23	Ristagno	
	826					In infants and children undergoing CPR (P), does does using invasive hemodynamic monitoring to titrate to a				
						specific systolic/				
Peds		CPR	Yes	Monitoring / Feedback	Invasive Blood Pressure Monitoring During	diastolic blood pressure (I), compared with compared with not using invasive hemodynamic monitoring to				
1 cus		City	105	rioniconing) recubuck	CPR	titrate to a specific systolic/diastolic blood pressure (C), change survival to 180 days with good neurological				
						outcome, survival to 60 days with good neurological outcome, survival to hospital discharge with good				
						become, selection of the likelihood of early selection of the man particle of the selection	REPOSE			
	827					In infants and children in cardiac arrest (P), does does adjustment of chest compression technique to achieve a				
1		Airway &		Gas Concentrations &		specific FTCO2		1	1	1
Peds		Ventilation	Yes	Volume Monitoring	End-tidal CO2 Monitoring During CPR	$\frac{1}{2}$				
		v childeloh		Fordanie Frontcornig		threshold (1), compared with compared with not using ELCO2 to adjust thest compression technique (C),	REPOSE			
	024			Toxic Substances /	Lipid Thorapy for Cardiac Arrost cocondary to	change survival to 180 days with good neurological outcome, the likelihood of survival to discharge ROSC	KEI OSE			
ALS	834	Emergency Care	Yes	Toxic Substances /	Elpid merapy for cardiac Arrest secondary to	In adult patients with cardiac arrest due to suspected drug toxicity (eg. local anestnetics, tricyclic	DEDOCE			
	054			loxicity	drug toxicity	antidepressants, others) (P), does does administration of IV linid. (I), compared with compared with no IV	REPUSE	-		
	856					In adults and children who are submerged in water (P), does any particular factors in search and rescue				
BLS		Emergency Care	Yes	Accidents & Disasters	Drowning	operations (e.g. duration of submersion, salinity of water, water temperature, age of victim) (I), compared				
						with no factors (C) change outcome (O)?	REPOSE		1	1
	858			Environmental Injury -		In newborns hypothermic (<36.0c) on admission (P), does rapid rewarming (I), compared with slow				
NRP		Emergency Care	Yes	cold/fracthita	Warming of Hypothermic Newborns	rewarming (C), change mortality rate, short and long term neurological outcome, hemmorhage, episodes of				
				cold/itoscolce		appea and hypoglycemia need for respiratory support (0)?	REPOSE			
	862				Lise of Feedback CPP, Devices for Neonatal	In asystolic/bradycardic neonates receiving cardiac compressions (P), does feedback devices such as ETCO2				
NRP		CPR	Yes	Monitoring / Feedback	Cardiae Arrest	monitors, pulse oximeters, or automated compression feedback devices (I), compared with clinical				
					Cardiac Arrest	assessments of compression efficacy (C), change outcome (Ω)?	REPOSE			
NDD	864	Airway &	Voc	Gas Concentrations &	Oxygen concentration for resuscitating	Among preterm newborns who receive positive pressure ventilation in the delivery room (P), does lower initial				
INKP		Ventilation	res	Volume Monitoring	premature newborns	$xy_{qen}(I)$, compared with higher initial high $xy_{qen}(C)$, change improve survival (Q)?	REACTIVATE	N1	Rabi	
	865				Tracheal intubation for suctioning in non-	For non-vigorous infants at birth born through meconium-stained amniotic fluid (P), does tracheal intubation for				
NRP		Airway &	Yes	Advanced Airway	vigorous infants born though meconium-	suctioning (I) compared with no tracheal intubation (C) reduce morbidities and/or morbility (O)?				
		Ventilation		Management	stained ampiotic fluid	succoming (1), compared with the tractical includation (C), reduce morbidities and/or mortality (O):	REACTIVATE	N4	Nation	
	867			Teaching Methods &	stance anniotic nate	In peopetal resuscitation instructors (P), does formal training on specific aspects of how to facilitate learning				
EIT	007	Education	Yes	Models	Neonatal resuscitation instructors	(1) and the association in the control of the statistical of the states	ΑCTIVATE	F7	Lockey	
	060			Models		(1), compared with Deneric or nonspecific training (C), change clinical outcome, improve all levels of	ACHIVATE	27	LUCKEY	
ALS	000	Emergency Care	Yes	Miscellaneous	Seizure Treatment	Among adults with ROSC alter cardiac arrest in any setting (P), does does inective seizure treatment (1),	REACTIVATE	A13	Cheng	
	070			1		compared with compared with no sezure control (C), chande outcome (O)?	REACTIVATE	A15	cheng	
NDD	870	Airway &	Vee	Advanced Airway	T piece requesitator and Calf inflating Dag	weborns receiving ventilation (PPV) during resuscitation (P), does using a 1-piece resuscitator or a seir-				
INRP		Ventilation	res	Management	1-piece resuscitator and Sen-Initiating Bag	inflating bag with PEEP (I), compared with using a self-inflating bag without PEEP (C), change survival to	DEDOCE			
				-		hospital discharge air leak development of stable spontaneous breathing. Bronchopulmopary dysplasia (0)?	REPUSE			1
	878					For out-of-nospital cardiac arrest (OHCA) (P), does having a citizen CPR responder notified of the event via		1	1	1
EIT		CPR	Yes	Bystander CPR	Social media technologies	technology or social media (I), compared with no such notification (C), change survival to hospital discharge		1	1	1
						with good neurological outcome, survival to bospital discharge, bospital admission, ROSC, bystander CPR	REPOSE	1	1	1
ALS	879	Post Arrest Care	Yes	Fever	Prevention of Fever After Cardiac Arrest	Among adults with ROSC after cardiac arrest in any setting (P), does does prevention of fever to maintain				
		,				strict normothermia. (1). compared with compared with no fever control. (C). change outcome (O)?	REPOSE	-		
	881					Among communities who are caring for patients in cardiac arrest in any setting (P), does does teaching				
EIT		CPR	Yes	Compressions	CCPR training	compression-only CPR (I), compared with conventional CPR (C), change Survival rates. bystander CPR rates.				
						willingness to provide CPR (0)?	REPOSE			
	889	A				In adults with cardiac arrest in any setting (P), does does administering a maximal oxygen concentration (eq.		1		
ALS		Airway &	Yes	Supplemental Oxvoen	Oxygen Dose During CPR	100% by face mask or closed circuit) (1) compared with compared with no supplementary ovygen (eq. 21%)				
		Ventilation		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	are a reduced eviden concentration (or, 40% -50%) (C) shares extreme (O)3	REPOSE			
	801	İ		İ	1	Δdults and children at risk of suspected cardio/respiratory arrest due to opioide in the prebospital cotting (D)		1		
BLS	0.71	Education	Yes	Miscellaneous	Opioid overdose response education	date and child a rest of a support of the surface and the surface of opports in the pre-indicating (F),				
010		Lucation	103	macenaneous	o plota overdose response education	uses opioid overdose response education with or without naioxone distribution (1), compared with no overdose	REPOSE			
H	905			ł	1	response education or overdose prevention education only (C), change outcome (O)?	NEI USE	1		
NDD	895	CDD	Voc	Comproceiore	Chart comproceion ratio	In neurales receiving cardiac compressions (P), do other ratios (5:1, 9:3, 15:2, asynchronous) (I), versus		1		
INKP		UPK	res	Compressions	Chest compression racio	3:1 (C), decrease compressor fatigue, improve perfusion and gas exchange during CPR, decrease time to	DEDOCE			
—		Companying C		Disk Frankrus A	l	ROSC, increase survival rates, improve neurologic outcomes, decrease tissue injury. (0)?	KEPUSE	l	1	1
NRP	896	Screening &	Yes	RISK Factors &	Apgar score of 0 or 1 for \geq 10 minutes	In infants \geq 36 weeks GA with an Apgar score of 0 or 1 for \geq 10 minutes (P), does in spite of ongoing				1
		Diagnosis		Assessment		resuscitation (I), compared with (C), change death, death or neurocognitive impairment at 18-22 months,	REACTIVATE	N13	Scholefield	
	897			1		In preterm/term newborn infants who do not establish respiration at birth (P), does does the use of PEEP as		1	1	1
1		Airway &		Advanced Airway	Outcomes for PEEP versus no PEEP in the	part of the initial ventilation strategy (I), compared with as compared with no PEEP improve (C), change		1	1	1
NRP		Ventilation	Yes	Management	delivery room	survival to discharge, 5-minute APGAR scores, time for heart rate to rise above 100 beats per minute,		1	1	1
1		ventilation		management	derivery room	intubation rate in the delivery room, chest compressions in the delivery room, heart rate, incidence of air				
						loaks on concentration (on constitution EiO2 expecting in the delivery mean mechanical ventilation in the first	REPOSE			
	898	Screening &	¥.	100 1100	ECG/ EKG (I) in comparison to oximetry or	In babies requiring resuscitation (P), does ECG/ EKG (I), compared with oximetry or auscultation (C), change				
NRP		Diagnosis	Yes	ECG/EEG	auscultation	measure heart rate faster and more accurately (0)?	REPOSE	1	1	1

		1		1				1	·	1
	1509					Adults with out of hospital cardiac arrest (P), does standard 2 rescuer adult CPR (I), compared with staying				
BLS		CPR	No	Miscellaneous	Should CPR be performed in a moving	on scene with the patient and performing standard 2 person CPR until either ROSC is achieved and then				
010		ent	110	Thecendricous	ambulance	transporting or the attempt at resuscitation is terminated (C), change 30 day mortality, neurologically intact				
						survival at 6 months, discharge with favorable peurologic status (Q)?	REACTIVATE	B3		
PI C	1527	CDD		bystandor	CPR prior to call for help	Among adults who are in cardiac arrest (P), does an immediate call for help to the EMS dispatch centre by a				
DL3		CFK		Dystander	CPR prior to call for help	lone bystander with a mobile phone (I) when compared with a call after 1 minute of CPR (C) change outcome	REPOSE			
DI C	1528	Defibrillation &			AED for non-cardiac origin	Among adults who are in cardiac arrest of presumed non-cardiac origin (P), does the use of an AED				
DLS		Electrical Therapy		-		immediately when available (I) when compared with delayed application (C) change outcome (Ω)?	REACTIVATE	B7	Deakin	
	1533					Among infants and children who are in sentic shock in any setting (P), does the use of restrictive (initial)			1	
Peds		Emergency Care		Shock	volume for sentic shock	volumes of resuscitation fluid (less than 20 ml (kg) (1) when compared with parastrictive volumes (creater				
						Visitings of resident and the constraint compared with four estimation estimation (greater	REACTIVATE	P5	Patocka	
	1534					man or equal to 20 mL (x010) connection of 000 control (000)				
Peds	1334	Miscellaneous		Etiology	septic cardiac arrest	Annoig mants and clinic en who are in cardiac arest with SE-SIS (in his pital /F), uses any specific are action	REACTIVATE	P18	Nation	
	1505					in treatment algorithm (1), compared with standard care (according to 2010 treatment algorithm) (C), change	REACTIVATE	F 10	Nacion	
Dede	1535	CDD		Missellanseus	CPD for HD +60	Among infants and children who are in cardiac arrest (P), does starting CPR if they have a heart rate of < 60				
Peus		CPR		Miscellaneous	CPR IOF HR< 00	bpm with symptoms of shock and with a palpable pulse (I) compared to starting CPR for patients with a heart	DEACTRUATE	P 22	C	
						rate of ≤ 60 and no palpable pulse (C) change outcome (O)?	REACTIVATE	P22	Couper	This was listed as a
	1536					Among infants and children who are in cardiac arrest (P), does an immediate call for help to the EMS dispatch				PLC question but
						centre by a lone bystander with a mobile phone (I) when compared with a call after 1 minute of CPR (C) change				DL3 question, but
Peds		CPR		Miscellaneous	Call for help	outcome(O)?				we changed to PEDs
										based on
							ACTIVATE	P26	Couper	prioritization list
Dede	1537	Em annon au Cana		Head & Neels Taisms	Carina	Among children who have suffered a severe traumatic injury (P) does the use of a cervical collar by healthcare			1	
Peus		Energency care		Head & Neck Injury	C-spirie	professionals to provide C-spine immobilisation (I) when compared to any other means of in-line	ACTIVATE	P28	Cheng	
	1538					Among infants and children who are bradycardic (P), does the use of a minimum dose of atropine (1), as				
Peds		Drugs & Fluids		Miscellaneous	Atropine for bradycardia	compared with a weight backd does of attacking (C) change(D)?	ACTIVATE	P31	Kleinman	
	1540			1		Δ mone infants and children who are in sentic shock in any setting (P) does the use of noncrystalloid fluids (T)			1	
Peds	1040	Miscellaneous		Shock	Type of fluid for septic shock	compared with envetalloid fluide (C) change outcome (C)?	REACTIVATE	P15	Kleinman	1
-	1541	1		1	1	Among infants and shildran in cardias arrost (in an out of begnital) (D), does the use of enigenbring more enlage	ABIGHIAIL			1
Peds	1541	Drugs & Fluids		Vasoconstrictors	epinephrine frequency during CPR	Among miants and children in cardiac arrest (in or out of nospital) (P), does the use of epinephrine more of less	ACTIVATE	D 4	Kloinman	1
	1510			1		Irrequently than every 3-5 minutes (I), compared with every 3-5 minute use of epinephrine (C), change	ACTIVATE	F.4	Kiellillidii	+
BLS	1542	CPR		bystander	Dispatcher airway vs. compression first	i u uspatcher assisteu telephone CFK in adults who are in cardiac arrest (F), does a sequence of an way -				
				,	. , .	breathing – circulation (1) when compared with a sequence of circulation – airway – breathing (C) change	REPOSE	-		
First Aid	1543	Emergency Care		Bleeding & Wounds	Types of Tourniquet	Among adults and children with severe, life-threatening bleeding from an extremity wound (P), does				
moenta		Emergency cure		Biccomig & Hounds	Types of Tourniquee	application of a commercial elastic wrap tourniquet (I) compared to a commercial windlass-type tourniquet	ACTIVATE	F12	Epstein	
First Aid	1544	Emergency Care		Bleeding & Wounds	Eve-Foreign body	Among adults and children who develop a sensation of dirt (foreign body) in the eye (P), does irrigation with				
TIISCAIU		Liffergency care		bleeding & wounds	Lye-i oreigit body	isotonic saline (i.e., contact lens solution) compared with tap water (C) change (Q)?	ACTIVATE	F17	Epstein	
Elizabeth Alia	1545	E		D	The second Field was descended as	Among adults and children with thermal injuries (P), does any specific type of dressing for first aid use (I),			1	
First Aid		Emergency Care		Burns	Thermal Injury dressings	compared to another (C) change outcome (O)?	ACTIVATE	F8	Epstein	
	1546	Airway &				In persons with suspected acute stroke (P) does use of (normobaric) supplementary oxygen (I) compared			1	
First Aid	1010	Ventilation		Supplemental Oxygen	Supplementary oxygen in acute stroke	with as use of upplementary evidence (i), and as as a form the paper interval (i) supplementary evidence	ACTIVATE	F6	Rabi	
	1547					Among injured adults with identified high-risk for spinal injury (P) does manual stabilization (i.e. use of tran-				
First Aid	10 17	Emergency Care		Head & Neck Injury	Spinal injury manual stabilization	$r_{\rm min}$ and $r_{\rm min}$ the balance in the balance in the transmission of the tra	ΑCTIVATE	F5	Cheng	
	1E40					source on head-source techniques i by hist adviay browders (1) contrated to no manual stabilization (c)	AGITANE	15	chicity	
First Aid	1540	Emorgoney Caro		Environmental Injury;	Host Stroke cooling	In persons with suspected near stroke (P), does conductive cooling (e.g., inimersion in ice water, or packing				
TIISCAIU		Liffergency care		Heat/Dehydration	Tieac Scroke cooling	part of or the entire body in ice or ice slurry (I), compared with evaporative cooling (e.g., covering the bare	ACTIVATE	53	Franksis	
				. ,		body with wet sheets or spraving with room-temperature water accompanied by continual fanning) (C)	ACTIVATE	F3	Epstein	
	1549				Use of hemostatic dressing with/without	Among adults and children with severe, life-threatening bleeding from an extremity wound (P), does				
First Aid		Emergency Care		Bleeding & Wounds	tourniquet	application of a hemostatic dressing/agent (I) compared to a tourniquet with or without simultaneous				
					countiquee	hemostatic dressing/agent (C) change outcome (O)	ACTIVATE	F4	Epstein	
	1550				e-Learning in between courses improves	Participants of any CPR course or FA course in any educational setting setting (P) does e-learning after the				
EIT		Education		Evaluation	e Learning in between courses improves	courses / in between courses (refresher) (I) compared to no e-learning (but other learning) (C) improve				
					KIIOWIEUge allu Skill recencion	retention of knowledge and/or skills?	ACTIVATE	E3	Cheng	
NDD	1551	Manufiances		Design of the Dist	The last of source laws sizes	In newborns (P) does clamping the cord after the establishment of breathing (I) vs a set time after birth(C)				
INKP		miscenaneous		Fregulaticy & Child BIRTh	mining or cord clamping	improve short and long term outcomes (O)?	ACTIVATE	N2	Rabi	
NRP	1552	Miscellaneous		Pregnancy & Child Birth	Cord Milking vs DCC	In newborns (P) does cord milking (I) vs delayed cord clamping (C) improve short and long term outcomes (O)	ACTIVATE	N3	Rabi	
	1553			, and , a case of the		In spontaneously, breathing preterm infants with respiratory distress requiring respiratory support in the			1	This question is a
1		Airway &		Advanced Airway	LISA/INSURE Versus CPAP or Mech Vent	delivery room or during the stabilization shortly after hirth (D), what mechanical vertilation stratory with or				combined question
NRP		Ventilation		Management	with Surf	without surfactors to during the stabilization shortly area of the (r), what mechanical ventilation stillety with of				from NRP 1553 and
1		vendation		management	wich Sult	without surfactant vs does surfactant administration avoiding prolonged mechanical ventilation via INSURE or	ACTIVATE	N10	Nation	NP P1557
	1551	Ainum 9		1	1	IISA(I) compared with CPAP alone (C) or mechanical ventilation with traditional surfactant (C) change (O)	ACTIVATE	1410	MacIUII	MC1337.
NRP	1554	Airway &		Supplemental Oxygen	Oxygen for resuscitating term newborns	For term newporns receiving resuscitation (P) does increased FiO2 as a starting concentration (I) vs air (C)		NO	Dahi	1
		Ventilation		District of	-	improve outcome (O)?	ACTIVATE	INO	KdUI	+
NRP	1555	Screening &		Risk Factors &	Hypovolemia (risk factors for newborns)	In newborn babies in need of resuscitation (P) what risk factors predict that volume infusion may improve				
		Diagnosis		Assessment		outcome (O)(increase heart rate, improve survival or morbidity)?	ACTIVATE	N9	Scholefield	
NRP	1558	Miscellaneous		Pregnancy & Child Birth	Stimulation	Among newborns immediately after birth (P) does no physical stimuation (I) compared with physical		1		
					Stimulation	stimualtion (C) change outcome (O)?	ACTIVATE	N11	Rabi	
NDD	1559	Education		Teaching methods &	Effect of monitoring technology on team	In babies receiving resuscitation at birth (P) does increasing information using accurate HR monitoring and				
INKP		Education		models	function	respiratory function monitoring (I) vs conventional techniques (C) improve team functioning or patient	ACTIVATE	N14	Lockey	
NDD				Teaching methods &	Akkendenes -t. J-D.	For babies in need of resuscitation or stabilisation at birth is there a minimum level of personnel below which				
NKP	1560	Education			- Attendance of delucers			1	1	
1	1560	Education		models	Attendance at derivery	mortality and morbidity increases?	REPOSE			
	1560	Education		models Teaching methods &	Attendance at derivery	mortality and morbidity increases? For newborn babies predicted to need resuscitation or stabilisation (P) does the use of preparatory checklists	REPOSE			
NRP	1560 1561	Education Education		models Teaching methods &	Check lists	mortality and morbidity increases? For newborn babies predicted to need resuscitation or stabilisation (P) does the use of preparatory checklists (I) vs no checklist (C) improve resuscitation process or outcomes for the baby or team (D)?	REPOSE			
NRP	1560 1561	Education Education		models Teaching methods & models Teaching methods ?	Check lists	mortality and morbidity increases? For newborn babies predicted to need resuscitation or stabilisation (P) does the use of preparatory checklists (I) vs no checklist (C) improve resuscitation process or outcomes for the baby or team (O)?	REPOSE			
NRP	1560 1561 1562	Education Education Education		models Teaching methods & models Teaching methods & medels	Check lists Role assignment/briefing	mortality and mortidity increases? For newborn babies predicted to need resuscitation or stabilisation (P) does the use of preparatory checklists (I) vs no checklist (C) improve resuscitation process or outcomes for the baby or team (O)? For newborn babies predicted to need resuscitation or stabilisation (P) does team role assignment and briefing	REPOSE			
NRP	1560 1561 1562	Education Education Education		models Teaching methods & models Teaching methods & models	Check lists Role assignment/briefing	mortality and morbidity increases? For newborn babies predicted to need resuscitation or stabilisation (P) does the use of preparatory checklists (I) vs no checklist (C) improve resuscitation process or outcomes for the baby or team (O)? For newborn babies predicted to need resuscitation or stabilisation (P) does team role assignment and briefing (I) vs no role assignment and briefing (C) improve team functioning and dynamics and resuscitation outcome	REPOSE REPOSE REPOSE			
NRP NRP NRP	1560 1561 1562 1563	Education Education Education Miscellaneous		models Teaching methods & models Teaching methods & models Pregnancy & Child Birth	Check lists Role assignment/briefing Monitoring temperature	mortality and morbidity increases? For newborn babies predicted to need resuscitation or stabilisation (P) does the use of preparatory checklists (I) vs no checklist (C) improve resuscitation process or outcomes for the baby or team (O)? For newborn babies predicted to need resuscitation or stabilisation (P) does team role assignment and briefing (I) vs no role assignment and briefing (C) improve team functioning and dynamics and resuscitation outcome. Among newborns immediately after birth, does monitoring temperature during resuscitation/stabilization (I)	REPOSE REPOSE REPOSE			
NRP NRP NRP	1560 1561 1562 1563	Education Education Education Miscellaneous		models Teaching methods & models Teaching methods & models Pregnancy & Child Birth	Check lists Role assignment/briefing Monitoring temperature	mortality and mortidity increases? For newborn babies predicted to need resuscitation or stabilisation (P) does the use of preparatory checklists (I) vs no checklist (C) improve resuscitation process or outcomes for the baby or team (O)? For newborn babies predicted to need resuscitation or stabilisation (P) does team role assignment and briefing (I) vs no role assignment and briefing (C) improve team functioning and dynamics and resuscitation outcome Among newborns immediately after birth, does monitoring temperature during resuscitation/stabilization (I) among newborks upon act and briefing the comparature (O)?	REPOSE REPOSE REPOSE REPOSE			
NRP NRP NRP	1560 1561 1562 1563 1564	Education Education Education Miscellaneous		models Teaching methods & models Teaching methods & models Pregnancy & Child Birth	Check lists Role assignment/briefing Monitoring temperature	mortality and morbidity increases? For newborn babies predicted to need resuscitation or stabilisation (P) does the use of preparatory checklists (I) vs no checklist (C) improve resuscitation process or outcomes for the baby or team (O)? For newborn babies predicted to need resuscitation or stabilisation (P) does team role assignment and briefing (I) vs no role assignment and briefing (C) improve team functioning and dynamics and resuscitation outcome Among newborns immediately after birth, does monitoring temperature during resuscitation/stabilization (I) domains and wind the dimension of the definition for the definition for the definition for the definition for the definition for the definition for the definition for the definition for the definition for the definition for the definition for the definition for the definition for the definition for the definition for the definition of the definition of the definition for the definition for the definition for the definition of the defin	REPOSE REPOSE REPOSE REPOSE			
NRP NRP NRP NRP	1560 1561 1562 1563 1564	Education Education Education Miscellaneous Post Arrest Care		models Teaching methods & models Teaching methods & models Pregnancy & Child Birth therapeutic Hypothermia	Check lists Check lists Role assignment/briefing Monitoring temperature Hypothermia (induced in DR)	mortality and morbidity increases? For newborn babies predicted to need resuscitation or stabilisation (P) does the use of preparatory checklists (I) vs no checklist (C) improve resuscitation process or outcomes for the baby or team (O)? For newborn babies predicted to need resuscitation or stabilisation (P) does team role assignment and briefing (I) vs no role assignment and briefing (C) improve team functioning and dynamics and resuscitation outcome Among newborns immediately after birth, does monitoring temperature during resuscitation/stabilization (I) compared with not monitoring temperature (C). change outcome (O)? Among neonales who are at high risk for hypoxic -ischemic encephalopathy secondary to intra-partum asphysia (P), does early implementation of targeted temperature management in the delivery room (I), compared with	REPOSE REPOSE REPOSE REPOSE			
NRP NRP NRP NRP	1560 1561 1562 1563 1564	Education Education Education Miscellaneous Post Arrest Care		models Teaching methods & models Teaching methods & models Pregnancy & Child Birth therapeutic Hypothermia	Check lists Check lists Role assignment/briefing Monitoring temperature Hypothermia (induced in DR)	mortality and morbidity increases? For newbom babies predicted to need resuscitation or stabilisation (P) does the use of preparatory checklists (I) vs no checklist (C) improve resuscitation process or outcomes for the baby or team (O)? For newbom babies predicted to need resuscitation or stabilisation (P) does team role assignment and briefing (C) improve team functioning and dynamics and resuscitation outcome Among newborns immediately after birth, does monitoring temperature during resuscitation/stabilization (I) compared with not monitoring temperature (C). change enductome (O)? Among neonates who are at high risk for hypoxic-Schemic encephalopathy secondary to intra-partur asphysia (P), does early implementation of targeted temperature management in the delivery room (I), compared with standard temperature management (C), change short or long term outcomes (O)?	REPOSE REPOSE REPOSE REPOSE REPOSE			
NRP NRP NRP NRP	1560 1561 1562 1563 1564 1565	Education Education Miscellaneous Post Arrest Care Drugs & Fluids		models Teaching methods & models Teaching methods & models Pregnancy & Child Birth therapeutic Hypothermia Fluids	Check lists Check lists Role assignment/briefing Monitoring temperature Hypothermia (induced in DR) Ouantity of volume (newborns)	mortality and morbidity increases? For newborn babies predicted to need resuscitation or stabilisation (P) does the use of preparatory checklists (I) vs no checklist (C) improve resuscitation process or outcomes for the baby or team (O)? For newborn babies predicted to need resuscitation or stabilisation (P) does team role assignment and briefing (I) vs no role assignment and briefing (C) improve team functioning and dynamics and resuscitation outcome. Among newborns immediately after birth, does monitoring temperature during resuscitation stabilization (I) compared with not monitoring temperature (C). Chappe outcome (O)? Among neonates who are a tinghinsk for hypoxic-ischemic encephalopathy secondary to intra-partum asphysia (P), does early implementation of targeted temperature management in the delivery room (I), compared with standard temperature management (C), change short or long term outcomes (O)?	REPOSE REPOSE REPOSE REPOSE REPOSE			

NIDD	1569	Deet Amount Come	M's sellen serve	Output line Part POCC (market and	In newborns who underwent CPR with ROSC (P), during post resuscitation care, do higher (I) or lower oxygen				
NKP		Post Arrest Care	Miscellaneous	Oxygen Use Post RUSC for newborns	saturation goals (C) improve outcomes (O).	REPOSE			
NDD	1570	CDD	Comproscions	CPR Timing	In neonates being ventilated who have a slow heart rate (P), compressions started when the HR is < 60 (I) vs				
INIKE		CFK	Compressions	CFR IIIIIIIg	starting at other heart rates (C) improves short and long term outcomes (O)	REPOSE			
	1571	Airway &	Advanced Ainway		In spontaneously breathing infants (preterm or term) with respiratory distress requiring respiratory support				
NRP		Ventilation	Management	HiFlow NC	in the delivery room (P), does the use of HiFlow NC or CPAP (I), compared with intubation and IPPV (C),				
		ventilation	Management		change outcome (eg overall mortality, Bronchonulmonary dysplasia, air leak, retinonathy of prematurity,	ACTIVATE	N7	Nation	
NRP	1572	Miscellaneous	Pregnancy & Child Birth	Temperature maintenance when born outside	For newborn babies born outside hospital or in low resource settings (P) does wrapping in polyethelene or				
NK		1-II3Cellarieod3	Tregnancy & child birth	hospital	placing skin to skin after drying (I) vs drying and wrapping (C) improves admission temperature (O).	REPOSE			
NRP	1573	Screening &	Risk Factors &	ECG/EKG prognosticator	In newborn babies receiving chest compressions (P) is the rhythm or length of time of asystole or sinus				
		Diagnosis	Assessment	, p3	bradycardia < 60 predictive of outcome (O)?	REPOSE			
NRP	1574	Screening &	ECG/EEG	ECG/EKG information	In newborn babies requiring resuscitation(P) does knowledge of the electrical rhythm (I) vs no knowledge (C)				
		Diagnosis			alter outcome.(0)	REPOSE			
NRP	1575	Airway &	ventilation rate	Optimal Ventilation Rate	For newborn infants receiving PPV in the delivery room (P) does a rate of 40-60 breaths per minute (I)				
		Ventilation		· · · · · · · · · · · · · · · · · · ·	compared to other ventilation rates © improve outcomes (O)?	REPOSE			
NRP	1576	Airway &	Basic Airway	Epiglottic spasm	In the conscious or semi-conscious baby at birth (P) does waiting for the baby to initiate spontaneous				
		Ventilation	Management		breathing (I) compared with immediate initiation of PPV with mask or LMA (C) improve effective ventilation	REPOSE			
NRP	1577	Airway &	Advanced Airway	Upright resuscitator	In bables receiving positive pressure ventilation at birth (P) does ventilation with an upright resuscitator (1) vs				
		Ventilation	Management		conventional self inflating bags(C) improve outcome (O	REPOSE			
100	1579	Airway &	Advanced Airway	CDAD	For term and the precision of the set of the				
NKP		Ventilation	Management	CPAP vs Increased Oxygen	oxygen saturations (P), does commencing CPAP (1) rather than increasing PIO2 (C) outcomes (improve saturations and admission without increased and any mathematical) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	DEDOCE			
	1500	Aimunu 9	Cae Concentrations 9		saturations and admission without increased pheumotionates (CO)?	REPUSE			
NRP	1580	All Way &	Gas Concentrations &	Oxygen saturation target percentiles	for newborse (1) us some other persentile same (2) improve outsome (0)	DEDOCE			
	1501	ventilation	Volume Monitoring		In newborn bables with asystole or sustained bradycardia unresponsive to ventilation (P) does early	KLF03L			
NPP	1301	Druge & Fluide	Vasoconstrictors	Adrenaline/Enipenhrine Timing	intravenous adrenaline/epinephrine before compressions (I) vs adrenaline/epinephrine after compressions (C)				
NIXI		Drugs of Fluids	Vasoconscrictors	Adrendine/Epinepinnie mining	improve short and long term outcome (0) ?	PEPOSE			
	1502				In newborn babies with no detectable cardiac output or sustained bradycardia (P) does intravenous	KEI USE			
NRP	1565	Drugs & Fluids	Vasoconstrictors	Adrenaline/Epinephrine (neonatal)	adrenaline/epinephrine (I) vs no adrenaline/epinephrine (C) improve outcome (Q)?	REPOSE			
	1585			Hypoglycemia treatment - methods of	Among adults and children with mild to moderate hypoglycemia (P), does administration of sublingual or				1
First Aid	1555	Drugs & Fluids	Drug Delivery	ducose administration	huccal glucose (T) compared to oral (swallowed) or intravenous glucose (C) change outcome (O)	ACTIVATE	F1	Kleinman	
	1586		Teaching Methods &		For neonatal team members (P) does use of a respiratory function monitor (I) compared with standard training				1
EIT	1100	Education	Models	Resp Function Monitor	(C) improve mask ventilation skills and/or clinical outcomes (O)	ACTIVATE	E8	Cheng	
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Domain	
CPR	
Emergency Care	REACTIVATE
Airway & Ventilation	REPOSE
Miscellaneous	ACTIVATE
Drugs & Fluids	
Screening & Diagnosis	
Post Arrest Care	
Education	yes
Defibrillation & Electrical	no