**Question:** Administration of a thrombolytic drug compared to standard therapy for cardiac arrest as a consequence of pulmonary embolism (RCT) (Böttiger 2008)

**Setting:** Bibliography (systematic reviews) (Böttiger 2008)

<table>
<thead>
<tr>
<th>Quality assessment</th>
<th>Number of patients</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of patients</td>
<td>Effect</td>
<td>RR</td>
<td>95% CI</td>
<td>Absolute</td>
</tr>
</tbody>
</table>

### ROSC (RCT) (assessed with: return of spontaneous circulation at any time)

1. **Randomised trials**: 1
   - **Risk of bias**: not serious
   - **Indirectness**: very serious
   - **Imprecision**: not serious
   - **Other considerations**: administration of a thrombolytic drug
   - **Controlled trial**: standard therapy
   - **Number of patients**: 283/515 (55.0%)
   - **Number of studies**: 1
   - **Risk of bias**: not serious
   - **Inconsistency**: very serious
   - **Indirectness**: none
   - **Imprecision**: not serious
   - **Relative (95% CI)**: 1.01 (0.90 to 1.13)
   - **Absolute (95% CI)**: 5 more per 1000 (from 55 fewer to 71 more)
   - **Quality**: ![LOW](image)
   - **Importance**: ![](image)

### Hospital Admission (RCT) (assessed with: Patients admitted to a hospital)

1. **Randomised trials**: 1
   - **Risk of bias**: not serious
   - **Indirectness**: very serious
   - **Imprecision**: not serious
   - **Other considerations**: administration of a thrombolytic drug
   - **Controlled trial**: standard therapy
   - **Number of patients**: 281/525 (53.5%)
   - **Number of studies**: 1
   - **Risk of bias**: not serious
   - **Inconsistency**: very serious
   - **Indirectness**: none
   - **Imprecision**: not serious
   - **Relative (95% CI)**: 0.97 (0.87 to 1.09)
   - **Absolute (95% CI)**: 17 fewer per 1000 (from 50 more to 72 fewer)
   - **Quality**: ![LOW](image)
   - **Importance**: ![LOW](image)

### 24h Survival (RCT) (follow up: mean 1 days; assessed with: Patients alive after 24 hours)

1. **Randomised trials**: 1
   - **Risk of bias**: not serious
   - **Indirectness**: very serious
   - **Imprecision**: not serious
   - **Other considerations**: administration of a thrombolytic drug
   - **Controlled trial**: standard therapy
   - **Number of patients**: 158/517 (30.6%)
   - **Number of studies**: 1
   - **Risk of bias**: not serious
   - **Inconsistency**: very serious
   - **Indirectness**: none
   - **Imprecision**: not serious
   - **Relative (95% CI)**: 0.92 (0.77 to 1.10)
   - **Absolute (95% CI)**: 27 fewer per 1000 (from 33 more to 77 fewer)
   - **Quality**: ![LOW](image)
   - **Importance**: ![LOW](image)

### Hospital Discharge (RCT) (assessed with: Patients discharged from hospital)

1. **Randomised trials**: 1
   - **Risk of bias**: not serious
   - **Indirectness**: very serious
   - **Imprecision**: not serious
   - **Other considerations**: administration of a thrombolytic drug
   - **Controlled trial**: standard therapy
   - **Number of patients**: 78/517 (15.1%)
   - **Number of studies**: 1
   - **Risk of bias**: not serious
   - **Inconsistency**: very serious
   - **Indirectness**: none
   - **Imprecision**: not serious
   - **Relative (95% CI)**: 0.86 (0.65 to 1.14)
   - **Absolute (95% CI)**: 25 fewer per 1000 (from 25 more to 61 fewer)
   - **Quality**: ![LOW](image)
   - **Importance**: ![LOW](image)

### 30d Survival (RCT) (follow up: mean 30 days; assessed with: Patients alive after 30 days)

1. **Randomised trials**: 1
   - **Risk of bias**: not serious
   - **Indirectness**: very serious
   - **Imprecision**: not serious
   - **Other considerations**: administration of a thrombolytic drug
   - **Controlled trial**: standard therapy
   - **Number of patients**: 77/525 (14.7%)
   - **Number of studies**: 1
   - **Risk of bias**: not serious
   - **Inconsistency**: very serious
   - **Indirectness**: none
   - **Imprecision**: not serious
   - **Relative (95% CI)**: 0.87 (0.65 to 1.15)
   - **Absolute (95% CI)**: 22 fewer per 1000 (from 25 more to 59 fewer)
   - **Quality**: ![LOW](image)
   - **Importance**: ![LOW](image)

### 30d Survival (RCT, only Patients with confirmed PE as cause of cardiac arrest) (follow up: mean 30 days; assessed with: Patients alive after 30d)

1. **Randomised trials**: 1
   - **Risk of bias**: not serious
   - **Indirectness**: not serious
   - **Imprecision**: very serious
   - **Other considerations**: administration of a thrombolytic drug
   - **Controlled trial**: standard therapy
   - **Number of patients**: 77/525 (14.7%)
   - **Number of studies**: 1
   - **Risk of bias**: not serious
   - **Inconsistency**: not serious
   - **Indirectness**: none
   - **Imprecision**: very serious
   - **Relative (95% CI)**: 0.87 (0.65 to 1.15)
   - **Absolute (95% CI)**: 22 fewer per 1000 (from 25 more to 59 fewer)
   - **Quality**: ![LOW](image)
   - **Importance**: ![LOW](image)

### Survival with Favourable Neurological Outcome at Hospital Discharge (RCT) (assessed with: Neurological Outcome at Hospital Discharge (RCT) in CPC 1-2 vs 3-5)

1. **Randomised trials**: 1
   - **Risk of bias**: not serious
   - **Indirectness**: very serious
   - **Imprecision**: not serious
   - **Other considerations**: administration of a thrombolytic drug
   - **Controlled trial**: standard therapy
   - **Number of patients**: 54/86 (62.8%)
   - **Number of studies**: 1
   - **Risk of bias**: not serious
   - **Inconsistency**: very serious
   - **Indirectness**: none
   - **Imprecision**: not serious
   - **Relative (95% CI)**: 1.02 (0.75 to 1.38)
   - **Absolute (95% CI)**: 11 more per 1000 (from 141 fewer to 214 more)
   - **Quality**: ![LOW](image)
   - **Importance**: ![LOW](image)

MD - mean difference, RR - relative risk

1. Böttiger 2008
2. Proportion of Patients with CA due to PE is unknown
3. Wide confidence intervals