Author(s):
Date:
Question: 3 min chest compressions before first rhythm analysis compared to immediate rhythm analysis for adults in cardiac arrest in any setting
Settings:
Bibliography (systematic reviews):

Quality assessment							№ of patients		Effect		Quality	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	3 min chest compressions before first rhythm analysis	immediate rhythm analysis	Relative (95% CI)	Absolute (95% CI)		
Favorable neurologic outcome at hospital discharge (assessed with: mRS 0-3)												
1	randomised trials	serious [2] [3] [4]	not serious	very serious [1]	not serious	all plausible residual confounding would reduce the demonstrated effect	273/4643 (5.9%)	310/5290 (5.9%)	**OR 1** (0.85 to 1.19)	0 fewer per 1000 (from 8 fewer to 10 more)	⨁⨁◯◯ LOW	CRITICAL
Survival to hospital discharge												
1	randomised trials	serious [2] [3] [4]	not serious	very serious [1]	not serious	all plausible residual confounding would reduce the demonstrated effect	372/4643 (8.0%)	427/5290 (8.1%)	**OR 0.99** (0.86 to 1.15)	1 fewer per 1000 (from 11 fewer to 11 more)	⨁⨁◯◯ LOW	CRITICAL
ROSC on ED arrival												
1	randomised trials	serious [2] [3] [4]	not serious	very serious [1]	not serious	all plausible residual confounding would reduce the demonstrated effect	1218/4643 (26.2%)	1352/5290 (25.6%)	**OR 1.04** (0.95 to 1.13)	8 more per 1000 (from 10 fewer to 24 more)	⨁⨁◯◯ LOW	IMPORTANT

MD – mean difference, RR – relative risk

1. Examines only initial rhythm analysis; all downstream care and loop durations are identical between groups
2. Not blinded
3. Unclear allocation concealment
4. Unclear if assessors were blinded