Author(s):
Question: Buffering agents compared to Standard resuscitation (no buffering agents) for Cardiac Arrest
Setting: OHCA
Bibliography:

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Buffering agents	Standard resuscitation (no buffering agents)	Relative (95% CI)	Absolute (95% CI)		
Long Term Survival with Favorable Neurologic Outcome (clinical trials) (follow-up: mean 3 months)												
1	randomised trials	not serious	not serious	not serious	very serious[a]	none	0/25 (0.0%)	1/25 (4.0%)	**OR 0.32** (0.01 to 8.25)	**4 fewer per 100** (from 14 fewer to 6 more)	⨁⨁◯◯ Low[a]	CRITICAL
Long Term Survival (at time of hospital discharge or later) (clinical trials)												
2	randomised trials	not serious	not serious	serious[b]	not serious	none	24/270 (8.9%)	36/282 (12.8%)	**OR 0.67** (0.39 to 1.16)	**4 fewer per 100** (from 7 fewer to 2 more)	⨁⨁⨁◯ Moderate[b]	CRITICAL
Long Term Survival (at time of hospital discharge or later) (propensity-matched observational studies)												
3	non-randomised studies	very serious[c]	not serious	not serious	serious	none	316/7614 (4.2%)	304/7614 (4.0%)	**OR 0.90** (0.47 to 1.73)	**0 fewer per 100** (from 2 fewer to 3 more)	⨁◯◯◯ Very low[c]	CRITICAL
Short Term Survival (survival to hospital admission (clinical trials)												
2	randomised trials	not serious	not serious	serious[b]	not serious	none	146/290 (50.3%)	148/654 (22.6%)	**OR 0.96** (0.73 to 1.25)	**1 fewer per 100** (from 5 fewer to 4 more)	⨁⨁⨁◯ Moderate[b]	IMPORTANT
Short Term Survival (survival to hospital admission (propensity-matched observational studies)												
3	non-randomised studies	very serious[c]	not serious	not serious	not serious	none	2226/9224 (24.1%)	2388/10834 (22.0%)	**OR 1.05** (0.98 to 1.13)	**1 more per 100** (from 0 fewer to 2 more)	⨁◯◯◯ Very low[c]	IMPORTANT

CI: confidence interval; **OR:** odds ratio

Explanations

a. Trial contained only 50 subjects
b. Most data obtained prior to major changes in resuscitation which occurred circa 2010.
c. High risk of resuscitation-time bias