**NLS 5503 Data Table**

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| **Author** | **Model** | **Study design** | **Objective** | **Main Results** |
| Dannevig *et al*{Dannevig 2013 163} | Piglet | Randomized | Ventilation for 30, 60, or 90s before CC and 21% or 100%O2 | Brain inflammation was not different with 21% or 100% O2; longer than 30s of ventilation prior CPR improved outcomes |
| Dannevig *et al*{Dannevig 2012 89} | Piglet  | Randomized | 3:1 C:V with 21% vs. 100%O2 | No differences in lung inflammatory markers |
| Solevåg *et al*{Solevåg 2016 7} | Piglet  | Randomized | 3:1 C:V vs. CCaV with 21% vs. 100%O2 | No difference in time to ROSC or mortality; 21%O2 higher left ventricular stroke volume and less myocardial oxidative stress |
| Linner *et al*{Linner 2009 391} | Piglet  | Randomized | Ventilation with 21% or 100%O2 or 100%O2 for a shorter or longer period | No difference in time to ROSC |
| Linner *et al*{Linner 2017 1556} | Piglet  | Randomized | 21% vs. 100%O2 during CPR and inadequate ventilation | At 10 minutes, no piglets in the oxygen group needed CPR, while all did in the air group; Faster time to ROSC with oxygen; No brain tissue hyperoxia occurred in either group |
| Solevåg *et al*{Solevåg 2010 64} | Piglet | Randomized | 3:1 C:V with 21% vs. 100%O2 | No difference in time to ROSC; Systemic and regional cerebral oxygen saturation higher with 100% O2 |
| Solevåg *et al*{Solevåg 2020 102} | Piglet | Randomized | 3:1 C:V with 18% vs. 21% or 100%O2 | No difference in time to ROSC or oxidative stress |

CPR=cardiopulmonary resuscitation, CC=chest compression, ROSC=return of spontaneous circulation, C:V=Compression: Ventilation ratio, CCaV= continuous chest compressions with asynchronized ventilation, s=seconds, O2=oxygen