

27 July 2020

Statement in support of POSED Trial

The optimal defibrillation strategy for the treatment of ventricular fibrillation/pulseless ventricular tachycardia (VF/pVT) is unknown. The optimal energy for the first shock and whether subsequent shocks should be fixed at the same value or escalated remain significant knowledge gaps, a fact that is well recognised by both the International Liaison Committee on Resuscitation (ILCOR) and Resuscitation Council UK. Current guidelines are based on low-certainty evidence and until an appropriately powered randomised trial with meaningful outcomes is undertaken clinicians will continue to be uncertain of the best defibrillation strategy for their patients. This uncertainty is demonstrated by the wide range of defibrillation strategies and energy values currently used by UK Ambulance Services.

This proposed single-centre feasibility study is essential in order to determine if a much larger randomised controlled trial can be undertaken across multiple UK ambulance services. All three defibrillation strategies utilised are in current use by UK ambulance services which makes the proposed study completely acceptable from a clinical perspective. From an ethical perspective, this also makes this study far less challenging than the recent very successful PARAMEDIC-2 study (adrenaline versus placebo in out-of-hospital cardiac arrest). In our opinion, the proposed approach to deferred consent is sensitive to the needs of patients and relatives.

Resuscitation Council UK strongly supports and encourages this feasibility study and, if successful, would strongly support a subsequent randomised trial to finally determine the optimal defibrillation strategy for out-of-hospital cardiac arrest.



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