Out-of-Hospital Arrest Outcomes:
Paramedics vs. EMTs

The belief that paramedics improve outcomes of out-of-hospital cardiac arrest has recently been challenged. Two prospective observational studies from Scotland support the position that the advanced skills of paramedics do not improve patient outcome over that with EMTs trained in use of the defibrillator (EMT-Ds).

The first study compared outcomes of 92 patients treated by EMT-Ds with those of 155 patients treated by a paramedic crew trained in defibrillation, intubation, and use of resuscitation drugs. The second study compared 110 patients treated by EMT-Ds with 111 treated by paramedics trained in intubation but not in use of resuscitative drugs. In neither study was there a significant difference between groups in the rate of return of spontaneous circulation, admission, or survival to discharge. In the second study, the factors that improved survival were witnessed arrest, a shockable initial rhythm (ventricular fibrillation or tachycardia), and rapid defibrillation.

Comment: Neither study was large or statistically powerful enough to assure that the lack of difference between the EMT and paramedic groups was not just random. Still, these results will help fuel the reassessment of which prehospital interventions actually improve outcome. As shown in other studies, rapid defibrillation is crucial to maximizing outcome. Other interventions are of questionable value and require further study.

— DM Birnbaumer

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