## Taking Part in PARAMEDIC2

The PARAMEDIC2 trial is testing whether adrenaline is helpful or harmful in the treatment of out of hospital cardiac arrest. Answering this question will help to improve the treatment of people who have a cardiac arrest.

If you were to have a cardiac arrest you may receive adrenaline as part of your treatment or you may not. You will receive all treatments that are proven to work and it is only the adrenaline which will not be given to everyone.

If you do not want to take part in the trial, you can contact the study team (see below) who will send a 'No Study' bracelet to wear.




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## Go Ahead for PARAMEDIC2

To protect patients, trials like this have to go through lots of in depth reviews and evaluations before they can start.

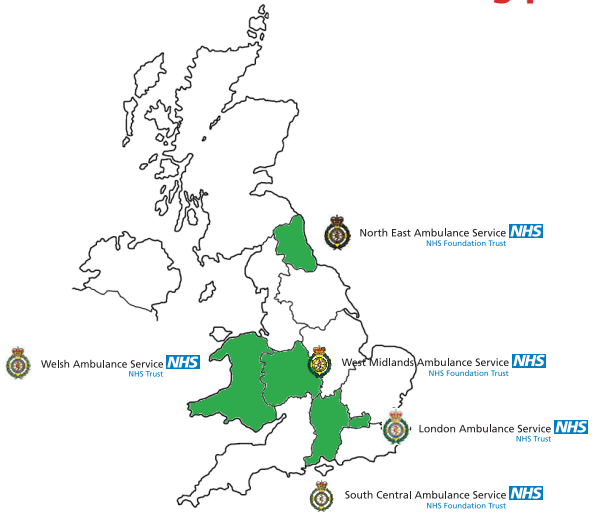
PARAMEDIC2 has been assessed and approved by an independent Research Ethics Committee and Medicines and Healthcare Products Regulatory Agency (MHRA).

The trial is further monitored by an independent committee that includes patient and public representation. Here is a quote from one of the representatives:

*"After talking to the research team I am fully convinced of the need for the trial…I can't believe it hasn't been done already"*

This trial is funded (and reviewed) by the National Institute for Health Research (NIHR) and is being managed by The University of Warwick.

## Ambulance Services taking part:




# PARAMEDIC2

## The Adrenaline Trial




# Should adrenaline be used when someone's heart stops?

## Information about the Paramedic2 Trial

## Cardiac Arrest and Heart Attack

A "cardiac arrest" is when the heart suddenly stops beating and leaves a patient unconscious.

This is different from a heart attack where the heart muscle is damaged but the heart does not necessarily stop beating.

## Re-starting the Heart

"Resuscitation" also known as CPR (Cardio-pulmonary resuscitation) is an attempt to restart the heart with the ultimate goal of saving the person's life so that they go home and resume their usual day to day activities.

## Resuscitation Treatments

**Treatment for out of hospital cardiac arrest is urgent.**

The chain of survival below shows the steps taken before during and after a resuscitation.

The key treatments proven to improve the number of people surviving are:

1. Call for help (999)
2. Start chest compressions
3. Restart the heart using a defibrillator
4. Transfer to hospital

### Chain of survival




## Survival from Cardiac Arrest

There are around 30,000 cardiac arrests a year but sadly very few people survive. 1 in 10 people who suffer a cardiac arrest out of hospital survive to go home (survival rates for heart attacks are much better).

**Patients, paramedics, doctors, nurses and researchers want to improve the survival from cardiac arrest.**

## Adrenaline and Cardiac Arrest

Currently adrenaline is sometimes used as part of the resuscitation if chest compressions and defibrillation do not work.

Adrenaline can help to temporarily restart the heart but patients, doctors, nurses, paramedics and researchers are worried that adrenaline may actually damage the heart and brain, making it less likely a patient will go home from hospital.

It has never been proven whether adrenaline is helpful or harmful for patients in cardiac arrest out of hospital.

**Out of 9 research studies testing the effect of adrenaline on survival:**

- **1 showed an increase in survival**
- **4 showed no effect on survival**
- **4 showed fewer people survived after being given adrenaline**

**However this is still not enough evidence to know if adrenaline is helpful or harmful and a large clinical trial is needed.**

## Testing for the Best Treatments

New drugs are not used until they have been tested in clinical trials. Older treatments such as adrenaline were introduced before clinical trials were common. Adrenaline has not been formally tested to check if it is helpful or harmful for patients who have a cardiac arrest out of hospital.

Clinical trials are a key part of advancing medical practice and everyday healthcare which help to work out which treatments work and which do not.

PARAMEDIC2 is not the first trial to question existing treatments:

The CRASH trial (2004) found that steroids used routinely to treat head injuries caused more harm than good. As a result they are no longer used to treat head injury.

The CAST trial (1989) found that a drug used to stabilise the heart rhythm caused more harm than good when given to people after a heart attack. As a result it is no longer used in people who are likely to be harmed by it.




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