via set questionnaire focusing on quality of care received by the patient.Results:Among the 30 patients who were included in our analysis, 7 were females and the average age in our cohort was found to be 72.8. In about 56% of the patients, there was no clear indication mentioned in the clinical notes regarding continuation/discontinuation of telemetry. Based on proposed indication, about 36.66% (11 patients out of which 2 were female) were identified to be at significant risk of an immediate life-threatening arrhythmia (Class I). Among this group, 2 patients were reported to have significant arrhythmia event necessitating treatment. Further analysis revealed that from our cohort, 46.66% (14 patients) had a Class II indication for their telemetry monitoring out of which only 2 patients had a significant event recorded. However, only 16.66% (5 patients) were found to meet the eligibility for Class III indications and none of them encountered a significant arrhythmia.From anonymously filled patient questionnaires, around two-third of the patients reported not being informed about the utility of telemetry and its predicted duration of stay. One-third of patients reported the device to be inconvenient, intrusive and heavy.

Conclusions To accomplish a sustainable improvement, a patient-centred approach should be exercised to help identify the gaps in quality of care delivered. Our analysis showed that significant number of patients received telemetry when it was not clinically indicated. The proposed interventions include adopting formal request process for telemetry, predicting its duration, use of patient education tools and exploring compatibility of telemetry device used. Larger scale studies are required to gain more insight into the appropriateness and impact of telemetry in a hospital setting.

Conflict of Interest None

100 EFFICACY OF VASOPRESSIN, STEROID, AND EPINEPHRINE PROTOCOL FOR IN-HOSPITAL CARDIAC ARREST RESUSCITATION: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS WITH TRIAL SEQUENTIAL ANALYSIS

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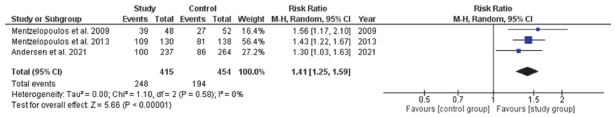
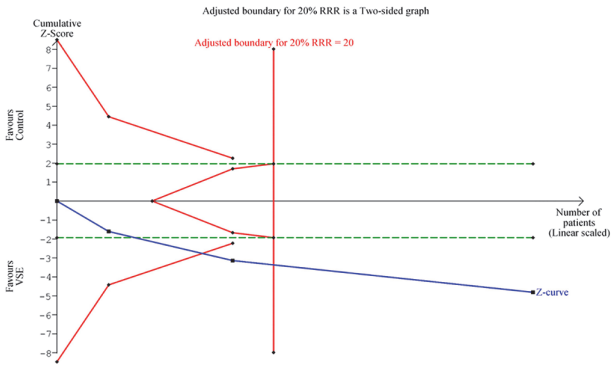
Objectives To assess the effect of vasopressin, steroid and epinephrine (VSE) combination therapy on return of spontaneous circulation (ROSC) after in-hospital cardiac arrest (IHCA), and test the conclusiveness of evidence using trial sequential analysis (TSA).

Methods The systematic search included PubMed, EMBASE, Scopus, and Cochrane Central Register of Controlled Trials. Randomized controlled trials (RCTs) that included adult patients with IHCA, with at least one group receiving combined VSE therapy were selected. Data was extracted independently by two reviewers. The main outcome of interest was ROSC. Other outcomes included survival to hospital discharge or survival to 30 and 90 days, with good neurological outcomes.

Results We included a total of three RCTs (n=869 patients). Results showed that VSE combination therapy increased ROSC



Abstract 100 Figure 1



Abstract 100 Figure 2

(risk ratio, 1.41; 95% CI, 1.25–1.59) as compared to placebo. TSA demonstrated that the existing evidence is conclusive. This was also validated by the alpha-spending adjusted relative risk (1.32 [1.16, 1.49], p<0.0001). Other outcomes could not be meta-analysed due to differences in timeframe in the included studies.

Conclusion VSE combination therapy administered in cardiopulmonary resuscitation led to improved rates of ROSC. Future trials of VSE therapy should evaluate survival to hospital discharge, neurological function and long-term survival.

Conflict of Interest None

101 CLINICAL PROFILES OF HOSPITALIZED PATIENTS DIAGNOSED WITH AF COMPARED TO THOSE DIAGONSED IN AN AMBULATORY SETTING: ANALYSIS FROM THE JORDAN ATRIAL FIBRILLIATION (JOFIB) STUDY

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Introduction Atrial fibrillation (AF) is the most prevalent sustained cardiac arrhythmia in clinical practice with a progressively increasing incidence and prevalence worldwide. Despite the prominent morbidity and mortality associated with AF, no previous studies have compared the clinical characteristics between hospitalized patients (H-pts) and ambulatory care patients (A-pts) with AF. The purpose of this cross-sectional study is to compare the epidemiology and clinical characteristics among patients with AF in both hospitalized and ambulatory settings.