TITLE (SHORT, 200 CHARACTERS MAX.):

IMPACT OF NEUROMUSCULAR BLOCKADE INFUSION ON NEUROLOGICAL OUTCOME

MAIN HYPOTHESES TESTED (2 MAX)

Some previous observational data seems to indicate than patients who required bolus or continuous infusion of NMB ((step 2 of protocol section 5.4.2) have better outcome than patients who required not.

To evaluate this association in the TTM2 cohort is the first step to develop score to predict good outcome during the TTM phase (association with bradycardia to be evaluated) and maybe select subgroup of patients to individualized TTM therapy.

SINGLE CENTER [ ] , MULTICENTER [ ]

Multicenter [All TTM2 sites]

PICO

Patients: All patients included (both groups)

Intervention/Exposure/Prognostic factor: None

Comparison: Patients without or with NMB injection (except injection during induction of cooling phase)

Outcome: Neurological prognosis at 6 month (after dichotomization between 1&2 vs 3&4&5).

DATA NEEDED FOR THE ANALYSIS (SPECIFY VARIABLES AND MOTIVATE ANY PROPOSED ADDITIONS TO THE ECRF)

Neurological prognosis at 6 month

NMB dose, type

BSAS score

Infectious adverse event

LOGISTICS – HOW WILL ADDITIONAL DATA BE GATHERED?

No additional data needed.

BRIEF STATISTICAL ANALYSIS PLAN AND SAMPLE SIZE ESTIMATE

According to Lascarrou Resuscitation 2014 (CPC1&2: 36% NMB+ vs 22% NMB-) and Salcicioli (CPC1&2: 50% NMB+ vs 31% NMB-) with a type 1 risk set at 5% and a type 2 risk set at 10%, 438 patients will be required (epiR package).

FUNDING (IF APPLICABLE)

Funding for statistical analysis could be submitted to French grants (Internal CHU Nantes Grant, SRLF/FICS) or to the Laerdal foundation

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