Method This study was conducted using the national cardiac arrest registry of OHCA patients with presumed cardiac aetiology who survived to hospital admission from 2009 to 2016. The primary exposure was TTM. The histories of HTN were included. Seoul implemented a bundle of UTIS programs in 2015; 2016). The aim of our study is to compare bystander resuscitation ratios between male and female cardiac arrest patients.

Method This is a retrospective analysis of Prague pre-hospital cardiac arrest Utstein-style registry from 2012 to 2016. All patients resuscitated by EMS crew with exception of EMS-witnessed cardiac arrests were included.

Results Total 2302 patients were included. There were 1715 men (M group) and 587 in women (W group) in the study. Bystander CPR was provided in 1368 (79%) cases in M group and in 477 (81%) cases in W group. The difference between M and G groups is non-significant (p=0.31).

Conclusion We found no gender differences in the chance of cardiac arrest victim to receive bystander CPR. This finding is in contradiction with the results published by A. Blewer at the American Heart Association’s Scientific Sessions in November 2017, where men are more likely to receive CPR in public than women. One possible explanation is the systematic approach of the EMS Prague dispatchers to provide the dispatcher-assisted resuscitation (D-CPR), which can break potential barriers between bystander and cardiac arrest victim.

Conflict of interest None

Funding None

Aim The aim of our study is to describe epidemiology and results of CH-OHCA in adults, data about OHCA in children age (CH-OHCA) are rarely published. The aim of this study is to describe epidemiology and results of CH-OHCA in City of Prague.

Method This is a retrospective analysis of epidemiology and survival rates of CH-OHCA during period from 2003 to 2015. The data are taken from Prague OHCA Utstein-style database.