



COCHRANE



2023

ANNUAL REPORT

Cochrane Emergency and Critical Care
Cochrane Anaesthesia



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**COCHRANE EXISTS SO
THAT HEALTH CARE
DECISIONS GET BETTER**

Welcome to 2023 Cochrane Annual Report for Emergency and Critical Care and Anaesthesia. In the following pages, we are delighted to share with you a comprehensive overview of the significant achievements, and impactful contributions made by our Review Groups (CRGs) in the past year.

Our commitment to enhancing patient outcomes in emergency situations, critical care settings, and anaesthesia practices remains unwavering. Through rigorous systematic reviews, evidence synthesis, and outreach initiatives, we continue to shape the landscape of evidence-based practice in these vital areas of healthcare.

This report serves as a testament to our collective efforts, highlighting key milestones, collaborations, and the tangible difference our work has made in improving patient care.

We would like to thank the Danish Government and Capital Health Region for their generous contribution in funding. This funding was matched many times over by the unpaid, voluntary contributions of our editors, authors and peer reviewers worldwide.

We are grateful to our editors, authors, peer reviewers and consumers, as well as Cochrane Central Editorial Service who have contributed to the progress of our work.

Together, we are driving positive change and ensuring the highest standards of care for patients worldwide.

*Naomi D.
Managing Editor*

FROM THE COORDINATING EDITORS

Summary of 2023

Anaesthesia, Critical Care and Emergency Medicine have developed significantly in recent years, not least due to the challenges of the pandemic, but also due to a rapid increase in technical possibilities and availability of data. There is great interest in the results of our work, which we have achieved together with our authors, editors, the board, Cochrane Central Service and our funders. This is reflected not only in the high academic impact factor for our Cochrane Review Groups CARG and EC, but also in the day-to-day use of our evidence syntheses by patients and clinicians, and their adoption into clinical guidelines across the world. Thanks to the expertise of Naomi Dayan, our ME, we have a strong social media presence, allowing us to actively disseminate our valued products to an even wider range of target groups.

Looking ahead, we have committed ourselves to proactively shaping Cochrane's future by strengthening our existing collaborations and forging new links. Our co-operation with the Cochrane Prehospital and Emergency Field and the Cochrane First Aid Field pools the expertise of individuals from different entities. Agile, adaptable and knowledgeable, our new entity is unique and global 'first'. We are looking forward with confidence to the coming year in order to formally embed ourselves within the new structures of the Cochrane Collaboration. We are committed to making an even more relevant contribution to optimal healthcare, worldwide.

Harald Herkner
**Coordinating Editor
Emergency and Critical Care**

Andrew Smith
**Coordinating Editor
Anaesthesia**

BACKGROUND AND SCOPE

Cochrane Emergency and Critical Care and Cochrane Anaesthesia are committed to significantly improve patient outcomes and supporting healthcare professionals in making informed decisions in high-stress and time-critical situations. Our work is especially vital in fields where the rapid application of the most effective interventions can save lives and improve patient care.

We are committed to:

Expand our global reach by collaborating with other organizations, institutions, and professionals in underserved regions, striving for equitable access to evidence-based practices.

Advocate for evidence-based policies and guidelines that prioritize patient safety and optimal outcomes in our fields, working with policymakers to implement changes that align with our mission.

Continuously evaluate and enhance our processes, methodologies, and resources to ensure that we remain at the forefront of evidence-based emergency care and anaesthesia, and adapt to evolving healthcare landscapes.

THE SCOPE OF COCHRANE EMERGENCY AND CRITICAL CARE

Emergency Medicine: Systematic reviews of interventions and treatments for a wide range of acute medical conditions commonly seen in emergency departments. This may include topics like trauma care, acute cardiovascular events, and neurological emergencies.

Critical Care Medicine: Reviews related to the management of critically ill patients in intensive care units (ICUs). This encompasses topics such as mechanical ventilation, sepsis management, and organ support.

Prehospital Care: Evaluation of interventions and practices in prehospital care settings, including ambulance services and paramedic interventions.

Emergency Surgery: Topics related to surgical interventions and procedures performed in emergency settings.

Resuscitation: Systematic reviews on resuscitation techniques, including cardiopulmonary resuscitation (CPR) and advanced life support measures.

Disaster Medicine: Research related to disaster response and preparedness, including mass casualty management and disaster triage.

Pediatric Emergency and Critical Care: Consideration of specific issues and interventions relevant to children and infants in emergency and critical care settings.

THE SCOPE OF COCHRANE ANAESTHESIA

Anaesthesia Techniques: Systematic reviews and evidence synthesis related to various anaesthesia techniques, including general anaesthesia, regional anaesthesia (e.g., epidurals, spinal), and local anaesthesia.

Perioperative Care: Topics related to the care of patients before, during, and after surgery, including preoperative assessment, intraoperative management, and postoperative recovery.

Anesthesia Complications: Systematic reviews addressing anaesthesia-related complications, such as awareness during surgery, adverse events, and safety concerns.

Pharmacology: Evaluation of anaesthetic drugs, their efficacy, safety, optimal dosages, and their effects on patient outcomes.

Special Populations: Consider anaesthesia-related issues specific to special patient populations, such as pediatric anaesthesia, geriatric anaesthesia, and obstetric anaesthesia.

Interventions and Procedures: Assessment of various interventions and procedures performed in the context of anaesthesia and surgery, including their effectiveness and safety.

Pain Management: Reviews on postoperative pain management techniques, including analgesics, regional analgesia, and pain assessment methods.

Outcomes Research: Analysis of patient outcomes and quality of care in anaesthesia and perioperative medicine.

Safety and Quality Improvement: Research aimed at improving the safety and quality of anaesthesia care, including guidelines for best practices.

VISION, MISSION, AND GOALS

Based on Cochrane's Vision, Mission and Goals our CRGs are committed to the following statement.

Our Vision

To be the global leader in advancing evidence-based practices and knowledge dissemination in emergency care, ultimately improving patient outcomes in critical situations.

Our Mission

To empower healthcare professionals, policymakers, and patients with the most up-to-date and reliable information, ensuring that every decision made in our fields of expertise is grounded in the best available evidence.

Our Goals

Advocate for and facilitate the integration of evidence-based practices into emergency care settings, ensuring that healthcare providers make informed decisions that benefit patients.

Foster a culture of research and innovation within the emergency care and anaesthesia communities by supporting and conducting high-impact studies, systematic reviews, and cutting-edge research projects.

Foster collaboration among researchers, healthcare professionals, and stakeholders in emergency care and anaesthesia globally, promoting the sharing of knowledge, expertise, and resources to improve patients' care.

Facilitate the rapid dissemination of research findings and evidence through various channels, including publications and online resources, making knowledge accessible and actionable for all.

Develop and maintain rigorous quality standards for systematic reviews and research conducted in emergency care and anaesthesia, ensuring the highest level of methodological excellence and transparency.

Advocate for patient-centred care in emergency settings and anaesthesia, emphasising the importance of involving patients and their families in shared decision-making and respecting their values and preferences.

LEADERSHIP

COORDINATING EDITORS (COEDS)

At the heart of our content-driven CRGs lies the role of the Coordinating Editors. They serve as key players that hold the diverse elements of content creation, quality assurance, and editorial excellence together. Their responsibilities play an important role in shaping our editorial processes' vision, mission, and effectiveness.

The CoEds are the link of collaboration within the Editorial Board. They facilitate communication, streamline workflows, and ensure all team members align with the overarching editorial strategy. This coordination is essential for maintaining quality and fostering a culture of teamwork.

The CoEds provide insights, gather feedback, and assist in setting the direction for future content. Their input helps maintain alignment with Cochrane goals and needs.

The CoEds signoff all publications in our fields and by that ensure that our publications are of the highest standards of evidence synthesis. Their work remains instrumental in advancing patient care and promoting the values of transparency and accountability.

Professor Harald Herkner - Coordinating Editor, Emergency and Critical Care Medical University of Vienna.

Harald Herkner is a leader in the field of healthcare research whose contributions have left an indelible mark on the landscape of medical science. With a career spanning decades, Professor Herkner has continually pushed the boundaries of medical knowledge and practice, earning recognition for his profound impact on patient care, research methodologies, and healthcare policy.

Professor Andrew Smith - Coordinating Editor, Anaesthesia Lancaster Medical School.

Andrew Smith is a leader in the field of anaesthesia, whose presence at Lancaster Medical School has illuminated the path to excellence in medical education, research, and clinical practice. Professor Smith's career exemplifies dedication, innovation, and a relentless pursuit of advancing anaesthetic care.

FINANCIAL DIRECTOR

The Financial Director stands at the helm of our CRGs financial operations, playing a pivotal role in fiscal responsibility, and strategic planning. The Financial Director is our contact person for Cochrane Denmark, our grant holder.

At the core of responsibilities is the development and execution of strategic financial plans. The Financial Director closely collaborates with Cochrane Danish leadership to align financial goals according to the broader mission and vision of the CRGs. The Financial Director ensures that financial resources are allocated efficiently and effectively to support strategic objectives.

Professor Ann Merete Møller - Financial Director Herlev University Hospital.

Ann Merete Møller is a leader in the realm of clinical trials and evidence-based medicine. With a career steeped in the pursuit of rigorous research and methodological excellence, Professor Møller has emerged as a guiding force in shaping the landscape of medical evidence, randomized controlled trials, and systematic reviews.



L to R:

Harald Herkner, Medical University of Vienna.
Emergency and Critical Care

Ann Møller, Herlev University Hospital.
Financial Director

Andrew Smith, Lancaster Medical School,
Anaesthesia

THE EDITORIAL BOARD

The impact and role of our Editorial Board (EB) is significant and multifaceted. The board is instrumental in ensuring the quality, integrity, and relevance of our published reviews. Their roles encompass several critical functions that contribute to the advancement of knowledge and expertise. The EB consists of medical doctors, statisticians and methodologists, an Information Specialist, a Consumer Expert and a Managing Editor.

EDITORIAL BOARD IMPACT AND ROLES

Content Selection

The EB is responsible for selecting and curating content for publications. They identify topics and articles that are relevant, timely, and of interest to the healthcare community. This role helps disseminate valuable research and clinical information to healthcare professionals, researchers, policymakers and the public.

Peer Review Oversight

The EB oversees the peer review process for publications. They assist in selecting qualified peer reviewers who assess the scientific validity, methodology, and ethical considerations of submitted reviews.

Ethical Standards and Integrity

The EB upholds ethical standards in reviews. They ensure that research adheres to ethical guidelines. This is crucial for maintaining trust in healthcare research and practice.

Quality Assurance

The EB plays a vital role in quality assurance. They review manuscripts for accuracy, clarity, and adherence to guidelines. Ensuring the quality of published content helps prevent misinformation and promotes evidence-based decision-making.

Prioritisation

The EB prioritise evidence-based research and practice. They promote the publication of studies that contribute to the body of evidence supporting clinical guidelines and healthcare policies.

Peer Networking and Collaboration

The EB fosters collaboration and networking among experts and researchers in our fields. They bring together professionals from various disciplines e.g. physicians, statisticians and nurses to exchange ideas, share knowledge, and address possible challenges.

Knowledge Dissemination

The EB facilitates the dissemination of healthcare knowledge through journals, conferences, and other platforms. They ensure that research findings and clinical insights reach a wide audience.

EDITORIAL BOARD MEETINGS

At the heart of our CRGs' commitment to excellence in the past year lies our Editorial Board (EB) Meetings. These regular monthly meetings serve as a knowledge hub where new titles are discussed, quality is sustained, new ideas are presented and our commitment to dissemination of knowledge is confirmed.

The meetings are coordinated by the Managing Editor who liaise between the board and various stakeholders. These meetings allow close collaboration, and quick and efficient responses to requests coming from Cochrane leadership, Cochrane editorial team, authors and other interested parties.

Our EB Meetings are the catalysts for progress and the continuing quality of our publications and activities. The accomplishments of the past year are a testament to the invaluable contributions of our Editorial Board.

Editorial Board Members

CONTENT EDITORS



Harald Herkner, Austria



Ann Møller, Denmark



Andrew Smith, UK



Jasmin Arrich, Austria



Anna Lee, Hong Kong



Nicola Petrucci, Italy



Michael Heesen,
Switzerland



Sharon Einav, Israel

Content Editors without photos

Vassilis Athanassoglou, UK

Lars Hyldborg Lundstrøm, Denmark

Stephanie Weibel, Germany

Arash Afshari, Denmark

Bronagh Blackwood,

STATISTICIANS



Jing (Sophia) Xie, Australia Marialena Trivella, UK

Statisticians without photos

Philippe Tadger, Belgium

Susanne Schmitz, Luxembourg

Cathal D Walsh, Ireland

Nathan Pace, USA

OTHER ROLES

Consumer Editor



Janet Wale, Australia

Feedback Editor



Jasmin Arrich, Austria

EDITORIAL BASE TEAM

[Located at Herlev Hospital, Denmark]

Information Specialist



Anne-Marie Klint Jørgensen

Administrative Coordinator



Karin F. Jespersen

Managing Editor



Naomi Dayan

PUBLISHED REVIEWS 2023

ANAESTHESIA

Automated mandatory bolus versus basal infusion for maintenance of epidural analgesia in labour

--

Perioperative glucocorticoid stress dose for adult surgical patients at risk of adrenal insufficiency

--

Erector spinae plane block for postoperative pain

EMERGENCY AND CRITICAL CARE

Ultrasound-guided arterial cannulation in the paediatric population

--

Efficacy and safety of COVID-19 vaccines

--

Family presence during resuscitation

--

Interleukin-6 blocking agents for treating COVID-19: a living systematic review

--

Hypothermia for neuroprotection in adults after cardiac arrest

--

Oxygenation during the apnoeic phase preceding intubation in adults in pre-hospital, emergency department, intensive care and operating theatre environments

--

Higher versus lower fractions of inspired oxygen or targets of arterial oxygenation for adults admitted to the intensive care unit

--

Extracorporeal membrane oxygenation for critically ill adults

IMPACT FACTOR 2022

The Cochrane Database of Systematic Reviews (CDSR) is the leading database for systematic reviews in health care. The CDSR includes Cochrane Reviews (systematic reviews) and protocols for Cochrane Reviews as well as editorials and supplements.

The 2022 Impact Factor for the CDSR is **8.4**, generated by a calculation that divides the number of citations received in 2022 to reviews published between 2020 and 2021 (9258) by the number of reviews published in 2020 and 2021 (1099).

The Impact Factor of the CRGs is indicative of the level of interest and influence within the clinical academic community. However, we aspire for it to also provide an estimate of the practical impact on clinical practice.

IMPACT FACTOR FOR THE ANAESTHESIA GROUP

The 2022 CRG Impact Factor for the Anaesthesia Group is **10.1** (7 publications cited 71 times). This therefore means that a review published by the Anaesthesia Group in 2020 and 2021 was cited, on average, 10.1 times in 2022.

Top highest-cited reviews for the Anaesthesia Group in the 2022

Times Cited	Title
25	Drugs for preventing postoperative nausea and vomiting in adults after general anaesthesia: a network meta-analysis
22	Peripheral nerve blocks for hip fractures in adults
13	Melatonin for preoperative and postoperative anxiety in adults
6	Pre-emptive and preventive NSAIDs for postoperative pain in adults undergoing all types of surgery
4	Erythropoietin plus iron versus control treatment including placebo or iron for preoperative anaemic adults undergoing non-cardiac surgery
1	Topical anaesthesia plus intracameral lidocaine versus topical anaesthesia alone for phacoemulsification cataract surgery in adults
0	Topical anaesthesia plus intracameral lidocaine versus topical anaesthesia alone for phacoemulsification cataract surgery in adults

Top most-accessed active reviews in 2022 (reviews published anytime) for the Anaesthesia Group

Full text accesses	Review title
16,284	Adverse side effects of dexamethasone in surgical patients
14,732	Videolaryngoscopy versus direct laryngoscopy for adults undergoing tracheal intubation
14,457	Positive end-expiratory pressure (PEEP) during anaesthesia for prevention of mortality and postoperative pulmonary complications
9,455	Alpha-2 adrenergic agonists for the prevention of cardiac complications among adults undergoing surgery
9,373	Perioperative alcohol cessation intervention for postoperative complications
8,984	Drugs for preventing postoperative nausea and vomiting in adults after general anaesthesia: a network meta-analysis
5,880	Hyperbaric versus isobaric bupivacaine for spinal anaesthesia for caesarean section
5,665	Music interventions for preoperative anxiety
5,431	Hyperbaric versus isobaric bupivacaine for spinal anaesthesia for caesarean section
4,804	Dexamethasone as an adjuvant to peripheral nerve block

Top reviews (published anytime) for the Anaesthesia Group ranked by number of cites in guidelines

CD Number	Review title	No. cites in guidelines*	No. review versions cited in guidelines**
CD007871	Thromboelastography (TEG) or thromboelastometry (ROTEM) to monitor haemostatic treatment versus usual care in adults or children with bleeding	18	3
CD009161	Preoperative carbohydrate treatment for enhancing recovery after elective surgery	17	1
CD008343	Preoperative alcohol cessation prior to elective surgery	16	2
CD006312	Adrenaline (epinephrine) for the treatment of anaphylaxis with and without shock	15	1
CD004127	Noninvasive positive-pressure ventilation as a weaning strategy for intubated adults with respiratory failure	14	3
CD009642	Continuous intravenous perioperative lidocaine infusion for postoperative pain and recovery in adults	14	2
CD006962	Ultrasound guidance versus anatomical landmarks for internal jugular vein catheterization	13	1
CD008646	Psychological preparation and postoperative outcomes for adults undergoing surgery under general anaesthesia	13	1
CD000521	Anaesthesia for hip fracture surgery in adults	11	2
CD003709	Vasopressors for hypotensive shock	11	3
CD004084	Central venous access sites for the prevention of venous thrombosis, stenosis and infection	11	1

Anaesthesia Group Impact Factor Comparison

The table below compares the CRG data with relevant Journal Citation Reports.

CRG	Category (Median IF)	IF of journal ranked 10th in the category	Highest ranked journal by IF
Anaesthesia Group	Anesthesiology	Canadian Journal of Anesthesiology	Anaesthesia
10.1	2.9	4.2	10.7

IMPACT FACTOR FOR THE EMERGENCY AND CRITICAL CARE GROUP

The 2022 CRG Impact Factor for the Emergency and Critical Care Group is **15.9** (7 publications cited 111 times). This therefore means that a review published by the Emergency and Critical Care Group in 2020 and 2021 was cited, on average, 15.9 times in 2022.

Top highest-cited reviews for the Emergency and Critical Care Group in the 2022

Times Cited	Title
57	Interleukin-6 blocking agents for treating COVID-19: a living systematic review
19	Chest ultrasonography versus supine chest radiography for diagnosis of pneumothorax in trauma patients in the emergency department
18	Anticoagulants for people hospitalised with COVID-19
10	High-flow nasal cannulae for respiratory support in adult intensive care patients
4	Care bundles for improving outcomes in patients with COVID-19 or related conditions in intensive care – a rapid scoping review
3	Oxygen targets in the intensive care unit during mechanical ventilation for acute respiratory distress syndrome: a rapid review
0	High versus low positive end-expiratory pressure (PEEP) levels for mechanically ventilated adult patients with acute lung injury and acute respiratory distress syndrome

Top most-accessed active reviews in 2022 (reviews published anytime) for the Emergency and Critical Care Group

Full text accesses	Review title
63,483	Enteral versus parenteral nutrition and enteral versus a combination of enteral and parenteral nutrition for adults in the intensive care unit
12,823	Efficacy and safety of COVID-19 vaccines
10,161	High-flow nasal cannulae for respiratory support in adult intensive care patients
8,153	Prophylactic anticoagulants for people hospitalised with COVID-19
6,763	Anticoagulants for people hospitalised with COVID-19
6,730	Interventions for preventing intensive care unit delirium in adults
6,324	Early intervention (mobilization or active exercise) for critically ill adults in the intensive care unit
4,946	Prone position for acute respiratory failure in adults
4,939	Interleukin-1 blocking agents for treating COVID-19
4,727	Vasopressors for hypotensive shock

Top reviews (published anytime) for the Emergency and Critical Care Group ranked by number of cites in guidelines

CD Number	Review title	No. cites in guidelines*	No. review versions cited in guidelines**
CD013739	Prophylactic anticoagulants for people hospitalised with COVID-19	17	1
CD012247	Buffered solutions versus 0.9% saline for resuscitation in critically ill adults and children	8	1
CD013769	Interventions for the prevention and treatment of COVID-19: a living mapping of research and living network meta-analysis	5	1
CD013881	Interleukin-6 blocking agents for treating COVID-19: a living systematic review	5	1
CD013819	Care bundles for improving outcomes in patients with COVID-19 or related conditions in intensive care – a rapid scoping review	3	1
CD004477	Pharmacological agents for adults with acute respiratory distress syndrome	2	1
CD010593	Liberal versus conservative fluid therapy in adults and children with sepsis or septic shock	2	1
CD011749	Pharmacological interventions for the treatment of delirium in critically ill adults	2	1
CD012631	Higher versus lower fraction of inspired oxygen or targets of arterial oxygenation for adults admitted to the intensive care unit	1	1
CD012764	Community first responders for out-of-hospital cardiac arrest in adults and children	1	1
CD013708	Oxygen targets in the intensive care unit during mechanical ventilation for acute respiratory distress syndrome: a rapid review	1	1

Emergency and Critical Care Group Impact Factor Comparison

The table below compares the CRG data with relevant Journal Citation Reports.

CRG	Category (Median IF)	IF of journal ranked 10 th in the category	Highest ranked journal by IF
Emergency and Critical Care Group	Critical Care Medicine	Anaesthesia Critical Care & Pain Medicine	Lancet Respiratory Medicine
15.9	3.3	5.5	76.2

COCHRANE COLLOQUIUM

The Cochrane Colloquium is an annual conference organised by Cochrane and serves as a gathering of Cochrane members and other stakeholders from around the world. It promotes international collaboration and the exchange of ideas to improve the quality of healthcare decision-making. The core focus of the Cochrane Colloquium is on research and evidence.

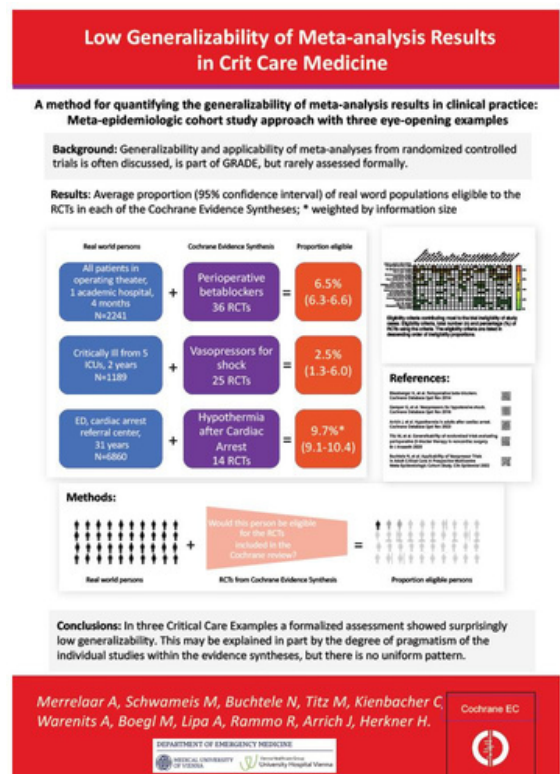
The Colloquium places a strong emphasis on translating research into practice. It's about making sure that the knowledge generated through systematic reviews and evidence synthesis is accessible and usable by healthcare professionals, policymakers, and the public.

The Colloquium typically offers workshops and training sessions to help participants enhance their skills in systematic review methods, evidence synthesis, and critical appraisal of research. This helps build capacity and expertise within the community.

The Colloquium is a platform for discussing the latest developments in evidence-based medicine.



Harald Herkner, CoEd for Emergency and Critical Care together with Ann Merete Møller, Financial Director for EC and CARG.



Poster presentation

The Cochrane Colloquium 2023 was held at The QEII Centre in London from September 4th to 6th, featuring the theme "*Forward Together for Reliable Healthcare Data and Information.*" The event not only delved into the future challenges surrounding the trustworthiness of healthcare data and information, but also commemorated 30 years of delivering dependable evidence.

In conjunction with the Colloquium, Cochrane Emergency and Critical Care, as well as Cochrane Anaesthesia, organised two distinct meetings. The first was a closed meeting exclusively for group members, to discuss internal future challenges. The second was an open meeting, welcoming all attendees to engage, interact, and network with the Review Groups (CRGs).



Team meeting during the Colloquium.

COMMUNICATION

Effective communication within our network and with the broader healthcare community is crucial. By effective communication, we ensure that high-quality evidence-based information reaches those who need it most, contributes to informed decision-making, and ultimately improves healthcare practices and policies.

We believe that communicating research findings plays a central role in promoting evidence-based medicine and advancing the quality of healthcare worldwide.

Via our communication channels, we aim to:

- Provide up-to-date, high-quality evidence that can inform clinical practice and healthcare policy. By that, we ensure that valuable information reaches healthcare professionals, policymakers, and the public.
- Make healthcare decisions based on the best available evidence available. By that, we help healthcare practitioners and policymakers make informed choices about treatments, interventions, and healthcare strategies.
- Bridge the gap between the latest research findings and clinical practice. Effective communication helps ensure that research findings are translated into practice, benefiting patients and improving healthcare outcomes.
- Improve transparency about methods, findings, and conflicts of interest. This transparency builds trust in the healthcare community and among the general public.
- Collaborate with a global network of experts. Effective communication is essential to the exchange of knowledge, and shared resources.

WEBSITES AND SOCIAL MEDIA

WEBSITES

The screenshot shows the homepage of the Cochrane Emergency and Critical Care website. At the top left is the Cochrane logo, a stylized 'C' with a vertical line through it. To its right is the text 'Cochrane Emergency and Critical Care'. Further right is the tagline 'Trusted evidence. Informed decisions. Better health.' and a search box with the placeholder text 'Search..'. Below this is a red navigation bar with white text links: 'About us', 'Join Cochrane', 'Resources', 'Contact us', 'News & Events', and 'Priori'. The main content area features a large image of a hospital room with a patient in bed. A blue text box in the bottom left of the image reads 'Extracorporeal membrane oxygenation [ECMO] for critically ill adults'. A red diamond icon is visible in the bottom right corner of the image.

<https://ec.cochrane.org/>
Published news items 11

The screenshot shows the homepage of the Cochrane Anaesthesia website. At the top left is the Cochrane logo, a stylized 'C' with a vertical line through it. To its right is the text 'Cochrane Anaesthesia'. Further right is the tagline 'Trusted evidence. Informed decisions. Better health.' and a search box with the placeholder text 'Search..'. Below this is a red navigation bar with white text links: 'About us', 'Join Cochrane', 'Resources', 'Contact us', 'News & Events', and 'Priori'. The main content area features a large image of two surgeons in an operating room. A blue text box in the bottom left of the image reads 'Intervention review: Erector spinae plane block for postoperative pain'. A red diamond icon is visible in the bottom right corner of the image.

<https://ec.cochrane.org/>
Published news items 8

PODCAST



Podcast: Cooling the body after resuscitation following cardiac arrest

Cochrane has produced around 40 systematic reviews of interventions that might help people after cardiac arrest. In this podcast, review author Nikola Schütz talks with lead author Jasmin Arrich, a consultant working at the emergency department at the Medical University of Vienna in Austria, about the May 2023 update review on Hypothermia for neuroprotection in adults after cardiac arrest, looking at the effects of an intervention called therapeutic hypothermia or temperature control for patients who have been resuscitated after a cardiac arrest.

About the review

In this review, the authors asked whether people resuscitated from cardiac arrest benefit when their bodies are cooled to a temperature of 32 °C to 34 °C. Current evidence suggests that conventional cooling methods to induce hypothermia (low body temperature) may reduce the risk of brain damage and improve neurological outcomes (problems with the nervous system) following successful resuscitation after cardiac arrest.

When the authors compared people whose bodies were cooled to 32 °C to 34 °C after resuscitation versus those whose bodies were not cooled, they found that 532 per 1000 of those receiving cooling would have no, or only minor, brain damage, while only 377 per 1000 not receiving cooling would have no, or only minor, brain damage. Cooling had no effect on survival.

Jasmin Arrich is an Intensive care expert and an Editorial Board member.

Link to the podcast:

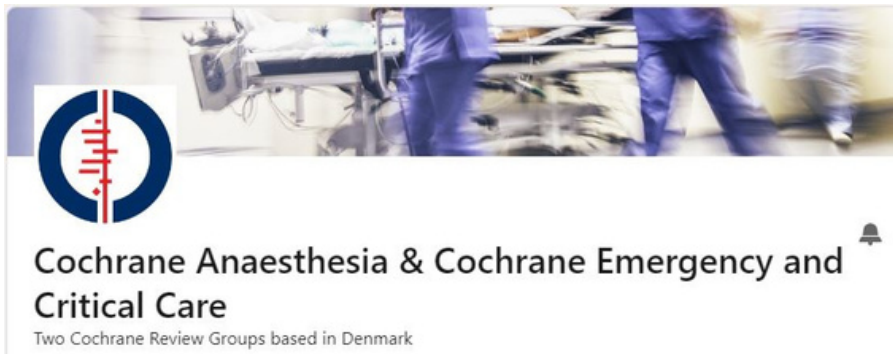
<https://www.cochrane.org/podcasts/10.1002/14651858.CD004128.pub5>

Link to the review:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004128.pub5/full>

SOCIAL MEDIA

LinkedIn account



<https://www.linkedin.com/company/cochrane-anaesthesia-critical-and-emergency-care-group/>

Followers: over 1100.

LinkedIn demographics

Hospitals · 80 (25.6%)

Hospitals and Health Care · 44 (14.1%)

Medical Practices · 26 (8.3%)

Wellness and Fitness Services · 16 (5.1%)

Higher Education · 15 (4.8%)

Research Services · 11 (3.5%)

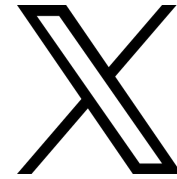
Medical Equipment Manufacturing · 6 (1.9%)

Animation and Post-production · 6 (1.9%)

Internet Publishing · 6 (1.9%)

Entertainment Providers · 5 (1.6%)

Twitter [X] account



[@Cochrane_ACE](#)

Followers: over 2400

Facebook account



**Cochrane Anaesthesia &
Cochrane Emergency and
Critical Care**

[@Cochrane_ACE](#)

Followers: over 3800

THE FUTURE OF COCHRANE

Cochrane is transitioning towards a new production model centred around Thematic Groups (TG). These Thematic Groups are built upon established relationships while introducing an additional avenue for the development of Cochrane's evidence syntheses.

The aim of the TGs is to serve as a vital link between Cochrane and external networks, such as guideline developers, government agencies, and disease associations. Thematic Groups will also ensure the preservation of existing networks of enthusiastic volunteers and facilitate the provision of topic-specific expertise to Cochrane Evidence Synthesis Units.

The primary objective is to align with the United Nations Sustainable Development Goals, with a particular emphasis on Goal 3: *Good Health and Wellbeing*. Additionally, it will focus on the intersection of improved healthcare with parallel goal areas like Climate Action and Gender Equality.

Cochrane's Emergency and Critical Care, Cochrane Anaesthesia, together with relevant partners such as Cochrane Injuries Group, Cochrane Pre-Hospital Field, and Cochrane First Aid Field have collaboratively negotiated and formed a Thematic Group (TG) application, focusing on Acute and Emergency Care.

The team comprises experienced professionals from various fields within acute and emergency medicine, including healthcare professionals, statisticians, methodologists, consumers, information specialists, and project managers, many of whom boast extensive experience within Cochrane.

The primary focus of our proposed TG is on interventions employed in acute and emergency scenarios. Moreover, the team is dedicated to enhancing access to timely evidence syntheses, facilitating improved differential diagnoses, prognosis, and advancements in healthcare systems such as patient flow, resource allocation, and healthcare management implementation.



Partners' meeting in Copenhagen

This commitment extends to advancing methodologies, including diagnostic, prognostic, qualitative, and mixed methods review formats. The team also aspires to identify existing evidence gaps and champion research initiatives in this domain.

The Thematic Group is unwavering in its commitment to ensuring that the evidence used in reviews maintains the highest standards of quality. Together, the group possesses the knowledge and expertise necessary to contribute to Cochrane's stringent editorial processes, select and assess studies for inclusion in Cochrane Reviews, and evaluate potential biases and the certainty of the evidence when required.

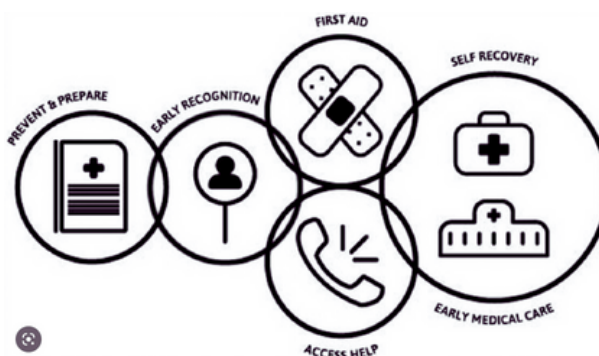
Additionally, an essential role of the Thematic Group is to disseminate findings to a broad audience, making them accessible, coherent, and comprehensible. The TG have the skills to translate knowledge into multiple languages and optimize plain language summaries, ensuring that the reviews we produce can be easily understood by healthcare professionals and the general public worldwide.

The initiative align with the World Health Organization's (WHO) announcement of the Acute Care Action Network (ACAN), a global alliance committed to saving millions of lives by driving action in Emergency, Critical, and Operative Care (ECO) through coordinated efforts.

The inaugural Thematic Group meeting took place in Copenhagen on April 17, 2023. The partners aim to submit a complete Thematic Group application when announced by Cochrane in early 2024.

Adhering to the Chain of Survival

The TG partnership allows us to accommodate the domains represented in The Chain of Survival*. It includes first aid, prehospital care, emergency medicine and injuries, anaesthesia, and critical care.



*Newman M. 1989. The chain of survival concept takes hold. JEMS. 14: 11–13.

The Thematic Group is designed to serve as an overarching framework, allowing partners to maintain their regular activities and funding streams. The activities of Thematic Group are intended to enhance the contributions of each partner within their usual commitments and increase the value by complementing knowledge and expertise.



Cochrane Library



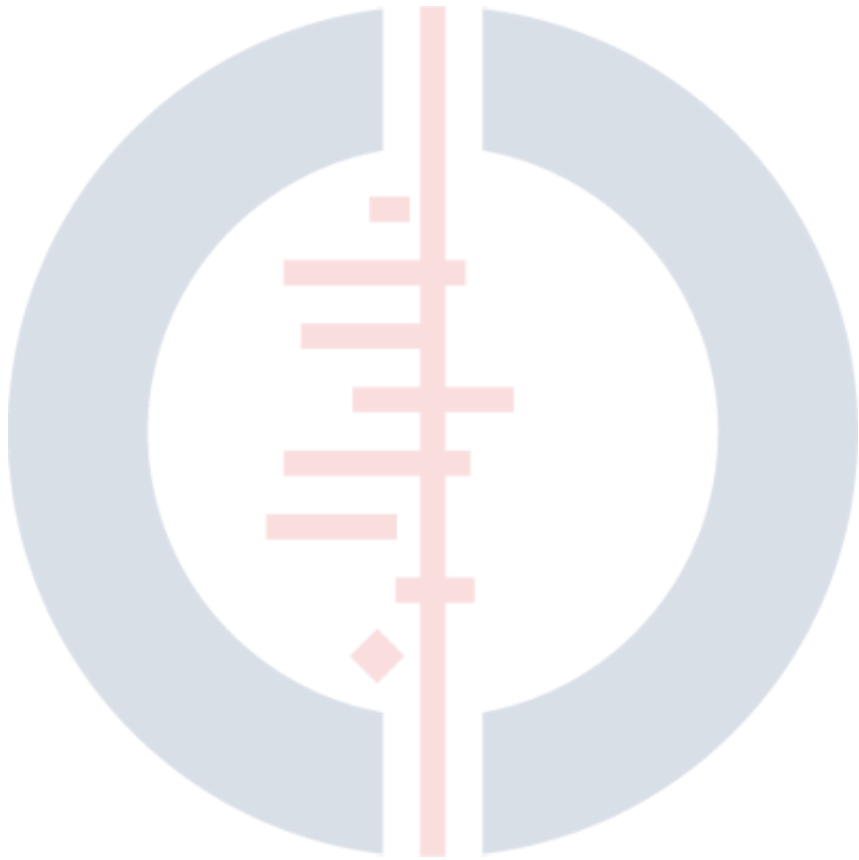
Cochrane Anaesthesia

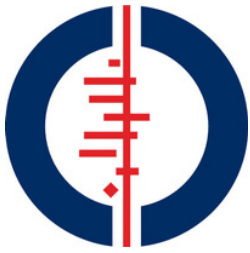


Cochrane Emergency and Critical Care

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**Herlev
Hospital**

Herlev and Gentofte Hospital
Department of Anaesthesia, Surgery, and
Intensive Care, Research Unit
Borgmester Ib Juuls Vej 1
2730 Herlev DK
www.regionh.dk

<https://ec.cochrane.org/>

<https://carg.cochrane.org/>



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