• Country: Finland
• Funding Sources:

Purpose:
• Research Question(s): Purpose of study to describe Health related quality of life, Quality adjusted life years gained and school performance in children and adults who had received CPR after a drowning incident as a child

• Hypothesis: None; descriptive study

Design:
• Study Design: Descriptive study

• Dependent / outcome Variable(s): Health-related quality of life; quality adjusted life years gained, school performance

• Independent / research Variable: Drowning injury as a child

Setting / Subjects:
• Research Setting: Academic University Children’s Hospital. PICU setting in Finland
• Subjects:
  o Study population: Children drowning injuries from 1987-2007; 1-15 years of age
  
  o Inclusion / Exclusion criteria: Inclusion criteria drowning in childhood with CPR performed admitted to PICU
  
  o Excluded 2 with pre-existing medical conditions affecting cerebral functioning.
  
  o Number (control / intervention groups): 40 pts eligible; 29 responded
Demographics: Age, sex, race, etc.
Attrition: Did patients exit the study or were patients lost to follow up.

METHODS:
- Interventions: None
- Study Groups: control group / experimental group
- Instruments: 15D, 16D & 17D questionnaires. QALys. HRQoL.
- Data Collection: unknown

DATA ANALYSIS:
- Level of Data: Ordinal (level of education achieved) & Interval (questionnaires)
- Statistics Used: T-test. No variables controlled for

RESULTS:
- Brief answers to research questions: What were the conclusions made by the authors? Do they answer the original research questions? Do you think their conclusions are valid based on the data reported?
- Conclusions- Good HRQoL will be achieved in the majority of patient’s surviving long term after a childhood drowning incident.

- Other possible explanation for findings: Small sample size, unknown interventions during PICU course. Do not discuss the negative difference in quality of life for the older age group.

- Limitations: small study size. Limited data on adolescent age range.

IMPLICATIONS FOR PRACTICE:
- Applicable to this clinical practice: Generalizable principle to public setting. Applicable to our practice
- Feasible (cost, resources, etc): Feasible
- Clinically Relevant: Not likely to change practice management particularly in the ED. Mostly relevant for ICU and other post-EM care.

LEVEL OF EVIDENCE / DECISION FOR USE:
- Level of Evidence: III