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### Data Article

# Data for outcomes of acute hospital administration of amiodarone and/or lidocaine in shockable patients presenting with out-of-hospital cardiac arrest



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#### ABSTRACT

The data presented in this article are related to the research article entitled “Acute Hospital Administration of Amiodarone and/or Lidocaine in Shockable Patients Presenting with Out-of-hospital Cardiac Arrest: A Nationwide Cohort Study” (C.H. Huang, P.H. Yu, M.S. Tsai et al., 2016) [1]. The data contains the information of comorbidities coding from ICD-9 CM codes and specific difference in requirement between medical centers and non-medical centers in resuscitation. Univariate and multivariate logistic regression analysis for factors related to the outcome of survival to ICU admission and survival to hospital discharge are included in the data set. The data also contains bootstrap sensitivity analysis of the logistic regression model for survival to ICU admission and hospital discharge outcomes in out-of-hospital cardiac arrest. Subgroup analysis of epinephrine dosage related to outcome of one-year survival is shown.

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## Specifications Table

Subject area	<i>Biology</i>
More specific sub- ject area	<i>Acute cardiac care</i>
Type of data	<i>Tables</i>
How data was acquired	<i>Data analysis for national health insurance database</i>
Data format	<i>Analyzed</i>
Experimental factors	<i>Data are analyzed to figure out the outcomes related variables</i>
Experimental features	<i>Retrospective, observational, and nationwide population-based cohort study of patients with non-traumatic cardiac arrest</i>
Data source location	<i>A nationwide cohort study in Taiwan</i>
Data accessibility	<i>The analyzed data is with this article.</i>

## Value of the data

- The data provide information the ways of coding co-morbidities and hospital levels in the resuscitation study. The short term outcomes of survival to hospital admission, intermediate outcome of survival to hospital discharge are important in cardiac arrest patient.
- The data provides the information so that the effects of specific intervention can be comprehensively figured out and compared.
- Subgroup analysis of patients with different dosage of epinephrine used in resuscitation show the interaction with effects of anti-arrhythmic agents.

## 1. Data

The data contains the information of co-morbidities coding from ICD-9 CM codes and specific difference in requirement between medical centers and non-medical centers in resuscitation as shown in [Tables 1](#) and [2](#). Univariate and multivariate logistic regression analysis for factors related to the outcome of survival to ICU admission and survival to hospital discharge are included in the data set [Tables 3a](#) and [3b](#). The data also contains bootstrap sensitivity analysis of the logistic regression model for survival to ICU admission and hospital discharge outcomes in out-of-hospital cardiac arrest as shown in [Table 4](#). Subgroup analysis of epinephrine dosage related to outcome of one-year survival is shown in [Table 5](#).

**Table 1**

Co-morbidities coding from ICD-9 CM codes.

Co-morbidities	ICD-9 CM codes
Diabetes mellitus	250.*
Hypertension	401.*, 402.*, 403.*, 404.*, 405.*
Coronary artery disease	410.*, 411.*, 412.*, 413.*, 414.*
Congestive heart failure	428.*
Atrial fibrillation	427.31
Chronic kidney disease	585
Malignancy	140.*~172.*, 174.*~194*, 200.*~208.*
Chronic obstructive pulmonary disease	491.*, 492.*, 494.*, 496.*
Asthma	493.*

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