

McGaughey J, et al. <i>Cochrane Database Syst Rev</i> 2007;3: CD005529	None	SR (Cochrane review) Purpose: effect of RRT on HMR <ul style="list-style-type: none"> • Searched 6 databases from 1990–2006 • Excluded all but 2 RCTs 	N = 2 studies Acute care settings in Australia and the UK Attrition: NR	IV: RRT DV1: HMR	HMR: Australia: overall hospital mortality without DNR UK: Simplified Acute Physiology Score (SAPS) II death probability estimate	OR	OR of Australian study, 0.98 (95% CI, 0.83–1.16) OR of UK study, 0.52 (95% CI, 0.32–0.85)	Weaknesses: <ul style="list-style-type: none"> • Didn't include full body of evidence • Conflicting results of retained studies, but no discussion of the impact of lower-level evidence • Recommendation "need more research" Conclusion: <ul style="list-style-type: none"> • Inconclusive
Winters BD, et al. <i>Crit Care Med</i> 2007;35(5): 1238-43	None	SR Purpose: effect of RRT on HMR and CR <ul style="list-style-type: none"> • Searched 3 databases from 1990–2005 • Included only studies with a control group 	N = 8 studies Average no. beds: 500 Attrition: NR	IV: RRT DV1: HMR DV2: CR	HMR: overall death rate CR: no. of in-hospital arrests	Risk ratio	HMR: <ul style="list-style-type: none"> • Observational studies, risk ratio for RRT on HMR, 0.87 (95% CI, 0.73–1.04) • Cluster RCTs, risk ratio for RRT on HMR, 0.76 (95% CI, 0.39–1.48) CR: <ul style="list-style-type: none"> • Observational studies, risk ratio for RRT on CR, 0.70 (95% CI, 0.56–0.92) • Cluster RCTs, risk ratio for RRT on CR, 0.94 (95% CI, 0.79–1.13) 	Strengths: <ul style="list-style-type: none"> • Provides comparison across studies for <ul style="list-style-type: none"> ◦ Study lengths (range, 4–82 months) ◦ Sample size (range, 2,183–199,024) ◦ Criteria for RRT initiation (common: respiratory rate, heart rate, blood pressure, mental status change; not all studies, but noteworthy: oxygen saturation, "worry") • Includes ideas about future evidence generation (conducting research)—finding out what we don't know Conclusion: <ul style="list-style-type: none"> • Some support for RRT, but not reliable enough to recommend as standard of care

CI = confidence interval; CR = cardiopulmonary arrest or code rates; DNR = do not resuscitate; DV = dependent variable; HMR = hospital-wide mortality rates; ICU = intensive care unit; IV = independent variable; MD = medical doctor; NR = not reported; OR = odds ratio; Peds = pediatrics; RCT = randomized controlled trial; RR = relative risk; RRT = rapid response team; SR = systematic review; UK = United Kingdom