

Inhospital CRF

Emergency department

- 1) Hospital
 Södersjukhuset Karolinska Solna Other
-
- 2) Time of hospital arrival

-
- 3) Sustained ROSC (>20 minutes without CPR) and admitted alive
 Yes No
-
- 4) Patient declared dead at emergency department
 Yes No

First registered vital functions upon arrival to hospital (in ER, ICU or other location)

- 5) Systolic blood pressure (mmHg)

-
- 6) Diastolic blood pressure (mmHg)

-
- 7) Mean arterial pressure (MAP) (mmHg)

-
- 8) Spontaneous breathing
 Yes No

9) Glasgow Coma Scale (GCS)

- 3 4 5 6 7 8 9 10 11 12 13 14 15
-

10) Pupillary response

- Present bilaterally
 Absent bilaterally
 Absent unilaterally
 Not assessed
-

11) Tympanic temperature (°C)

12) Core temperature (°C)

13) Core temperature location

- Rectal
 Bladder
 Esophageal
 Blood
-

14) ECG findings (post-ROSC)

- STEMI (>1mm ST elevation in ≥ 2 leads)
 New LBBB
 ST-segment depression (>1 mm in ≥ 2 leads)
 None of the above
 Other
-

First arterial blood gas available after ROSC

15) pH

Conversion of mmHg to kPa
mmHg value * 0.133322

16) pO2 (kPa)

17) pCO2 (kPa)

18) Base excess (mmol/L)

19) Lactate (mg/dl)

20) O2-saturation (%)

21) Hb (g/dl)

22) B-glucose (mmol/L)

SOFA Score

Conversion of mmHg to kPa
 mmHg value * 0.133322










Admission Day 1 Day 2 Day 3
 PaO2 _____
 Fraction Inspired Oxygen (%) _____
 Creatinine _____
 Glasgow Coma Scale _____
 Bilirubin (mg/dL) _____
 Platelet count (× 10⁹/L) _____
 Cardiovascular function (check one) _____

Patients status prior to cardiac arrest (e.g. prior to randomization)

23) Previous (before cardiac arrest) know co-morbidity
 (Check all that apply)

- Ischeamic heart disease
- Previous myocardial infarction
- Heart failure
- Atrial fibrillation/flutter
- Hypertension
- Diabetes type 1
- Diabetes type 2
- Chronic kidney disease
- Chronic liver disease
- Cancer
- Stroke/TIA
- Chronic obstructive pulmonary disease
- HIV

frailty

<p>1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.</p>	
<p>2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.</p>	
<p>3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.</p>	
<p>4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up" and/or being tired during the day.</p>	
<p>5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.</p>	
<p>6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.</p>	
<p>7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).</p>	
<p>8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.</p>	
<p>9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.</p>	

24) Fitness/frailty before OHCA

- 1 Very Fit - People who are robust, active, energetic and motivated
 2 Well - People who have no active disease symptoms but are less fit than category 1
 3 Managing Well - People whose medical problems are well controlled, but are not regularly active beyond routine walking.
 4 Vulnerable - While not dependent on others for daily help, often symptoms limit activities.
 5 Mildly Frail - These people often have more evident slowing, and need help in high order IADLs
 6 Moderately Frail - People need help with all outside activities and with keeping house.
 7 Severely Frail - Completely dependent for personal care, from whatever cause (physical or cognitive)
 8 Very Severely Frail - Completely dependent, approaching the end of life. T
 9 Terminally Ill - Approaching the end of life.

25) Estimated pre-arrest mRS

- 0 - No neurological symptoms
 1 - No significant neurological symptoms. Able to carry out usual activities, despite some symptoms
 2 - Slight disability. Able to look after own affairs without assistance, but unable to carry out all previous activities
 3 - Moderate disability. Requires some help, but able to walk unassisted
 4 - Moderate severe disability. Unable to attend to own bodily needs without assistance or unable to walk unassisted
 5 - Severe disability. Requires constant nursing care and attention, bedridden, incontinent

Core variables for systemic hypothermia in the intervention group

26) Cooling method

- Intravenous system
 Surface system

27) Time of initiation of systemic cooling

28) Was trans-nasal cooling interrupted prior to systemic cooling?

- Yes
 No

29) If trans-nasal cooling was interrupted, please specify reason

30) Time of termination of cooling with RhinoChill

Register core temperature and tympanic temperature every 20 minutes from start of systemic cooling until target temperature is reached

Minutes from start of systemic cooling Core temperature

- Start _____
 20 _____
 40 _____
 60 _____
 80 (1 h, 20 min) _____
 100 (1 h, 40 min) _____
 120 (2 h) _____
 140 (2 h, 20 min) _____
 160 (2 h, 40 min) _____
 180 (3 h) _____

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- 180 (3 h) _____
- 200 (3 h, 20 min) _____
- 220 (3 h, 40 min) _____
- 240 (4 h) _____
- 260 (4 h, 20 min) _____
- 280 (4 h, 40 min) _____

31) Time of core temperature ≤ 34 °C

32) Time of Core temperature ≤ 33 °C

Register core temperature every hour during maintenance phase (start registration 1 hour after target temperature is reached)

Core temperature

- Hour 1 _____
- Hour 2 _____
- Hour 3 _____
- Hour 4 _____
- Hour 5 _____
- Hour 6 _____
- Hour 7 _____
- Hour 8 _____
- Hour 9 _____
- Hour 10 _____
- Hour 11 _____
- Hour 12 _____
- Hour 13 _____
- Hour 14 _____
- Hour 15 _____
- Hour 16 _____
- Hour 17 _____
- Hour 18 _____
- Hour 19 _____
- Hour 20 _____
- Hour 21 _____
- Hour 22 _____
- Hour 23 _____
- Hour 24 _____

33) Time of termination of systemic cooling (start of rewarming)

34) Time of core temperature ≥ 36.5 °C

35) Did the patient have fever > 37.7 °C during the first 72 hours

Yes No

Serious adverse events within 7 days

36) Moderate bleeding, according to the GUSTO criteria (bleeding requiring transfusion, but not resulting in haemodynamic compromise)

Yes No

37) Severe bleeding according to Gusto criteria (intracranial hemorrhage or bleeding resulting in haemodynamic compromise necessitating intervention)

Yes
 No

38) Sepsis and septic shock, according to the 3rd international consensus definitions for sepsis and septic shock?

Yes No

39) Arrhythmia resulting in hemodynamic compromise?

No
 Bradycardia with need for pacing
 Ventricular tachycardia
 Ventricular fibrillation

40) Cerebrovascular lesion during ICU stay

Yes No

41) New cardiac arrest after enrollment

Yes
 No

42) Circulatory complications?

No
 Cardiogenic shock requiring inotropes
 Cardiogenic shock requiring mechanical support

43) Device related adverse events

Yes
 No
 Uncertain (needs adjudication)

44) If device related adverse events = Yes, Specify

45) Did device related or other unexpected serious adverse event occur?

Yes (fill in safety CRF) No

Sedation

46) Was the patient sedated 40 h according to protocol?

Yes No

47) If sedation was terminated before 40 h from cardiac arrest, describe why

Lab tests (During ICU stay)

48) NSE at 24 hours (if applicable)

49) NSE at 48 hours (if applicable)

50) NSE at 72 hours (if applicable)

51) Maximum level of Troponin T within 24 hours (if used by center)

52) Maximum level of Troponin I within 24 hours (if used by center)

Angiography/Revascularization

53) Angiography performed

- Not performed
 Acute within 24h after admission
 During ICU/hospital stay

54) PCI_performed

Yes No

Organ support during ICU stay

55) Was the patient supported by an intra-aortic ballon pump (IABP)

Yes No

56) Was the patient supported by ECMO?

Yes No

57) If yes, was the patient put on ECMO during CPR (ECPR)?

Yes No

58) Was the patient supported by an Impella?

Yes No

59) Was the patient treated with continous renal replacement therapy?

Yes No

60) Deviation from protocol

Yes No

If protocol deviation = Yes, describe

Prognostication at 72 hours

61) Time for prognostication

62) Does the patient fulfill the study criteria for a likely poor neurological outcome?

Yes
 No

63) What prognostic methods beyond clinical neurological assessment were used for prognostication?
(tick all that apply)

- NSE
- SSEP
- EEG
- MR/CT brain scan

Withdrawal of life sustaining therapies / ICU care discontinued

64) What prognostic methods beyond clinical neurological assessment were used in the event that a decision was made to discontinue intensive care?
(tick all that apply)

- NSE
- SSEP
- EEG
- MR/CT brain scan

65) When was intensive care terminated?

66) If treatment terminated before 72 hours from randomization. Describe why?

67) Did patient die during hospital stay?

- Yes (fill in below)
- No

68) If yes, where did the patient die

- ICU
- Hospital ward

69) Cause of death

- Cerebral
- Cardiac
- Infection
- Multi-organ failure
- Other

70) No. of days in hospital

71) mRS at hospital discharge

- 0 - No neurological symptoms.
- 1 - No significant neurological symptoms.
- 2 - Slight disability.
- 3 - Moderate disability.
- 4 - Moderate severe disability.
- 5 - Severe disability.

72) Patient discharged to

- Home
- Rehabilitation
- Other

73) tympanometry 1

74) tympanometry 2

75) tympanometry 3

76) tympanometry 4

77) tympanometry 5

78) tympanometry 6

79) tympanometry 7

80) tympanometry 8

81) tympanometry 9

82) tympanometry 10

83) tympanometry 11

84) tympanometry 12

85) tympanometry 13

86) tympanometry 14

87) tympanometry 15
