

Prehospital

Personal ID number (if applicable)

Date and approximated time of arrest

Demographic information

Date of birth

Estimated age (if date of birth is unknown)

(best approximation)

Sex

Male Female

Information regarding the cardiac arrest

Bystander CPR prior to EMS arrival?

Yes No

Location

Home
 Public
 Other

Time intervals (HH:MM)

Time of dispatch of EMS

Time of arrival of first ambulance unit

Time of arrival of second ambulance unit

Time of arrival of vehicle with cooling device

Time of first defibrillation

Time of established airway

Time of randomization

Status at randomization

Intra-arrest (during CPR)
 Post-ROSC

Time of RhinoChill cooling initiated

Tympanic temperature after ROSC (degree Celsius)

Time of return of spontaneous circulation (ROSC)

Time of departure from scene with patient (if applicable)

Treatment by EMS-unit

Airway established with

- LMA
 Intubation
 Laryngeal tube

Mechanical compression device

- Yes
 No

Outcomes

Achieved any ROSC on site (no need for chest compression >1 minute)

- Yes No

Change of rhythm during cardiac arrest (from VF to PEA or asystole)

- Yes No

Patient declared dead on scene

- Yes No

Ongoing CPR during transport to hospital

- Yes No

Any new cardiac arrest after ROSC prior to hospital admission?

- Yes No

Receiving hospital

Comments (optional)

Comments

Device related adverse events

Did device related adverse event or technical issue occur leading to interruption of cooling?

Yes, specify below No Unsure (needs adjudication)

If device related adverse events, specify:

Did device related serious adverse event occur?

If serious adverse event (SAE) occur, report to regional/national investigator

Yes, specify below No

If serious advice related adverse events, specify:

CRF completed by (name):
