

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

Receiving hospital

- ☐ Södersjukhuset
- ☐ KS Solna
- ☐ Medizinische Universität Wien
- ☐ Medizinischen Universität Graz
- ☐ Universitätsklinikum Freiburg: Uniklinikum
- ☐ Universitätsmedizin Halle
- ☐ Asklepios Südpfalzlinik Kandel
- ☐ Hospital Universitario La Paz
- ☐ Hospital Clinico San Carlos
- ☐ Univerzitetni Klinični Ljubljana
- ☐ Univerzitetni Klinični Maribor
- ☐ Ospedale Policlinico di Milano
- ☐ Erasme Brussels
- ☐ St. Elisabeth Brussels
- ☐ CHU St. Pierre Brussels
- ☐ Krankenhaus der Barmherzigen Brüder, Trier
- ☐ Martha-Maria Hospital, Halle
- ☐ St Elizabeth Hospital, Halle
- ☐ LKH Graz

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:

Thank you for completing the eCRF! If you wish to contact the study team, visit princess2.org/contact

CRF completed by (name):
