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 Südpfalzklinik Kandel
◯ Hospital Universitario La Paz
◯ Hospital Clinico San Carlos
◯ Univerzitetni Klinični Ljubljana
◯ Univerzitetni Klinični Maribor
◯ Ospedale Policlinico di Milano

Comments (optional)

Comments

_____

Device related adverse events

Did device related adverse event or technical issue occur leading to interuption 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):

_____