

**Screen Failure**

<i>Enter all adult patients successfully resuscitated from out of hospital cardiac arrest.</i>			
A01	Screen failure ID <i>Assigned by WebDCU.</i>		
A02	Site <i>Assigned by WebDCU.</i>		
A03	Screening date <i>Date of arrest.</i>	____ - ____ - ____ dd-mmm-yyyy	
A04	Sex	<input type="radio"/> Male <input type="radio"/> Female	
A05	Ethnicity	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Unknown	
A06	Race <i>Check all that apply.</i>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown	
A07	Age	_____	
<b><i>Inclusion criteria</i></b>			
Q02	Age greater than or equal to 18 years	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	
Q03	Coma after resuscitation from out of hospital cardiac arrest <i>Coma is operationally defined as when patient is intubated and is unable to follow commands.</i>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	
Q04	Cooled to less than 34 degrees Celsius within 240 minutes of cardiac arrest <i>Time of cardiac arrest is defined as time of the 911 call or EMS witnessed first arrest.</i>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	
Q05	Definitive temperature control device initiated	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	
Q06	Enrollment within 6 hours of initiation of cooling <i>Enrollment is defined as the time of randomization. Initiation of cooling is defined as the time of initiation of a definitive temperature control device.</i>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	
Q07	Informed consent from LAR including intent to maintain life support for 96 hours	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	
If this is a source document, sign and date:	_____	_____	____ - ____ - ____ <i>dd-mmm-yyyy</i>
	<i>Print name</i>	<i>Signature</i>	

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<b>Exclusion Criteria</b>				
Q08	Hemodynamic instability <i>Defined as systolic blood pressure less than 80 mm Hg refractory to aggressive management.</i>	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Q09	Pre-existing neurological disability or condition that confounds outcome determination	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Q10	Pre-existing terminal illness, unlikely to survive to outcome determination	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Q11	Planned early withdrawal of life support	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Q12	Presumed sepsis as etiology of arrest	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Q13	Prisoner	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown

<b>Screened patient clinical parameters</b>					
B01	Subject alive at hospital discharge	<input type="radio"/> No	<input type="radio"/> Yes		
B02	<i>If B01 is 'Yes'</i>	Discharge location	<input type="radio"/> Home <input type="radio"/> Rehabilitation facility <input type="radio"/> Assisted living facility <input type="radio"/> Skilled nursing facility <input type="radio"/> Long term acute care <input type="radio"/> Hospice <input type="radio"/> Unknown		
B03		Date of hospital discharge	___ - ___ - ___ dd-mmm-yyyy		
B04	<i>If B01 is 'No'</i>	Date of death	___ - ___ - ___ dd-mmm-yyyy		
B05		Met brain death criteria	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
B06	<i>If B05 is 'No'</i>	Withdrawal of life sustaining treatments	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
B07		Initial rhythm for the patient's first out of hospital cardiac arrest	<input type="radio"/> Shockable <input type="radio"/> Non-Shockable <input type="radio"/> Unknown		
B08	<i>If Q05 is 'Yes'</i>	Target temperature used	<input type="radio"/> 33°C <input type="radio"/> 36°C <input type="radio"/> Other <input type="radio"/> Unknown		

General comments			
If this is a source document, sign and date:	_____	_____	___ - ___ - ___ dd-mmm-yyyy
	Print name	Signature	