

**Appendix 1: Out-of-Hospital Cardiac Arrest Variables and Response Options.**

<i>Category</i>	<i>Data Heading</i>	<i>Response Options</i>
<b><i>Demographics</i></b>	Age	
	Sex	
	Nationality	
	Country	
	Presenting Hospital	
	Co-morbidities	
<b><i>Mode of Transportation</i></b>	The patient was brought in by	- Ambulance
		- ALS/Air
		- ALS/Ambulance
		- BLS/Ambulance
		- Carried
		- Helicopter
		- Police
		- Private vehicle
		- Walking
		- Wheelchair
- Other		
<b><i>Incident Information</i></b>	Location Type	- Home/Residence
		- Healthcare Facility
		- EMS/Private ambulance
		- Public/Commercial building
		- Street/Highway
		- Industrial/Workplace
		- Transport centers
		- Nursing home
		- Sport/recreation place
		- Other
<b><i>Patient Information</i></b>	Past medical history	Available on Cerner
	Ability to perform daily activities independently	- Yes
		- No
		- Unknown

***Prehospital Event  
and Resus Info***

-Patient supported by any ventricular assist device	- Yes - No - Unknown
- Patient has internal/external Cardioverter-defibrillator	- Yes - No - Unknown
Estimated time of arrest	- Known (Insert date/time) - Unknown
EMS arrival time	- Known (Insert date/time) - Unknown
Arrest Witnessed by	- Not witnessed - First responder - EMS/Private Ambulance - Bystander (Family/Healthcare Provider/Layperson)
Bystander CPR	- Yes - No - NA
Bystander AED Applied	- Yes - No - NA
First CPR initiated by	- No CPR initiated - First responder - Ambulance Crew - Bystander (Family/Healthcare provider/Layperson)
Date & Time of CPR Started by EMS/Private ambulance	Specify date DD-MM-YYYY specify time HH (24-hour format)
Resuscitation Attempted by EMS	- Yes - No
First Arrest Rhythm	- VF - VT - Asystole - PEA - Unknown

Prehospital defibrillation	- Yes (Insert time of the first shock, number of shocks) - No - Unknown
Defibrillation performed by	- NA - First responder - Ambulance crew - Bystander (Family/Healthcare provider/Layperson)
Mechanical CPR device used by EMS/private ambulance	- Yes - No
Prehospital advanced airway	- Yes (Specify ETT/Surgical airway/SGAD) - No
Prehospital drug administration	- Yes - No _If yes specify the drug (Epinephrine/Amiodarone/Bicarbonate/Lidocaine/Dextrose/Other) Specify the number of Epi given.
ROSC at Scene/En-route	- Yes - No
CPR discontinued at the scene	-Yes -No -If yes, specify the reason (DNAR, Medical control order, ROSC, Obvious signs of death)
<b><i>EMS Disposition</i></b> Final Status at the scene	- Conveyed to ED - Pronounced dead at the scene
Cause of Arrest	- Trauma - non-Trauma If non-trauma, please specify (Presumed cardiac aetiology/Electrocution/Drug overdose/Respiratory/Asphyxia/Drowning/Other)
Patient Status at ED	Ongoing resuscitation ROSC Brought in dead

**ED Resuscitation  
Information**

Patient Status on arrival at ED	- Insert Date/Time on arrival at ED - Pulse: Yes/No - Breathing: Yes/No
Cardiac rhythm on arrival at ED	- VF - VT - Bradycardia - Asystole - PEA - Sinus/Other perfusing rhythm
ED defibrillation performed	- Yes (Insert number of shocks) - No
Mechanical CPR device used	- Yes - No
Advanced airway	- Yes (ETT/Surgical airway/SGAD) - No
Vascular access type	- IV - IO - Central line - Endotracheal
Drug administration	- Yes - No If yes Specify drugs (Epinephrine/Amiodarone/Bicarbonate/Lidocaine/Dextrose/Other) Specify times of Epi given
Arterial Line	- Yes - No
VBG/ABG during resuscitation	- Yes - No
POCUS during Resuscitation	- Yes (Specify findings) - No
ROSC	- Yes - No
ECMO therapy initiated	- Yes - No
PCI Activated Score	Specify

***Outcome Data***

Coronary reperfusion attempted	- Yes (Thrombolysis/PCI/CABG) - No
Cause of arrest	- Trauma - Non-trauma (Presumed cardiac aetiology/Respiratory/Asphyxia/Electrocution/Drowning/Drug overdose/Other)
Outcome of patient	- Admitted (ICU/CCU/Other) - Died in ED - Transferred to another hospital - Died in hospital (Insert time of death, cause of death, resuscitation status) - Survived and discharged from hospital
Discharge Destination	Specify
Neurological status at discharge	Specify (CEREBRAL PERFORMANCE SCORE)
Length of stay in ICU	Specify (Hours)
Total length of stay in hospital	Specify (Hours)
Neurological status at three months	Specify (CEREBRAL PERFORMANCE SCORE)