

The JAAM-OHCA Registry Case Sheet 1 (FAX-OCR)

※ Example of description 0123456789



Basic information

Hospital number Hospital name

<Patient information> **Mandatory**

Male Female Age Range 0-130 Estimated age

<Time information> (Must confirm the EMS call time) **Mandatory**

Call time (EMS)	2	0	1	Year	Month	Day	Hour	Min
Hospital arrival time	2	0	Year	Month	Day	Hour	Min	

(Must fill out the physician-contact time when physicians got in ambulance or helicopter)

<Inclusion criteria (Whole)> **Mandatory**

1. Out-of-hospital cardiac arrest	<input type="checkbox"/>	<i>No</i>	<input type="checkbox"/>	<i>Yes</i>
2. Resuscitated by EMS personnel and transported to a hospital	<input type="checkbox"/>	<i>No</i>	<input type="checkbox"/>	<i>Yes</i>
3. Defibrillated by bystanders and transported to a hospital	<input type="checkbox"/>	<i>No</i>	<input type="checkbox"/>	<i>Yes</i>
4. Resuscitated by physicians in a hospital	<input type="checkbox"/>	<i>No</i>	<input type="checkbox"/>	<i>Yes</i>

<Disagreement of the patient>

No *Yes* (Must check if the patient or his/her family members stated the disagreement for this study)

<Comments>

Records after hospital arrival

<Departure of ambulance or helicopter with physicians> **Mandatory**

No
 Yes Hospital arrival time Year Month Day Hour Min

<Patient's conditions after hospital arrival (or after contact of physicians in ambulance or helicopter)> **Mandatory**

●ROSC after hospital arrival (or after contact of physicians in ambulance or helicopter)

No E 1 V 1 M 1
 ROSC after hospital arrival
 Time of ROSC after hospital arrival (or after contact of physicians)
 Year Month Day Hour Min

Consciousness at the time of ROSC

E 1~4 V 1~5 M 1~6

The patient already got ROSC at hospital arrival (or at contact of physicians)

Consciousness when the patient already got ROSC E 1~4 V 1~5 M 1~6

●First documented rhythm after hospital arrival (or after contact of physicians) **Mandatory**

<input type="checkbox"/> <i>VF</i>	<input type="checkbox"/> <i>Pulseless VT</i>	<input type="checkbox"/> <i>PEA</i>
<input type="checkbox"/> <i>Asystole</i>	<input type="checkbox"/> <i>Presence of pulse</i>	<input type="checkbox"/> <i>Symptomatic bradycardia</i> <i>(only in children aged 0-17 years)</i>

●Body temperature at hospital arrival or contact of physician. (Range: 0.0-50.0)

Unmeasurable Measurable °C (Tympanum Rectum Bladder Axilla Other)

Supplemental Figure 1B

The JAAM-OHCA Registry Case Sheet 2 (FAX-OCR)

Hospital number												<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Call time (EMS)	2	0	1	Year	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Hour	<input type="text"/>	<input type="text"/>	Min						

<Procedures after hospital arrival>

●Defibrillation (after hospital arrival or contact of physicians in ambulance or helicopter) **Mandatory**

No Yes

●Intubation (after hospital arrival or contact of physicians in ambulance or helicopter) **Mandatory**

No Yes Intubated by EMS in pre-hospital settings

●ECPR (ECLS/ECMO/PCPS) **Mandatory**

No Yes (Timing of pumping initiation Before first ROSC After first ROSC)

Time of pumping initiation

2	0	<input type="text"/>	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Hour	<input type="text"/>	<input type="text"/>	Min
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●IABP **Mandatory**

No Yes

●CAG **Mandatory**

No Yes (Occlusion or stenosis of coronary artery (more than 75%) No Yes)

●PCI **Mandatory**

No Yes (Re-perfusion Yes No (Could not do re-perfusion))

Time of re-perfusion by PCI

2	0	<input type="text"/>	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Hour	<input type="text"/>	<input type="text"/>	Min
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●Target temperature management **※ Mandatory about No or Yes**

No Yes

Target or maintenance temperature 32°C 33°C 34°C 35°C 36°C

Time of temperature management initiation

2	0	<input type="text"/>	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Hour	<input type="text"/>	<input type="text"/>	Min
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Time of achievement of target (maintenance) temperature

2	0	<input type="text"/>	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Hour	<input type="text"/>	<input type="text"/>	Min
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Time of rewarming initiation

2	0	<input type="text"/>	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Hour	<input type="text"/>	<input type="text"/>	Min
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Time of achievement of 36°C (if 32-34°C was target (maintenance) temperature)

2	0	<input type="text"/>	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Hour	<input type="text"/>	<input type="text"/>	Min
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Achievement of temperature management Success Failure

Manner of temperature management (Multiple choice)

Stomach perfusion	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Body surface cooling (including water-cooled body surface pad system)	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	
Intravenous injection of cooling fluid	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Intravascular cooling system	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	
Extracorporeal circulation-heat exchanger	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes						
Other	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes ()

<Drug use during cardiac arrest>

●Adrenaline

No Yes

●Amiodarone

No Yes

●Nifekalant

No Yes

●Lidocaine

No Yes

●Atropin

No Yes

●Magnesium

No Yes

●Vasopressin

No Yes

Supplemental Figure 1C

The JAAM-OHCA Registry Case Sheet 3 (FAX-OCR)

Hospital number												
Call time (EMS)	2	0	1		Year			Month		Day	Hour	Min

<Laboratory data>

Time of blood sampling (before first ROSC)	2	0		Year			Month		Day	Hour	Min
Time of blood sampling (after first ROSC)	2	0		Year			Month		Day	Hour	Min

Blood gas	Before first ROSC	After first ROSC						
PaCO2 (mmHg)		 Range 10.0~200.0
PaO2 (mmHg)		 Range 1.0~600.0
BE (mEq/l)		 Range -40.0~30.0
pH	 Range 1.00~9.00
Lac		 Range 0.0~200.0
Glu (mg/dl)								... Range 0~2000
HCO3 (mEq/l)		 Range 1.0~100.0

<Cause of CPA> **Mandatory**

Cardiac (ACS Other heart disease Unknown (Estimated cardiac))
 Non-cardiac ※Presumed cardiac cause is a diagnosis by exclusion.
 Cerebrovascular disease
 Respiratory disease
 Malignant tumor
 External (Traffic injury Fall Hanging Drowning Asphyxia Drug overuse Unknown)
 Other SIDS (only in children aged 0-17 years)

<12-lead ECG after ROSC> **Mandatory**

Unadministrated (including no ROSC) Administrated (ST-elevation Yes No)

<Condition after hospital arrival> **Mandatory**

ICU/ward Death at the ED
 Time of resuscitation effort cessation

2	0		Year			Month		Day	Hour	Min
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 Time of death certificate

2	0		Year			Month		Day	Hour	Min
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<One-month (30-days) survival> **Mandatory**

No Yes (Hospitalized Discharge to survival)

<CPC at one-month (30-days) after OHCA> **Mandatory** (only in adults aged >=18 years)

(CPC: 1 good 2 moderate 3 severe 4 vegetative 5 death)

1 2 3 4 5

<PCPC at one-month (30-days) after OHCA> **Mandatory** (only in children aged 0-17 years)

(CPC: 1 good 2 mild 3 moderate 4 severe 5 vegetative 6 death)

1 2 3 4 5 6