

Supplemental Material

American Heart Association Get With the Guidelines – Resuscitation (formerly National Registry of Cardiopulmonary Resuscitation) Investigators:

Besides the authors Paul S. Chan, MD, MSc, members of the Get With The Guidelines-Resuscitation Clinical Work Group and Adult Task Force include:

Anne Grossestreuer PhD, Beth Israel Deaconess Medical Center

Ari Moskowitz MD, Harvard Medical School

Dana Edelson MD MS, University of Chicago Medicine

Joseph Ornato MD, Virginia Commonwealth University Health System

Katherine Berg MD, Beth Israel Deaconess Medical Center/Harvard Medical School

Mary Ann Peberdy MD, Virginia Commonwealth University Medical Center

Matthew Churpek MD MPH PhD, University of Chicago Medicine

Michael Kurz MD MS-HES, University of Alabama school of Medicine

Monique Anderson Starks MD MHS, Duke University School of Medicine

Saket Girotra MBBS SM, University of Iowa Carver College of Medicine

Sarah Perman MD MSCE, University of Colorado School of Medicine

Zachary Goldberger MD MS, University of Washington School of Medicine

Table S1. Patient characteristics by ROSC status.

	ROSC (n = 59,754)	Died (n = 22,975)	P Value
<i>Demographics</i>			
Age, Mean \pm SD	64.7 \pm 15.4	66.6 \pm 15.9	<0.001
Age			< 0.001
18 to <50	9124 (15.3%)	3176 (13.8%)	
50 to 59	10626 (17.8%)	3534 (15.4%)	
60 to 69	15566 (26.1%)	5540 (24.1%)	
70 to 79	14289 (23.9%)	5536 (24.1%)	
80 to 89	10149 (17.0%)	5189 (22.6%)	
\geq 90			
Male sex	34,804 (58.3%)	13,604 (59.2%)	0.01
Race			0.01
White	40,497 (67.8%)	15,543 (67.7%)	
Black	13,766 (23.0%)	5174 (22.5%)	
Other	1438 (2.4%)	558 (2.4%)	
Unknown	4053 (6.8%)	1700 (7.4%)	
<i>Characteristics of arrest</i>			
Cardiac arrest rhythm			< 0.001
Asystole	14,476 (24.2%)	7228 (31.5%)	
Pulseless electrical activity	33,788 (56.5%)	13,110 (57.1%)	
Ventricular fibrillation	6382 (10.7%)	1536 (6.7%)	
Pulseless ventricular tachycardia	5108 (8.5%)	1101 (4.8%)	
Hospital Location			< 0.001
Intensive care unit	29,210 (48.9%)	11,170 (48.6%)	
Monitored unit	9328 (15.6%)	3122 (13.6%)	
Non-Monitored unit	8206 (13.7%)	4081 (17.8%)	
Emergency room	6979 (11.7%)	2772 (12.1%)	

Procedural or surgical area	5012 (8.4%)	1393 (6.1%)	
Other	1019 (1.7%)	437 (1.9%)	
<i>Pre-Existing Conditions</i>			
Respiratory insufficiency	28,470 (47.6%)	10,236 (44.6%)	<0.001
Renal insufficiency	22,041 (36.9%)	8026 (34.9%)	<0.001
Diabetes mellitus	21,162 (35.4%)	7168 (31.2%)	<0.001
Hypotension	15,818 (26.5%)	6016 (26.2%)	0.40
Heart failure this admission	9153 (15.3%)	3069 (13.4%)	<0.001
Prior heart failure	13,533 (22.6%)	4938 (21.5%)	<0.001
Myocardial infarction this admission	8763 (14.7%)	3082 (13.4%)	<0.001
Prior myocardial infarction	8212 (13.7%)	3024 (13.2%)	0.03
Metabolic or electrolyte abnormality	14,355 (24.0%)	4972 (21.6%)	<0.001
Sepsis	11,272 (18.9%)	4278 (18.6%)	0.42
Pneumonia	8611 (14.4%)	3127 (13.6%)	0.003
Metastatic or hematologic malignancy	6135 (10.3%)	2759 (12.0%)	<0.001
Hepatic insufficiency	5004 (8.4%)	1773 (7.7%)	0.002
Baseline depression in CNS function	4437 (7.4%)	1602 (7.0%)	0.02
Acute CNS non-stroke event	4513 (7.6%)	1440 (6.3%)	<0.001
Acute stroke	2366 (4.0%)	949 (4.1%)	0.26
Major trauma	2803 (4.7%)	1173 (5.1%)	0.01
<i>Interventions in Place</i>			
Mechanical ventilation	14,351 (24.0%)	5744 (25.0%)	0.003
Continuous intravenous vasopressor	13,707 (22.9%)	6142 (26.7%)	< 0.001
Dialysis	1674 (2.8%)	598 (2.6%)	0.12

CNS, central nervous system; SD, standard deviation

Table S2. Definitions of Select Variables in Models.

Myocardial infarction -- Documented diagnosis of acute coronary syndrome or myocardial infarction.

Heart failure -- Documented diagnosis of congestive heart failure.

Renal insufficiency – Evidence for any of the following within 24 hours of cardiac arrest:

- Requirement for ongoing dialysis or extracorporeal filtration therapies.
- Serum creatinine > 2 mg/dL

Hepatic insufficiency – Evidence for any of the following within 24 hours of cardiac arrest:

- Total bilirubin > 2 mg/dL and AST > 2x normal
- Cirrhosis

Hypotension – Evidence for any of the following within 24 hours of cardiac arrest:

- SBP < 90 or MAP < 60 mmHg.
- Vasopressor/inotropic requirement after volume expansion (except for dopamine \leq 3 mcg/kg/min).
- Intra-aortic balloon pump

Septicemia -- Documented bloodstream infection where antibiotics have not yet been started or the infection is still being treated with antibiotics.

Acute stroke -- Documented diagnosis of an intracranial/intraventricular hemorrhage or thrombosis during the index admission prior to cardiac arrest.

Diabetes mellitus -- Documented diagnosis of either Type I or Type II diabetes mellitus.

Metabolic / electrolyte abnormality -- Evidence for any of the following within 24 hours of cardiac arrest:

- Sodium < 125 or > 150 mEq/L
- Potassium < 2.5 or > 6 mEq/L
- pH < 7.3 or > 7.5, arterial
- Lactate > 2.5 mmol/L,
- Blood glucose < 60 mg/dL

Metastatic or hematologic malignancy – Documentation of any solid tissue malignancy with evidence of metastasis, or any blood borne malignancy.

Major trauma -- Evidence of multi-system injury or single system injury associated with shock or altered mental status during the index hospitalization prior to cardiac arrest.

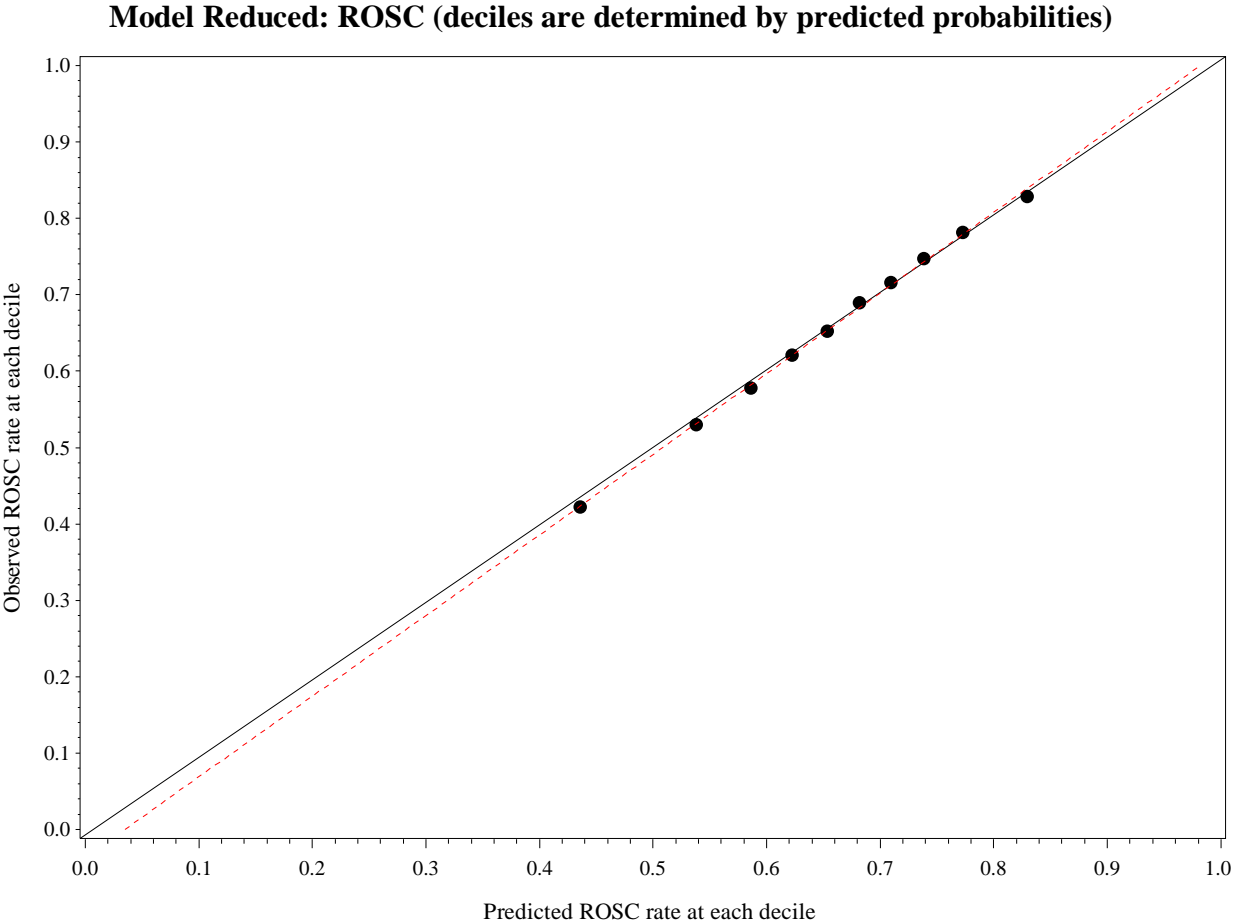
Mechanical ventilation – Requirement for assisted ventilation via an endotracheal tube or tracheostomy within 24 hours of cardiac arrest.

Dialysis – Requirement for hemodialysis, peritoneal dialysis, or continuous arteriovenous or veno-venous hemofiltration/dialysis prior to the time of the cardiac arrest

Continuous intravenous vasopressor -- Continuous intravenous infusion of at least one of the following vasoactive agents at the time of cardiac arrest:

- Dobutamine
- Dopamine > 3 mcg/kg/min
- Epinephrine
- Norepinephrine
- Phenylephrine
- Other Vasoactive Agent

Figure S1. Calibration Plot of Reduced ROSC Model in Validation Cohort.



Model had an R^2 of 0.99, suggesting excellent fit in the validation cohort.