The current temperature: a survey of post-resuscitation management across Australian intensive care units.

Questions:

1. Metropolitan/rural location
2. Hospital type (academic, non- academic)
3. Number of ICU beds
4. Do you admit comatose patients resuscitated from cardiac arrest?(Yes or No)
5. Do you have a post-cardiac arrest clinical guideline? YES/NO

   In post-arrest care:

   a. Do you have pre-defined targets for MAP? YES/NO
   b. Do you have pre-defined targets for pC02? YES/NO
   c. Do you have pre-defined targets for p02? YES/NO
   d. Do you have pre-defined targets for glucose? YES/NO
6. Is Targeted Temperature Management (TTM) currently in use for cardiac arrest cases?

   YES:

   a. Is there currently a guideline or policy for the provision of TTM?
   b. What is the target temperature range currently used in your unit?
   c. For what duration is TTM prescribed?
   d. f. Is TTM use restricted? Who gets treated?
   e. g. To your knowledge is TTM commenced pre-ICU in your hospital? (Yes or No)
   f. h. How is cooling initiated (*tick all that apply*)?
      - Ice packs,
      - ii. Cooling blankets,
      - iii. Cold saline,
      - iv. Endovascular,
      - v. Lavage,
      - vi. Combination therapy
      - vii. Other- please describe
      - viii. Specific device- please describe
   g. How is TTM maintained?
      - Ice packs,
      - ii. Cooling blankets,
      - iii. Cold saline,
      - iv. Endovascular,
      - v. Lavage,
      - vi. Combination therapy
      - vii. Other- please describe
      - viii. Specific device- please describe

   NO:

   a. Are any of the following relevant to why is TTM not currently used for cardiac arrest patients in your ICU?
      - Absence of national protocol
      - Lack of staff resources
      - Lack of equipment
      - Technically too difficult to implement
      - Care of patients too complex
      - Lack of expertise
      - Insufficient evidence
      - Concerns about side effects
      - Treatment is futile as prognosis is poor

   b. Are there any other reasons TTM is not used post cardiac arrest in your ICU?
   d. Do you plan to implement TTM for cardiac arrest patients in the next 12-months?
   e. Are suitable cardiac arrest patients transferred to hospitals offering TTM to receive treatment?
   f. Do you think TTM is a beneficial treatment in cardiac arrest? If no, why not?
   g. Would you use TTM if a standardised protocol was developed?

7. Do you have any concerns with the current level of evidence for TTM post cardiac arrest? Yes or No (describe)
8. Does you hospital have cardiology services? None/24-hours/Monday-Friday working hours/transfer to another hospital/other:
9. Does you hospital have PCI? 24-hours/none/other:
10. Do you follow a protocol for prognostication and withdrawal of treatment? (Yes or No)
11. Do you use electroencephalography (EEG), or somatosensory evoked potentials (SSEP)?
    a. Continuous EEG for patients on NM blockers
    b. Intermittent EEG for all sedated patients
    c. EEG for prognostication
    d. SSEP for prognostication