

**Out of Hospital Cardiac Arrest Audit Form**  
(Please complete a form for all OHCA arriving in the ED)

Audit Number: NNNNN  
(please do not fill)

<div style="border: 1px dashed gray; padding: 10px; min-height: 100px; position: relative;"><span style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); opacity: 0.3; font-size: 2em;">Patient Label Here</span><p>Patient name:</p><p>Patient date of birth:</p><p>ED number:</p></div> <div style="margin-top: 10px;"><p>Treating hospital: <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></span></p><p>EP involved in resuscitation <span style="border: 1px solid black; padding: 2px 5px;">ED Consultant</span></p></div>	<table style="width: 100%;"><tr><td style="width: 30%;">Date of OHCA</td><td><span style="border: 1px solid black; padding: 2px 10px;">DD/MM/YY</span></td></tr><tr><td>Time of OHCA (or time found)</td><td><span style="border: 1px solid black; padding: 2px 10px;">HH:MM hrs</span></td></tr><tr><td>Witnessed Arrest?</td><td><span style="border: 1px solid black; padding: 2px 5px;">Yes</span> <span style="border: 1px solid black; padding: 2px 5px;">No</span> <span style="border: 1px solid black; padding: 2px 5px;">don't know</span></td></tr><tr><td>Was there bystander CPR?</td><td><span style="border: 1px solid black; padding: 2px 5px;">Yes</span> <span style="border: 1px solid black; padding: 2px 5px;">No</span> <span style="border: 1px solid black; padding: 2px 5px;">don't know</span></td></tr><tr><td>Time of arrival in ED</td><td><span style="border: 1px solid black; padding: 2px 10px;">HH:MM hrs</span></td></tr><tr><td>First recorded rhythm</td><td><span style="border: 1px solid black; padding: 2px 10px;">VF/VT</span> <span style="border: 1px solid black; padding: 2px 10px;">PEA</span> <span style="border: 1px solid black; padding: 2px 10px;">ASYS</span></td></tr><tr><td>Time of first ROSC</td><td><span style="border: 1px solid black; padding: 2px 10px;">HH:MM</span> <span style="border: 1px solid black; padding: 2px 10px;">No ROSC</span></td></tr></table>	Date of OHCA	<span style="border: 1px solid black; padding: 2px 10px;">DD/MM/YY</span>	Time of OHCA (or time found)	<span style="border: 1px solid black; padding: 2px 10px;">HH:MM hrs</span>	Witnessed Arrest?	<span style="border: 1px solid black; padding: 2px 5px;">Yes</span> <span style="border: 1px solid black; padding: 2px 5px;">No</span> <span style="border: 1px solid black; padding: 2px 5px;">don't know</span>	Was there bystander CPR?	<span style="border: 1px solid black; padding: 2px 5px;">Yes</span> <span style="border: 1px solid black; padding: 2px 5px;">No</span> <span style="border: 1px solid black; padding: 2px 5px;">don't know</span>	Time of arrival in ED	<span style="border: 1px solid black; padding: 2px 10px;">HH:MM hrs</span>	First recorded rhythm	<span style="border: 1px solid black; padding: 2px 10px;">VF/VT</span> <span style="border: 1px solid black; padding: 2px 10px;">PEA</span> <span style="border: 1px solid black; padding: 2px 10px;">ASYS</span>	Time of first ROSC	<span style="border: 1px solid black; padding: 2px 10px;">HH:MM</span> <span style="border: 1px solid black; padding: 2px 10px;">No ROSC</span>
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**Consider targeted temperature management (TTM) in all patients after OHCA, irrespective of initial cardiac rhythm**

<p><b>TTM:</b></p> <ul style="list-style-type: none"><li>Comatose patient (GCS &lt;9) after return of spontaneous circulation (ROSC). <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span></li><li>Intubated and ventilated. <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span></li></ul>	<p><b>Don't start TTM on patients if:</b></p> <ul style="list-style-type: none"><li>Patients inappropriate for Critical Care. <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span></li><li>Suspected traumatic cause for OHCA. <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span></li><li>Pregnancy confirmed. <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span></li><li>Hypothermic OHCA. <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span></li><li>Severe coagulopathy with bleeding. <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span></li></ul>
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Emergency Department Cooling Protocol

```
graph TD
    A{Eligible for TTM} -- n --> B((Do not cool.))
    A -- y --> C[Insert Oesophageal probe  
confirm position with CXR  
Record core temp]
    C --> D{core temp > 38°C?}
    D -- n --> E[Remove any pads]
    D -- y --> F[Place EMCOOLS pads if  
none already in place:  
use a total of 1 pad per  
10kg patient weight]
    F --> G[Continuously monitor core temp]
    E --> H{core temp < 35°C?}
    H -- y --> I[Passively rewarm to 36°C  
Aim for 0.5°C/hr]
    H -- n --> G
    I --> G
```

Temp. recorder number: NNN

Time TTM **started**: HH:MM hrs

Initial core temperature: NN °C

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Patient discharged to:

CT	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	Cardiology	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	Other	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>
ICU	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	Mortuary	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	

front

back

Please note location of pads by shading the above diagram

please leave oesophageal temperature probe and recorder in situ until rewarming complete

Please leave oesophageal probe in situ until rewarming complete

# Cardiac Arrest Audit Form

(Please complete a form for all post CA patients in ICU)

Audit Number:  
(please do not fill)

NNNNN

Patient name:

Patient date of birth:

CHI Number:

Date of arrival on ICU:

DD/MM/YY

Time of arrival on ICU:

HH:MM hrs

Time ICU TTM started:

HH:MM hrs

Initial Core Temperature in ICU:

NN °C

Temp. logger box number:

1NNN

2NNN

Treating hospital:

Date and time logger changed:

DD/MM/YY

HH:MM

**Aim is**

- 1) Target Temperature of 36°C within 4 hrs of ROSC (Cool quickly, Warm slowly),
- 2) MAINTAIN 36°C for 24 hrs, Preferably use Arctic Sun with counter-warming
- 3) REWARM SLOWLY to 37°C over 8-10 hrs,
- 4) MAINTAIN at 37°C for 36 hrs

Please record times and temperatures below:

Time when T of 36°C reached: HH:MM hrs DD/MM/YY

Time when T of 37°C reached: HH:MM hrs DD/MM/YY

Time when T of 37°C maintenance complete: HH:MM hrs DD/MM/YY

Temp at ROSC + 72 hours: NN °C

Also pay close attention to:

- PaO2 ≥ 10-12kPa, PaCO2 4.5-5.5kPa
- MAP 65-85mmHg
- BM<10mmol/l. Introduce NG feed early
- Keep 30° head up, avoid straining/coughing.
- Avoid prolonged muscle relaxation.

Pyrexia >38°C - MUST be avoided

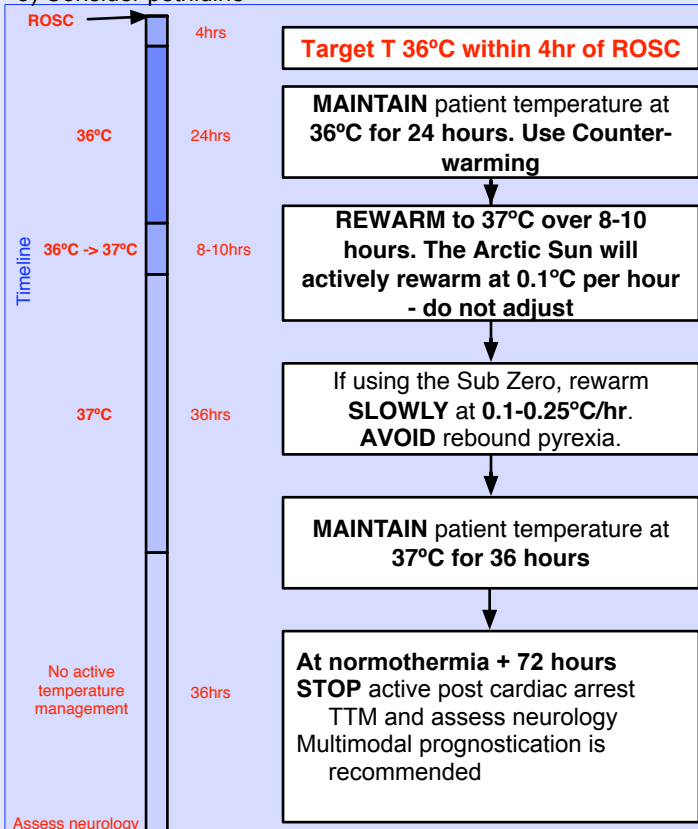
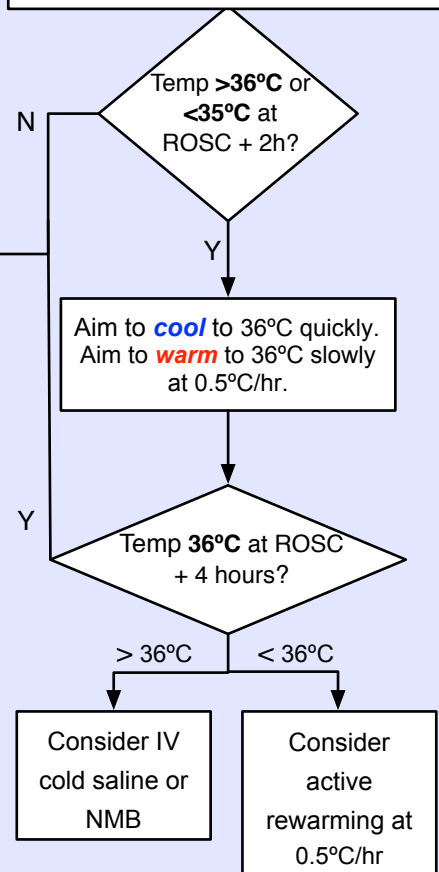
Shivering - Counter warming must be used

- 1) Bolus/Increase sedation
- 2) Bolus NMB drug
- 3) Further bolus NMB drug
- 4) Infusion of NMB drug (*this may mask early seizures*)
- 5) Consider pethidine

TTM method

Arctic Sun ☐  
Sub Zero ☐

On arrival in ICU, remove any cooling pads and apply **Arctic Sun** (OR **Sub-Zero** blanket). **TARGET 36°C**



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Patient date of birth:

CHI Number:

Treating hospital:

Current Prognostication Algorithm

Prognostication in comatose survivors of cardiac arrest: An advisory statement from the European Resuscitation Council and the European Society of Intensive Care Medicine

Intensive Care Med (2014) 40:1816–1831

NB This is a guideline not a protocol. This does not take into account the patient’s expressed or known wishes and beliefs, their co-morbidities or their pre-existing physiological reserve. Decision making should be individual based, taking into account all these factors, and this algorithm will not be applicable to all patinets.

