Paros_EGDT_Hypothermia (ver.20130614)

As we know, both of EGDT and therapeutic hypothermia are essential for critical care nowadays.
EGDT can greatly reduce the mortality rate of patients in septic shock.
Hypothermia is a part of chain of survival in ACLS.
However, the actual practice rate might be low in the emergency department worldwide.
We therefore make this questionnaire to clarify the difficulty in the current situation.

Thanks for your completing this questionnaire.

* Required

Basic demographic data

1. **Name** *

   .....

2. **Hospital** *

   .....

3. **City** *

   .....

4. **Nation** *

   .....

5. **Position/Post** *

   .....

6. **Hospital type** *
   Mark only one oval.

   - ◯ Tertiary academic hospital
   - ◯ Referral hospital
   - ◯ Community hospital
   - ◯ Other: .....

7. **Hospital size** *
   Mark only one oval.

   - ◯ up to 250 beds
   - ◯ 251–500 beds
   - ◯ 501–750 beds
   - ◯ 751–1000 beds
   - ◯ More than 1000 beds

8. **Level of training** *
   Mark only one oval.

   - ◯ Attending
   - ◯ Fellow
   - ◯ Resident

9. **Field of practice** *
   Mark only one oval.

   - ◯ Emergency medicine
   - ◯ Critical care
   - ◯ CardiologyResident
   - ◯ Internal medicine
   - ◯ Other: .....

ED profiles

Estimated case amount of OHCA/sepsis/ACS/CVA

10. *
    Mark only one oval per row.

	<5	5-10	>10
OHCA patients treated per month	◯	◯	◯
Sepsis patients treated per month	◯	◯	◯
ACS patients treated per month	◯	◯	◯
CVA patients treated per month	◯	◯	◯

The rate of adherence to guideline

11. **OHCA patient underwent Hypothermia** *
_____% (_____/_____ per year)

12. **Septic patient underwent EGDT** *
_____% (_____/_____ per year)

13. **Patient of ischemic stroke underwent rt-PA** *
_____% (_____/_____ per year)

14. **Patient of ACS underwent primary PCI or thromlytic therapy** *
_____% (_____/_____ per year)

15. **Patient amount, with the Triage acuity 1 & 2** *
Mark only one oval.

- ◯ <3000
- ◯ 3000-4000
- ◯ >4000
- ◯ Other: _____

Physicians (attending, resident) / dayshift, nightshift

16. **the numbers of attendings** *
(dayshift / nightshift)

17. **the numbers of residents** *
(dayshift / nightshift)

18. **the numbers of nurses** *
(dayshift / nightshift)

19. **Critical care space designated** *
Mark only one oval.

- Yes
- No

20. **Doctors or nurses specially assigned for critical ills (dayshift, nightshift)** *
Mark only one oval.

- Yes
- No

21. **Measures of therapeutic hypothermia** *
Mark only one oval.

- Yes
- No

22. **Measures of early goal-directed therapy** *
Mark only one oval.

- Yes
- No

23. **Location designated for initial TH and/or EGDT** *
Mark only one oval.

- ED
- ICU

Emergency department crowded index

We will calculate for crowded index like EDWIN, NEDOCS, READI and The Emergency Department Occupancy Rate. So we need the information as below
(Please fulfill “zero” to triage score 5 if not 5 level Triage)

24. **the number of patients of triage score 1 (per day)** *

.....

25. **the number of patients of triage score 2 (per day)** *

.....

26. **the number of patients of triage score 3 (per day)** *

.....

27. **the number of patients of triage score 4 (per day)** *

.....

28. **the number of patients of triage score 5 (per day)** *

.....

29. **the total number of beds or treatment bays available in the ED (per day)** *
(Bt)

.....

30. **the number of admitted patients (holds) in the ED at time (per day)** *
(Bt)

.....

31. **The total number of hospital beds** *

.....

32. **The number of total patients at the time the score was taken** *

.....

33. **The number of holdovers/admits at the time of the score** *

.....

34. **The number of patients on ventilators in the ED at the time of the score** *

.....

35. **The longest holdover/admit at the time of the score(in hours)** *

.....

36. **Wait time for the last patient called for a bed at the time of the score (in hours)** *

.....

37. **number of patients in ED (per day)** *

.....

38. **predicted arrivals (per day)** *

.....

39. **predicted departures (per day)** *

.....

40. **Σ(patients seen hourly by each physician)** *

.....

41. **Sustained ROSC rate or Sustained ROSC to ICU rate** *
Mark only one oval.

- ◯ <10%
- ◯ 10-30%
- ◯ 30-50%
- ◯ 50-70%
- ◯ >70%

42. **Survival-to-discharge rate** *
Mark only one oval.

- ◯ <10%
- ◯ 10-30%
- ◯ 30-50%
- ◯ 50-70%
- ◯ >70%

43. **Other available measures for resuscitation** *
Check all that apply.

- ☐ Primary PCI
- ☐ Thrombolytic therapy for ischemic stroke
- ☐ ECMO

Barriers to guidelines

44. **Do you know the concepts of therapeutic hypothermia and/or EGDT?** *
Mark only one oval.

- ◯ Yes
- ◯ No

45. **Do you accept the concepts of therapeutic hypothermia and/or EGDT?** *
Mark only one oval.

- ◯ Yes
- ◯ No

46. **Does your department have protolcs for hypothermia and/or EGDT?** *
Mark only one oval.

- ◯ Yes
- ◯ No

47. **Are there any barriers when you perform the TH and/or EGDT?** *
Check all that apply.

- ☐ Lack of capacity/equipment
- ☐ ED overcrowding / no available doctors
- ☐ Lack of support from nursing staff
- ☐ Lack of written protocols
- ☐ Technically difficult
- ☐ Patients refuse
- ☐ Other: .....