

TARGETED TEMPERATURE MANAGEMENT (TTM)

Case Number

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Targeted Temperature Management (TTM): Demographics

#1	Age	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Days		
			<input type="checkbox"/> Months		
			<input type="checkbox"/> Years		
#2	Gender	<input type="checkbox"/> ₁ Male	<input type="checkbox"/> ₂ Female		
#3	Race	<input type="checkbox"/> ₁ Chinese	<input type="checkbox"/> ₂ Malay	<input type="checkbox"/> ₃ Indian	<input type="checkbox"/> ₄ Eurasian <input type="checkbox"/> ₅ Other
#4	Medical history	<input type="radio"/> ₁ No	<input type="radio"/> ₂ Unknown	<input type="radio"/> ₃ Heart disease	
		<input type="radio"/> ₄ Diabetes	<input type="radio"/> ₅ Cancer	<input type="radio"/> ₆ Hypertension	
		<input type="radio"/> ₇ Renal disease	<input type="radio"/> ₈ Respiratory disease	<input type="radio"/> ₉ Hyperlipidemia	
		<input type="radio"/> ₁₀ Stroke	<input type="radio"/> ₁₁ HIV	<input type="radio"/> ₁₂ Other	
#5	Type of patient	<input type="checkbox"/> ₁ Out-of-hospital cardiac arrest	<input type="checkbox"/> ₂ In-hospital cardiac arrest	<input type="checkbox"/> ₃ Transferred from _____	

Targeted Temperature Management (TTM): Event Information

#6	Date of arrest	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(dd/mm/yyyy)	
	Estimated time of arrest	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(hh:mm:ss)	
#7	Arrest location type	<input type="checkbox"/> ₁ Home residence	<input type="checkbox"/> ₂ Healthcare facility	<input type="checkbox"/> ₃ Public/Commercial building
		<input type="checkbox"/> ₄ Nursing home	<input type="checkbox"/> ₅ Street/Highway	<input type="checkbox"/> ₆ Industrial place
		<input type="checkbox"/> ₇ Transport center	<input type="checkbox"/> ₈ Place of recreation	<input type="checkbox"/> ₉ In EMS/Private ambulance
		<input type="checkbox"/> ₁₀ In-hospital (ED/ICU/Ward/Others)		
		<input type="checkbox"/> ₁₁ Other, specify _____		

#8 Arrest witnessed by	<input type="checkbox"/> ₁ Not witnessed	<input type="checkbox"/> ₂ EMS/Private ambulance										
	<input type="checkbox"/> ₃ Bystander - healthcare provider	<input type="checkbox"/> ₄ Bystander - lay person										
	<input type="checkbox"/> ₅ Bystander - family	<input type="checkbox"/> ₆ Hospital Staff										
#9 Who initiated CPR	<input type="checkbox"/> ₁ No CPR initiated	<input type="checkbox"/> ₂ EMS/Private Ambulance										
	<input type="checkbox"/> ₃ Bystander - healthcare provider	<input type="checkbox"/> ₄ Bystander - lay person										
	<input type="checkbox"/> ₅ Bystander - family	<input type="checkbox"/> ₆ Hospital Staff										
#10 First arrest rhythm	<input type="checkbox"/> ₁ VF	<input type="checkbox"/> ₂ VT	<input type="checkbox"/> ₃ PEA	<input type="checkbox"/> ₄ Asystole								
	<input type="checkbox"/> ₅ Unknown <i>shockable</i> rhythm	<input type="checkbox"/> ₆ Unknown <i>unshockable</i> rhythm										
	<input type="checkbox"/> ₇ Unknown											
#11 Any defibrillation	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No										
#12 Date return of spontaneous circulation	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> (dd/mm/yyyy)											
#13 Time sustained return of spontaneous circulation	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> (hh:mm:ss)											
#14 Arrest etiology	<input type="checkbox"/> ₁ Cardiac	<input type="checkbox"/> ₂ Non-cardiac										
#15 Coronary angiogram performed	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No										
#16 Was PCI done - stent placed?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No										
#17 Was an ICD placed and/or scheduled?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No										
#18 CABG performed	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No										
#19 Was ECMO initiated?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No										

Targeted Temperature Management (TTM) Information

#20	Targeted temperature management induced?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
#21	Date targeted temperature management initiated	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	
#22	Time targeted temperature management initiated	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (hh:mm:ss)	
#23	Where was targeted temperature management initiated in hospital?	<input type="checkbox"/> ₁ ED	<input type="checkbox"/> ₂ Cath Lab <input type="checkbox"/> ₃ ICU
#24	Cooling method	<input type="checkbox"/> ₁ Surface	<input type="checkbox"/> ₂ Intravascular
		<input type="checkbox"/> ₃ Intranasal	<input type="checkbox"/> ₄ ECMO
		<input type="checkbox"/> ₅ Others	
#25	Target Temperature	<input type="checkbox"/> ₁ 32°C	<input type="checkbox"/> ₂ 33°C
		<input type="checkbox"/> ₃ 34°C	<input type="checkbox"/> ₄ 35°C
		<input type="checkbox"/> ₅ 36°C	<input type="checkbox"/> ₆ Other, specify _____
#26	Target temperature reached	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
#27	Date and time target temperature reached	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	
#28		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (hh:mm:ss)	
#29	Did overshoot occur during cooling phase?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
#30	Date and time rewarming initiated	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (hh:mm:ss)	
#31	Date and time rewarming completed	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (hh:mm:ss)	
#32	Did rebound hyperthermia occur (temp \geq 37.5°C)?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No

Targeted Temperature Management (TTM): Hospital/Discharge Information

#33	Hospital Outcome	<input type="checkbox"/> ₁ Died in ED	<input type="checkbox"/> ₂ Died in hospital
		<input type="checkbox"/> ₃ Transferred after admission	<input type="checkbox"/> ₄ Survived to discharge
#34	Date and time of discharge or death (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (hh:mm:ss)	
#35	Neurological outcome at discharge	Cerebral Performance Category	<input type="checkbox"/>
		Overall Performance Category	<input type="checkbox"/>
			<input type="checkbox"/> Unknown
#36	GCS at time of hospital discharge	<input type="text"/> <input type="text"/>	
#37	Discharge from hospital	<input type="checkbox"/> ₁ Home/residence	<input type="checkbox"/> ₂ Rehabilitation Facility
		<input type="checkbox"/> ₃ Skilled Nursing Facility/Hospice	

Targeted Temperature Management (TTM): Additional Elements/Complications

#38	Any EEG monitoring?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₂ Unknown
#39	Any seizure during TTM?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₂ Unknown
#40	Any cardiac arrhythmia?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₂ Unknown
#41	Any skin complications?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₂ Unknown
#42	Stress Ulcer/GI Bleed	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₂ Unknown
#43	Hypotension	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₂ Unknown
#44	Hyperkalemia - upon rewarming	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₂ Unknown
#45	Hyperglycemia	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₂ Unknown
#46	Pneumonia/Sepsis	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₂ Unknown
#47	GCS at time of initiation of TTM	<input type="text"/> <input type="text"/>		
#48	Any paralytics used?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₂ Unknown