

Screening log

This manual describes how to retrospectively screen patients in the TTM2-trial using the screening log

1 Who to screen

All patients with out-of-hospital cardiac arrest who arrive in hospital with sustained ROSC (20 minutes or more without the need for chest compressions). Patients with cardiac arrest who do not have ROSC should *not* be screened. Patients with an in-hospital cardiac arrest should *not* be screened.

2 How to use the screening log

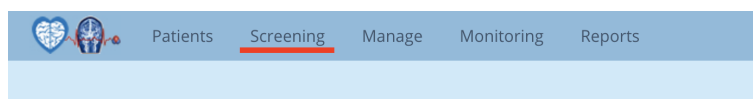
There are two ways of adding a patient to the screening log.

2.1 1. Via the randomisation system

If a patient is screened for randomisation *within the screening window* but fulfils an exclusion criteria or does not fulfil all of the inclusion criteria - the standard randomisation system can be used. The system will ask if all the information is correct and ask if you would like to add the patient to the screening log.

2.2 2. Retrospective screening

If a patient isn't screened immediately the screening log can be used. It is available in the main menu bar.



After clicking "Screening" select "Add screened patient"

Screening log

[Add screened patient](#)

The data required for each patient is

1. **Date of screening** (the date of ROSC)
2. **Initials**
3. **Reason not randomised** - only one reason can be selected. If there is more than one reason the patient could not be randomised, choose **main reason**

Screened patient at SW999 - TEST Sweden

Date Screened

Patient initials

Reason not randomised

or

✓ Select One

- Inclusion all
- 1 Adult (age ≥ 18 years)
- 2 Out-of-hospital cardiac arrest of a presumed cardiac or unknown cause
- 3 Sustained ROSC – defined as 20 minutes with out the need for chest compressions
- 4 Unconscious (FOUR-score motor response of <4, not able to obey verbal commands after sustained ROSC)
- 5 Eligible for intensive care without restrictions or limitations
- 6 Within 180 minutes of ROSC
- Exclusion
- 7 Unwitnessed cardiac arrest with an initial rhythm of asystole
- 8 Temperature on admission <30 °C
- 9 On extracorporeal membrane oxygenation (ECMO) prior to ROSC
- 10 Obvious or suspected pregnancy
- 11 Obvious or suspected intracranial bleeding
- 12 Known severe chronic obstructive pulmonary disorder (COPD) with long-term home oxygen therapy
- Eligible but not randomised
- 13 Refused consent
- 14 Other

If more than one patient needs to be added to the log, perform the procedure again.

3 Record keeping

A paper screening log (available in the PDF version of the CRF) may be used and patients can be added in bulk to the screening log, preferably at least once every 2-3 months. When patients have been added to the screening log on the website the paper log does not need to be retained for the trial. If all patients are screened immediately upon arrival to hospital no separate log needs to be kept. However *local regulations might require that a paper copy is available on site.*