

Screening Instructions

This manual describes how to screen participants for STEP CARE using the online tool. All participants with out-of-hospital cardiac arrest, and return of spontaneous circulation should be screened.

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1 Access to the online screening tool

The website can be accessed in two different ways.

- **Via the webpage**

Click *Login* at the top-right corner of www.stepcare.org

- **Direct link**

Use <https://stepcare.spinnakersoftware.com/login/>

2 Username and Password

User accounts are administrated by info@stepcare.org. Please contact us if you need to set up a new account.

There are several different types of user accounts

- **Investigator**

Person account - bound to an email address.

- **Shared User**

Non-email address bound users that multiple clinicians can use. Can be distributed to all clinicians who participate in patient screening at a site.

3 Locations

It is very important that each user is aware of which location they have been invited to and are able to access. Investigators and Shared Users only have access to the site which they have been invited to. Location codes consist of a three-letter code (i.e. RNS for Royal North Shore etc.).

4 Time of ROSC

At times it might be difficult to know what time of ROSC to use, especially if there is a recurrent need for chest compressions, or an arrhythmia that necessitates defibrillation.

Stable ROSC is defined as 20 minutes without chest compressions. As such a patient who achieves ROSC at 10:40 does not have stable ROSC unless there is spontaneous circulation until 11:00. The time of ROSC should still be entered as 10.40.

If the participant has a second cardiac arrest:

- Use the first time of ROSC if there was more than 20 minutes from the end of the first event (end of CPR) to the start of the next event (rearrest)
- Use the second time of ROSC if there was less than 20 minutes from the end of the first event to the next (no sustained ROSC between events)

If the participant is defibrillated - without prior chest compressions

- Disregard time of defibrillation - this should not be considered as a second arrest

For example: a patient has a cardiac arrest at 10.00. ROSC occurs at 10:25. However upon arrival to the ED at 10:35 chest compressions are started again. ROSC is once again achieved at 10:45. At 11:05 ROSC can be considered stable and the patient is eligible for randomization. As the first episode of ROSC was shorter than 20 minutes the correct time of ROSC is 10:45.

5 Who to screen

Screening might differ slightly depending on each hospital's logistics however as at a minimum, all patients with out-of-hospital cardiac arrest admitted to intensive care should be screened. For some sites it might be practical to screen in the emergency department, but screening should be limited to patients with stable ROSC.

6 Screening a participant

Make sure that you have logged in using the right site and not a test location. You can see the location in the top right corner of the webpage. Press the "Add Participant" button that will be immediately visible upon logging in.



1. STEP 1 - Participant details

Enter the participant's initials (three letters), date of birth, sex at birth and date and time of ROSC. Please note that all dates will be in the format dd-*MMM*-yyyy, with month being denoted by three characters, (i.e 01-jan-2018). All times will be in the 24-hour format HH:MM. (i.e. 18.00 and not 6pm). If data on date of birth and/or initials aren't available, the box "Unknown at this time" can be checked.

Please note that even if "Date of birth" defaults to the current date, dates between 1900 and 1980 are easily accessible by clicking on the arrow and then on the current year. This will make scrolling between decades easier. The date can also be entered manually.



2. STEP 2 - Eligibility

For more details on inclusion and exclusion criteria, please see the trial protocol.

- (a) Select if the arrest was out-of-hospital or in-hospital (ineligible)
- (b) Select the most likely cause of arrest
 - Cardiac
 - Non-Cardiac
 - Traumatic/Bleeding (ineligible)
 - Intracranial bleed (ineligible)
- (c) Select if the patient is unconscious
- (d) Select if any exclusion criteria are present (ECMO, pregnancy, limitations in care, previously randomized)

3. STEP 3 - Randomizing

- (a) If the patient is **eligible** Confirm that local criteria for consent have been fulfilled, you will be asked a question regarding the participants prognosis which is for research purposes only.
- (b) If the patient is **ineligible** You will be asked to confirm the exclusion criteria. If confirmed the patient will be added to the digital screening log.

7 Erroneous data

In the case where it becomes evident that initial data were erroneous, for example it becomes clear that the patient at a DNR order - the intervention should if possible proceed as planned, and data should be collected. The participant should not be excluded. This also applies to the case where time of ROSC is revised and retrospectively puts the patient outside the inclusion window. These types of errors reflect real world conditions and are expected in study on out-of-hospital cardiac arrest.