7. What inducing methods do you use for TH?



## **Appendix 1.** Survey on the therapeutic hypothermia (TH) protocol

(TH) protocol			<ul><li>Cold saline infusion</li><li>Bladder irrigation</li></ul>		<ul><li>L-tube irri</li></ul>	□ L-tube irrigation	
		□ Evaporation					
			□ Fan		□ External cooling		
I. Indication and contraindication			□ Internal cooling		□ etc. ( )		
1. Is TH standard of care in your institute?			□ Kind of machine		□ Arctic sun		
□ Yes □ No			□ Alsius		□ Gaymer		
2. How many times of TH do you perform in a month? Aver-			□ Blanketrol		□ etc. (	)	
age, (standard deviation, SD)	-						
3. Do you have a written protocol for TH?			III. Maintaining TH				
□ Yes □ No			1. What is your target mean arterial pressure, PaCO₂ during TH?				
4. Indications for your TH include followings?			MAP (mmHg)	□ ≥ 55	_ ≥ 65	□ ≥75	
Out-of-hospital cardiac arres	_	□ No	PaCO <sub>2</sub> (mmH <sub>0</sub>	g) □ <40	□ 40 <b>–</b> 45	□ > 45	
In-hospital cardiac arrest	·		2. What is your target TH duration? (hr)				
Unwitnessed cardiac arrest	□ Yes	□ No	□ 12	□ 24		□ 48	
Pediatric cardiac arrest	□ Yes	□ No	□ 60	□ 72	□ etc. (	)	
5. Contraindications for your TH	include follow	rings?			,	•	
□ Active bleeding □ Terminal illness		IV. Rewarming and normothermia					
□ Trauma arrest	3		1. What is your definition of normothermia? ( ) °C				
□ Severe sepsis	•		2. What is your rewarming rate? (°C/hr)				
□ Uncontrolled arrhythmia □ Refractory shock		□ < 0.2	□ 0.25 <b>-</b> 0		3-0.35		
□ Do-not-resuscitate patient			□ 0.35–0.4	□ 0.4 <b>-</b> 0.4	15 🗆 0.4	l5-0.5	
·			□ > 0.5	□ Passive	rewarming		
II. Induction of TH			3. What is your target normothermia duration ? (hr)				
1. How do you measure body temperature ?			□ 12	□ 24		⊐ 48 s	
□ Esophageal □ Rectal		□ 60	<b>72</b>	□ etc. (	)		
□ Tympanic membrane	□ Axillary						
□ Bladder			V. Methods to determine patients' neurologic prognosis				
2. What sedatives and analgesics do you use for TH?			1. What kinds of test routinely used for determine patients'				
□ Midazolam			neurologic prognosis?				
□ Propofol	□ Propofol □ Dexmedetomidine		Imaging				
□ Pethidine	□ Fentanyl		□ Magnetic r	□ Magnetic resonance imaging			
□ Remifentanyl	□ etc. (	)	□ Computed tomography				
3. Do you routinely use neuromuscular blockers?			Neurophysiology				
□ Yes □ No			☐ Somatosensory evoked potential				
4. Do you routinely use preventive anticonvulsants?			□ Visual evoked potential				
□ Yes □ No			□ Bispectral index				
5. If yes, what kind of drug?			□ Electroencephalogram (EEG)				
□ Clonazepam □ Levetiracetam		□ amplitude-integrated EEG					
□ Valproic Acid	□ Valproic Acid □ Phenobarbital		Biomarker				
□ etc. ( )			□ Neuron-spe	ecific enolase	□ S-100		
6. Do you alter target temperature of TH for each case?		□ Procalciton	in	□ etc. (	)		
□ Yes □ No			2. Do you routinely use portable EEG				
What is your routine target temperature? Average, (SD)			□ Yes	□ No			
□ 32°C □ 33°C	□ 34°C		If yes, what ki	nd of test			
□ 35°C □ 36°C	□ etc. (	)°C	□ Continuous	EEG	□ Intermitte	ent EEG	

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