Datasheet	VARIABLES	Utstein (C=core, O=optional)	Fieldname	fieldtype	Fieldcoding/content	Remarks	Utstein definition
	Country of cardiac arrest	C	ReaLand	Text			
	Region of cardiac arrest	C	ReaRegion	Text			
	Population served by EMS	C	ReaPop	numeric		number as exact as possible	
A1	Cardiac arrest confirmed	C	ReaConf	numeric	00 not recorded; 99 unknown; 01 yes; 02 no	Confirmation by EMS on arrival; "unknown" may be chosen, e.g. in case of bystander-CPR with ROSC prior to EMS-arrival	Cardiac arrest is the cessation of cardiac mechanical activity as confirmed by the absence of signs of circulation. If an EMS provider or physician did not witness the cardiac arrest, he/she may be uncertain as to whether a cardiac arrest actually occurred
A2	CPR attempted	C	CPRdone	numeric	00 not recorded; 99 unknown; 01 yes; 02 no	any CPR attempted by EMS or bystander, irrespective of countinued or not	Cardiopulmonary resuscitation is an attempt to restore spontaneous circulation by performing chest compressions with or without ventilations, for the EuReCa ONE study it also includes the use of an AED without compressions.
A3	CPR not attempted by EMS	C	NoCPR	numeric	00 not recorded; 99 unknown; 01 died earlier; 02 DNAR; 03 wish family; 04 wish doctor; 05 succesful ICD shock	Reason for no attempt as decided by EMS; this field has to be left blank if CPR is attempted by EMS	EMS personnel may not attempt resuscitation when a do- not-attempt-resuscitation (DNAR) order exists, a resuscitation attempt is considered futile, or resuscitation is not required (e.g., the patient has signs of circulation).
	PatID	C	PatID	String	Unique number for each submitting region		May be a combination of digits and characters. Used so that the contry of origin can trace the patient if there are any questions.
B1	Patient age	C	PatAge	numeric			Age in years at moment of cardiac arrest
B2	Patient gender/sex	C	PaGender	numeric	00 not recorded; 99 unknown; 01 male; 02 female		Sex (male or female) may be an important risk factor for cardiac arrest and resuscitation interventions.
B3	Year of cardiac arrest	C	ReaYr	numeric	YYYY	Year of receipt of dispatch call	
B3	Month of cardiac arrest	C	ReaMo	numeric	MM	Month of receipt of dispatch call	
B3	Day of cardiac arrest	C	ReaDay	numeric	DD	Day of receipt of dispatch call	
B4	time of call received at dispatch centre	C	time112	Time	hh:mm:ss	Time of receipt of dispatch call	
C1	aetiology of cardiac arrest	C	ReaCause	numeric	00 not recorded; 99 unknown (presumed cardiac); 01 cardiac; 02 trauma;03 submersion; 04 respiratory; 11 other non-cardiac		An arrest is presumed to be of cardiac aetiology unless it is known or likely to have been caused by trauma, submersion, drug overdose, asphyxia, exsanguination, or any other non-cardiac cause as best determined by rescuers
C2	aetiology of cardiac arrest (Utstein 2014)	O	ReaC2014	numeric	00 not recorded; 99 unknown; 01 medical; 02 traumatic; 03 drowning; 05 drug overdose; 13 electrocution;14 asphyxial (external cause)		Medical: This includes cases where the cause of the cardiac arrest is presumed to be cardiac, other medical (e.g. anaphylaxis, asthma, GI bleed) and where there is no obvious cause of the cardiac arrest; Traumatic: Cardiac arrest directly caused by blunt, penetrating or burn injury; Drug overdose: Evidence that the cardiac arrest was caused by deliberate or accidental overdose of prescribed medications, recreational drugs, and ethanol; Drowning: Victim is found submersed in water without an alternative causation; Asphyxial: External causes of asphyxia such as foreign body airway obstruction, hanging,
C3	place of cardiac arrest OHCA	C	ReaLocat	numeric	00 not recorded; 99 unknown; 01 residence; 03 work/office; 11 sportfacility; 05 street; 06 public building; 02 long-term care; 98 other		Location of arrest is the specific location where the event occurred or the patient was found. Knowledge of where cardiac arrests occur may help a community to determine how it can optimize its resources to reduce response intervals. A basic list of predefined locations will facilitate comparisons. Local factors may make creation of subcategories useful. For example: Place of residence: e.g., home, apartment, back yard of a home. Public place: e.g., the street, city park, shopping center, sports stadium, entertainment center, airport, railway station, church, beach, office building. Other: hotel room, private office, long-term care nursing facility.
D1	dispatch: telephone CPR	C	TeleCPR	numeric	00 not recorded; 99 unknown; 01 yes;02 no;	Info from dispatch centre: is CPR offered? NOT if actually done	
	b. **PROCESS VARIABLES**						
D2	collapse witnessed	C	ReaWitnes	numeric	00 not recorded;99 unknown; 01 yes, bystander; 02 no; 03 EMS		A witnessed cardiac arrest is one that is seen or heard by another person or an arrest that is monitored
D3	bystander CPR	C	BystanCPR	numeric	00 not recorded; 99 unknown; 01 no CPR;02 any bystander w/o additinional information;03 full CPR; 04 CCO CPR	for the EuReCa ONE study "any bystander-CPR" has been added compared to Utstein definition. Participants should preferably specify between "full CPR" and "CCO CPR"	Bystander CPR is cardiopulmonary resuscitation performed by a person who is not responding as part of an organized emergency response system to a cardiac arrest. Physicians, nurses, and paramedics may be described as performing bystander CPR if they are not part of the emergency response system involved in the victim's resuscitation
E1	First recorded rhythm	C	IniRythm	numeric	00 not recorded;99 unknown; 01 shockable; 02 not shockable	From EMS defib. If AED first: from memory or "shockable" if AED shock given.	The first monitored rhythm is the first cardiac rhythm present when the monitor or defibrillator is attached to the patient after a cardiac arrest. If the AED does not have a rhythm display, it may be possible to determine the first monitored rhythm from a data storage card, hard drive, or other device used by the AED to record data. If the AED has no data recording device, the first monitored rhythm should be classified simply as shockable or nonshockable. This data point can be updated at a later time

E2	AED connected before EMS arrival with or without shocks	C	AEDConn	numeric	00 not recorded;99 unknown; 01 yes;02 no		
E3	AED shocks before arrival EMS	C	AEDShock	numeric	00 not recorded;99 unknown; 01 yes;02 no	Can be from AED memory or verbal report and EMS info	When a bystander attempts defibrillation, e.g., public access or lay rescuer defibrillation, it is recorded as a defibrillation attempt before EMS arrival. AEDs are increasingly being made available for access by the general public. In patients with an ICD, a shockable rhythm is likely to have triggered at least one shock by the device before the arrival of EMS personnel. This can be confirmed by analyzing the ICD memory. After extensive discussion, the task force agreed that defibrillation attempts by ICDs are important but difficult for EMS to track. Thus, ICD documentation is optional.
E4	Year of first defibrillation shock	C	Def1Yr	numeric	YYYY	Year of first defibrillation; has to be left blank if no shock	
E4	Month of first defibrillation shock	C	Def1Mo	numeric	MM	Month of first defibrillation; has to be left blank if no shock	
E4	Day of first defibrillation shock	C	Def1Day	numeric	DD	Day of first defibrillation; has to be left blank if no shock	
E5	Time of first defibrillation shock	C	Def1Time	Time	hh:mm:ss	Time of first defibrillation; must be corrected for clock drift; has to be left blank if no shock	
E6	First shock from AED or EMS	C	DefiOrig	numeric	00 not recorded; 99 unknown; 01 AED;03 EMS	Device from which the first rhythm was derived; has to be left blank if no shock	
	c. **OUTCOME VARIABLES**						
F1	any ROSC	C	ROSC	numeric	00 not recorded; 99 unknown; 02 ROSC; 01 no ROSC	Any ROSC of a duration >30 seconds with no chest compressions given.	Signs of return of spontaneous circulation include breathing (more than an occasional gasp), coughing, or movement. For healthcare personnel, signs of ROSC may also include evidence of a palpable pulse or a measurable blood pressure. For the purposes of the Utstein registry template, “successful resuscitation,” or ROSC, is defined for all rhythms as the restoration of a spontaneous perfusing rhythm that results in more than an occasional gasp, fleeting palpated pulse, or arterial waveform. Assisted circulation (e.g., extracorporeal support such as extracorporeal membrane oxygenation or biventricular assist device) should not be considered ROSC until “patient-generated” (i.e., spontaneous) circulation is established. Previous reports focused on outcomes from ventricular fibrillation have variably defined “successful defibrillation” as the termination of fibrillation to any rhythm (including asystole) and the termination of fibrillation to an organized electrical rhythm at 5 s after defibrillation (including pulseless electrical activity, PEA). Neither of these definitions of “successful defibrillation” would qualify as ROSC unless accompanied by evidence of restoration of circulation. By consensus, the term “any ROSC” is intended to represent a brief (approximately >30 s) restoration of spontaneous circulation that provides evidence of more than an occasional gasp, occasional fleeting palpable pulse, or arterial waveform. The time that ROSC is achieved is a core data element.
F2	Status of arrival @hosp	C	HospArri	numeric	00 not recorded;99 unknown; 01 dead; 04 alive, no hospital transport; 03 transfer with ongoing CPR; 02 transfer with ROSC	Admission defined as handover from EMS to emergency department or hospital system with ongoing additional treatment in the next step of care	
F3	date of hospital discharge (Year)	C	DischYr	numeric	YYYY	Year of hospital discharge	The date of discharge or death is the date on which the patient was discharged from the acute hospital or was certified dead.
F3	date of hospital discharge (Month)	C	DischMo	numeric	MM	Month of hospital discharge	
F3	date of hospital discharge (Day)	C	DischDay	numeric	DD	Day of hospital discharge	
F4	survival to discharge	C/O	HospDisc	numeric	00 not recorded; 99 unknown; 01 yes; 02 no	Either survival to discharge or 30 day survival must be included; Note: interhopital transfer to same or higher level should not be considered discharge. If death in hospital: same as date of discharge	hospital discharge is the point at which the patient is discharged from the hospital acute care unit regardless of neurological status, outcome, or destination. Ideally this should indicate survival to discharge from acute hospital care, including a possible rehabilitation period in a local hospital before longterm care, home care, or death.
F5	30 day survival	C/O	surv30d	numeric	00 not recorded; 99 unknown; 01 yes; 02 no	Either survival to discharge or 30 day survival must be included	