THAPCA Survey

Thank you for finding time in your busy schedule to participate in this survey. It should take about 10 minutes to complete. Participation in this survey is voluntary and you can stop at anytime. If you are unable to complete the survey in one setting, and want to continue at a later time, please click on the "Save and Return Later" button present at the bottom of each page. If you use this option, you will receive instructions on how to save your responses and return to the survey later. The responses you've provided before exiting the survey will be saved whether you return to the survey or not. If you need to increase or decrease the font, please find the "Resize font" buttons in the top right corner of each survey page.

First tell us a little about yourself and your practice:

How would you best describe yourself professionally?

- [ ] Pediatric Intensivist
- [ ] Pediatric Cardiac Intensivist
- [ ] Pediatric Surgical Intensivist
- [ ] Nurse Practitioner/Physician Assistant
- [ ] Fellow/Resident/Medical Student
- [ ] Other

If "Other", specify: ____________________________________

Thank you for your participation. At this time, we are only able to analyze responses from critical care attending physicians, so you do not need to answer any more questions. Thanks again for your willingness to help.

Are you board eligible or board certified in your sub-specialty?

- [ ] Yes
- [ ] No

If yes, how many years have you been board eligible or board certified in your area of sub-specialty? (if less than one year, please enter '1')

Thank you for your participation. At this time, we are only able to analyze responses from board eligible or board certified physicians, so you do not need to answer any more questions. Thanks again for your willingness to help.

Are you actively practicing as an attending in an intensive care unit?

- [ ] Yes
- [ ] No

Which type of hospital best describes the setting where you currently practice?

- [ ] Free standing Children's Hospital
- [ ] Children's Hospital within an adult hospital
- [ ] General Hospital with no pediatric specific designation (adults and children within one hospital).
- [ ] Other (please specify)

If "Other", specify: ____________________________________

How many beds are in the intensive care unit where you primarily practice? ________________________________

Thank you for your participation.
How many acute pediatric out-of-hospital cardiac arrest patients have you cared for in the past two years? (Your best estimate is fine.)

- [ ] none
- [ ] 1-2
- [ ] 3-5
- [ ] 6-8
- [ ] 9-11
- [ ] 12-14
- [ ] 15 or more
Next, are some questions about the out-of-hospital Therapeutic Hypothermia After Pediatric Cardiac Arrest (THAPCA) Trial.

The out-of-hospital THAPCA Trial was conducted at approximately 40 hospitals in the US and Canada from September 2009 through December 2012. During this time period, did you work at a THAPCA site?

☐ Yes  ☐ No  ☐ Don't Know

Are you aware of the out-of-hospital THAPCA Trial results?

☐ Yes  ☐ No  ☐ Don't Know
Please indicate whether or not each of the following was a source from which you learned about the THAPCA Trial results. Please mark "Yes" or "No" for each source listed.

<table>
<thead>
<tr>
<th>Source</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A brief description of the study results in a secondary publication other than the NEJM.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>An email or newsletter from a professional organization</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>A professional organization website.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Colleagues told me about the results.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If "Other", specify: __________________________________________
Please indicate your level of agreement or disagreement with the following statements about the out-of-hospital THAPCA Trial:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>The THAPCA Trial was well designed</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The findings of the trial were clearly presented in the New England Journal of Medicine publication</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>The primary endpoint (survival with a good neurobehavioral outcome at 12 months) was relevant.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>The trial enrolled a sufficient number of patients to detect a clinically important difference between the two treatment groups.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The follow-up period of 12 months was too short.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Next are four patient scenarios for out of hospital cardiac arrest pediatric patients. Please answer them as to how you, the attending physician, would manage temperature control today.

For all the scenarios, the patient’s temperature is currently 35.0 degrees C. Every patient is mechanically ventilated and the Glasgow Coma Scale motor response is less than 5 (does not withdraw from pain). All patients have bilaterally reactive pupils. The definition of therapeutic hypothermia is targeted temperature management of 32-34 C and the definition of therapeutic normothermia is targeted temperature management in the range of 36-37.5 C. Central temperature monitoring is the use of an esophageal or rectal probe or temperature sensing Foley.

Scenario 1: You admit a previously healthy one-month old baby who is found pulseless in the crib at home. How would you manage this patient’s temperature following admission to the intensive care unit?

☐ Therapeutic hypothermia with central temperature monitoring (i.e., esophageal, rectal), a servo controlled cooling mattress, sedation, and if required, neuromuscular blockade.
☐ Therapeutic normothermia with central temperature monitoring, a servo controlled cooling mattress, sedation, and if required, neuromuscular blockade.
☐ Other temperature management (i.e., antipyretics as needed, warm blankets, overhead warmer, ice packs) with or without a central temperature monitoring device, and without a servo controlled cooling mattress.
☐ Other (please specify)

If “Other”, specify: ___________________________________________

Which of the following choices most closely describes the way you would administer therapeutic hypothermia for the one month old found pulseless in the crib at home?

☐ I would maintain hypothermia for approximately 12 to 24 hours and then rewarm.
☐ I would maintain hypothermia for approximately 48 hours and then rewarm.
☐ I would maintain hypothermia for approximately 72 hours and then rewarm.
☐ I would maintain hypothermia for more than 72 hours and then rewarm.
☐ Other (please specify)

If “Other”, specify: ___________________________________________

Which of the following choices most closely describes the way you would administer therapeutic normothermia for the one month old found pulseless in the crib at home?

☐ I would maintain normothermia for approximately 12 to 24 hours.
☐ I would maintain normothermia for approximately 48 hours.
☐ I would maintain normothermia for approximately 72 hours.
☐ I would maintain normothermia for approximately 120 hours.
☐ Other (please specify)

If “Other”, specify: ___________________________________________
Please remember the patient’s temperature is currently 35.0 degrees C. Every patient is mechanically ventilated and the Glasgow Coma Scale motor response is less than 5 (does not withdraw from pain). All patients have bilaterally reactive pupils. The definition of therapeutic hypothermia is targeted temperature management of 32-34 C and the definition of therapeutic normothermia is targeted temperature management in the range of 36-37.5 C. Central temperature monitoring is the use of an esophageal or rectal probe or temperature sensing Foley.

Scenario 2: You admit a previously healthy six-year old child who does not have an underlying heart condition and who is immediately post cardiac arrest due to drowning in a residential pool. The EMS reports unknown downtime and asystole at the scene. The total duration of CPR is 25 minutes before return of circulation occurs shortly after arrival in the Emergency Department. How would you manage this patient's temperature following admission to the intensive care unit?

☐ Therapeutic hypothermia with central temperature monitoring (i.e., esophageal, rectal), a servo controlled cooling mattress, sedation, and if required, neuromuscular blockade.
☐ Therapeutic normothermia with central temperature monitoring, a servo controlled cooling mattress, sedation, and if required, neuromuscular blockade.
☐ Other temperature management (i.e., antipyretics as needed, warm blankets, overhead warmer, ice packs) with or without a central temperature monitoring device, and without a servo controlled cooling mattress.
☐ Other (please specify)

If "Other", specify:

________________________________________________________________________

How would you employ therapeutic hypothermia for the six year old patient who is post cardiac arrest due to drowning with asystole as the initial rhythm?

☐ I would maintain hypothermia for approximately 12 to 24 hours and then rewarm.
☐ I would maintain hypothermia for approximately 48 hours and then rewarm.
☐ I would maintain hypothermia for approximately 72 hours and then rewarm.
☐ I would maintain hypothermia for more than 72 hours and then rewarm.
☐ Other (please specify)

If "Other", specify:

________________________________________________________________________

How would you employ therapeutic normothermia for the six year old patient who is post cardiac arrest due to drowning with asystole as the initial rhythm?

☐ I would maintain normothermia for approximately 12 to 24 hours.
☐ I would maintain normothermia for approximately 48 hours.
☐ I would maintain normothermia for approximately 72 hours.
☐ I would maintain normothermia for approximately 120 hours.
☐ Other (please specify)

If "Other", specify:

________________________________________________________________________
Remember, the patient's temperature is currently 35.0 degrees C. Every patient is mechanically ventilated and the Glasgow Coma Scale motor response is less than 5 (does not withdraw from pain). All patients have bilaterally reactive pupils. The definition of therapeutic hypothermia is targeted temperature management of 32-34 C and the definition of therapeutic normothermia is targeted temperature management in the range of 36-37.5 C. Central temperature monitoring is the use of an esophageal or rectal probe or temperature sensing Foley.

Scenario 3: You admit a previously healthy 6-year-old patient who arrives to the hospital post cardiac arrest due to drowning in a residential pool. The EMS report shows unknown downtime. Ventricular Fibrillation was the first rhythm and total CPR duration was for 25 minutes. How would you manage this patient's temperature following admission to the intensive care unit?

- Therapeutic hypothermia with central temperature monitoring (i.e., esophageal, rectal), a servo controlled cooling mattress, sedation, and if required, neuromuscular blockade.
- Therapeutic normothermia with central temperature monitoring, a servo controlled cooling mattress, sedation, and if required, neuromuscular blockade.
- Other temperature management (i.e., antipyretics as needed, warm blankets, overhead warmer, ice packs) with or without a central temperature monitoring device, and without a servo controlled cooling mattress.
- Other (please specify)

If "Other", specify:

How would you employ therapeutic hypothermia for a 6-year-old patient who is post cardiac arrest due to drowning with ventricular fibrillation as the initial rhythm?

- I would maintain hypothermia for approximately 12 to 24 hours and then rewarm.
- I would maintain hypothermia for approximately 48 hours and then rewarm.
- I would maintain hypothermia for approximately 72 hours and then rewarm.
- Other (please specify)

If "Other", specify:

How would you employ therapeutic normothermia for a 6-year-old patient who is post cardiac arrest due to drowning with ventricular fibrillation as the initial rhythm?

- I would maintain normothermia for approximately 12 to 24 hours.
- I would maintain normothermia for approximately 48 hours
- I would maintain normothermia for approximately 72 hours.
- I would maintain normothermia for approximately 120 hours.
- Other (please specify)

If "Other", specify:
As a reminder, the patient’s temperature is currently 35.0 degrees C. Every patient is mechanically ventilated and the Glasgow Coma Scale motor response is less than 5 (does not withdraw from pain). All patients have bilaterally reactive pupils. The definition of therapeutic hypothermia is targeted temperature management of 32-34 C and the definition of therapeutic normothermia is targeted temperature management in the range of 36-37.5 C.

Scenario 4: A previously healthy 17-year-old patient arrives to the hospital in ventricular fibrillation after getting hit in the chest with a baseball. Witnesses immediately started CPR. In the Emergency Department, the patient is defibrillated and converts to normal sinus rhythm. Total CPR duration was for 30 minutes. How would you manage this patient’s temperature following admission to the intensive care unit?

- Therapeutic hypothermia with central temperature monitoring (i.e., esophageal, rectal), a servo controlled cooling mattress, sedation, and if required, neuromuscular blockade.
- Therapeutic normothermia with central temperature monitoring, a servo controlled cooling mattress, sedation, and if required, neuromuscular blockade.
- Other temperature management (i.e., antipyretics as needed, warm blankets, overhead warmer, ice packs) with or without a central temperature monitoring device, and without a servo controlled cooling mattress.
- Other (please specify)

If “Other”, specify:

How would you employ therapeutic hypothermia for the 17-year-old patient who is post cardiac arrest after getting hit in the chest with a baseball and has ventricular fibrillation as the initial rhythm?

- I would maintain hypothermia for approximately 12 to 24 hours and then rewarm.
- I would maintain hypothermia for approximately 48 hours and then rewarm.
- I would maintain hypothermia for approximately 72 hours and then rewarm.
- I would maintain hypothermia for more than 72 hours and then rewarm.
- Other (please specify)

If “Other”, specify:

How would you employ therapeutic normothermia for the 17-year-old patient who is post cardiac arrest after getting hit in the chest with a baseball and has ventricular fibrillation as the initial rhythm?

- I would maintain normothermia for approximately 12 to 24 hours.
- I would maintain normothermia for approximately 48 hours
- I would maintain normothermia for approximately 72 hours.
- I would maintain normothermia for approximately 120 hours.
- Other (please specify)

If “Other”, specify:
Choose the statement that best reflects how the trial results will affect your treatment decisions about targeted temperature management for future post out-of-hospital cardiac arrest patients.

- I will change my treatment decisions about targeted temperature management as a result of the trial findings.
- I will not change my treatment decisions about targeted temperature management as a result of the trial findings.
- I am unsure if I will change my treatment decisions about targeted temperature management as a result of the trial findings.

Do you have any other comments regarding the THAPCA trial?

Please click the submit button below to complete the survey. Thank you for your time and responses.