



STPCARE: Sedation, Temperature and Pressure after Cardiac Arrest and Resuscitation – July 2026



FAST FACTS:

- Cardiac arrest is a leading cause of death worldwide.
- Cardiac arrest affects more than 3.8 million people worldwide each year, with the burden increasing over time.



PROJECT CYCLE:

2022 - 2027

PARTNERS:

The George Institute for Global Health, Australia
Region Skåne, Sweden
Lund University, Sweden
Helsinki University Hospital, Finland
Copenhagen Trial Unit
Medical Research Institute of New Zealand
Rangahautia Te Ora

SUPPORTERS:

Medical Research Future Fund Grant, Australia
Health Research Council of New Zealand, New Zealand
The Swedish Research Council, Sweden
South Swedish Health Region, Sweden
Swedish Cultural Foundation, Sweden
The Academy of Finland, Finland
The Finnish Society of Medicine, Finland
Sigrid Jusélius Foundation, Finland
The Swedish Heart Lung Foundation
Medical Support Association Life and Health, Finland
The Dorothea Olivia, Karl Walter and Jarl Walter Perklén Memorial Foundation, Finland
Clinical Research Programme, Directorate of Health, Ministry of Health and Social Security, Luxembourg

PRINCIPAL INVESTIGATORS:

Dr Manoj Saxena (Australia)
Professor Niklas Neilson (Global)
Professor Markus Skrifvars (Global)

CONTACT:

To learn about this project, its investigators or The George Institute please contact:

Tina Wall +61 410 411 983 OR
twall@georgeinstitute.org.au

BACKGROUND:

- Cardiac arrest is a sudden medical condition that occurs when the heart stops beating. Without urgent treatment, it is often fatal.
- Survival after cardiac arrest is still low, highlighting the need to improve care after hospital admission.
- Among survivors discharged from hospital, ~50% experience some level of cognitive impairment, which is associated with reduced quality of life and increased caregiver burden.
- The STEPCARE trial is the largest trial to date investigating intensive care unit (ICU) management after cardiac arrest.

AIMS:

- To improve **management** in intensive care after cardiac arrest by identifying the best approaches to sedation, body temperature control and blood pressure management.
- To assess survival at 180 days, brain function, and quality of life after **cardiac arrest**.

METHODS:

- Participants are randomly assigned to three **different intervention strategies**:
 - » Continuous sedation for 36 hours or minimal sedation
 - » Fever management with or without a feedback-controlled device
 - » Higher or lower blood pressure targets during treatment (>85 mmHg or >65 mmHg)
- Each approach will be evaluated separately for safety and patient outcomes.

IMPACT

- This research may lead to better long-term outcomes for patients following a cardiac arrest.
- It may also improve quality of life for patients and reduce the burden on families and the healthcare system.

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