

Cardiac Arrest Registry to Enhance Survival

Part A. Demographic Information

1. Street Address (Where Arrest Occurred)

2. City

3. State

4. Zip Code

5. County

6. First Name

7. Last Name

8. Age

☐ Days
☐ Months
☐ Years

9. Date of Birth

/

/

☐ DOB Unknown

10. Gender

☐ Male
☐ Female
☐ Non-Binary

☐ Female-to-Male, Transgender Male
☐ Male-to-Female, Transgender Female

11. Race/Ethnicity

☐ American-Indian/Alaska Native
☐ Asian
☐ Black/African American

☐ Hispanic/Latino
☐ Native Hawaiian/Pacific Islander
☐ White

☐ Unknown

12. Medical History

☐ No
☐ Hypertension

☐ Unknown
☐ Renal Disease

☐ Cancer
☐ Respiratory Disease

☐ Diabetes
☐ Stroke

☐ Heart Disease
☐ Other

☐ Hyperlipidemia

Part B. Run Information

14. Date of Arrest

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15. Incident

16. Fire/First Responder

17. Destination Hospital

☐ No First Responder dispatched

Part C. Arrest Information

18. Location Type

☐ Home/Residence
☐ Public/Commercial Building
☐ Street/Highway
☐ Nursing Home
☐ Healthcare Facility
☐ Place of Recreation
☐ Industrial Place
☐ Transport Center
☐ Other

19. Arrest Witness Status

☐ Unwitnessed
☐ Witnessed by Bystander
☐ Witnessed by 911 Responder

20. Presumed Cardiac Arrest Etiology

☐ Presumed Cardiac Etiology
☐ Trauma
☐ Respiratory/Asphyxia
☐ Drowning/Submersion
☐ Electrocution
☐ Exsanguination/Hemorrhage
☐ Drug Overdose
☐ Other

Resuscitation Information

21. Resuscitation Attempted by 911 Responder (or AED shock given prior to EMS arrival)

☐ Yes
☐ No

22. Who Initiated CPR

☐ Not Applicable
☐ Bystander
☐ Family Member
☐ Healthcare Provider (non-911 Responder)
☐ First Responder

Did Law Enforcement initiate CPR?

☐ Yes
☐ No

☐ EMS Responder (transport EMS)

23. Type of Bystander CPR Provided

☐ Compressions and ventilations
☐ Compressions only
☐ Ventilations only
☐ Unknown

24. Were Dispatcher CPR Instructions Provided

☐ Yes
☐ No
☐ Unknown

25. Was an AED Applied Prior to EMS Arrival

☐ Yes, with defibrillation
☐ Yes, without defibrillation
☐ No

26. Who First Applied the AED

☐ Bystander
☐ Family Member
☐ Healthcare Provider (non-911 Responder)
☐ Law Enforcement First Responder
☐ Non-Law Enforcement First Responder

27. Who First Defibrillated the Patient

☐ Not Applicable
☐ Bystander
☐ Family Member
☐ Healthcare Provider (non-911 Responder)
☐ Law Enforcement First Responder
☐ Non-Law Enforcement First Responder
☐ EMS Responder (transport EMS)

28. Did 911 Responder Perform CPR

☐ Yes
☐ No

First Cardiac Arrest Rhythm of Patient and ROSC Information

29. First Arrest Rhythm of Patient

☐ Ventricular Fibrillation
☐ Ventricular Tachycardia
☐ Asystole
☐ Idioventricular/PEA
☐ Unknown Shockable Rhythm
☐ Unknown Unshockable Rhythm

30. Sustained ROSC (20 consecutive minutes) or present at end of EMS care

☐ Yes, but pulseless at end of EMS care (or ED arrival)
☐ Yes, pulse at end of EMS care (or ED arrival)
☐ No

31. Was Hypothermia Care Provided in the Field

☐ Yes
☐ No

32. End of Event

☐ Effort ceased due to DNR
☐ Pronounced in the Field
☐ Pronounced in the ED
☐ Ongoing Resuscitation in ED

33. When Did Sustained ROSC First Occur

☐ Never
☐ After Bystander CPR only
☐ After Bystander defib shock

☐ After 911 Responder CPR only
☐ After 911 Responder defib shock
☐ After ALS

☐ Unknown

34. Estimated time of arrest

:

:

Hour

Minute

Second

35. Time of 1st CPR

:

:

Hour

Minute

Second

36. Time of 1st defibrillatory shock

:

:

Hour

Minute

Second

37. Time of sustained ROSC

:

:

Hour

Minute

Second

38. Time resuscitation terminated

:

:

Hour

Minute

Second

Part D. Pre-Hospital Interventions

39. Mechanical CPR device used

☐ Yes ☐ No

If Yes, please specify:

- ☐ Load Distributing Band (AutoPulse)
- ☐ Active Compression Decompression (LUCAS Device)
- ☐ Mechanical Piston
- ☐ Other _____

40. Automated CPR feedback device used

☐ Yes ☐ No

41. Advanced airway successfully placed in the field

☐ Yes ☐ No ☐ Used existing tracheostomy

If Yes, please specify:

- ☐ Combitube
- ☐ King Airway
- ☐ LMA
- ☐ Oral/Nasal ET
- ☐ Other _____

42. ITD used

☐ Yes ☐ No

If Yes, select how:

- ☐ Bag valve mask
- ☐ Combitube
- ☐ King Airway
- ☐ LMA
- ☐ Oral/Nasal ET
- ☐ Other _____

43. Were drugs administered

☐ Yes ☐ No

If Yes, select drugs given:

- ☐ Epinephrine
- ☐ Atropine
- ☐ Calcium Chloride
- ☐ Lidocaine
- ☐ Naloxone
- ☐ Other _____
- ☐ Amiodarone
- ☐ Bicarbonate
- ☐ Dextrose
- ☐ Magnesium Sulfate
- ☐ Vasopressin

44. Vascular access

☐ None ☐ IV ☐ IO

45. 12 Lead

☐ Yes ☐ No

46. STEMI

☐ Yes ☐ No ☐ Unknown

Part E. Hospital Section

47. ER Outcome

- ☐ Died in the ED
- ☐ Admitted to hospital
- ☐ Transferred to another acute care facility from the ED

48. Was hypothermia care/TTM initiated or continued in the hospital

☐ Yes ☐ No

49. Hospital Outcome

- ☐ Died in the hospital
- ☐ Discharged alive
- ☐ Patient made DNR
- Choose one of the following:
- ☐ Died in the hospital
- ☐ Discharged alive
- ☐ Transferred to another acute care hospital
- ☐ Not yet determined
- ☐ Transferred to another acute care hospital
- ☐ Not yet determined

50. Discharge from the Hospital

- ☐ Home/Residence
- ☐ Rehabilitation Facility
- ☐ Skilled Nursing Facility/Hospice

51. Neurological Outcome at Discharge from Hospital

- ☐ Good Cerebral Performance (CPC 1)
- ☐ Moderate Cerebral Disability (CPC 2)
- ☐ Severe Cerebral Disability (CPC 3)
- ☐ Coma, vegetative state (CPC 4)

Hospital Procedures

52. Why was hypothermia care/TTM not initiated or continued in the hospital

- ☐ Awake/Following commands
- ☐ DNR/Family request
- ☐ Unwitnessed cardiac arrest
- ☐ Unshockable rhythm
- ☐ No TH program in place
- ☐ Other
- ☐ Unknown

53. Date and Time of Discharge/Death

/

/

Hour

:

Minute

54. Was the final diagnosis acute myocardial infarction

☐ Yes ☐ No ☐ Unknown

55. Coronary Angiography Performed

☐ Yes ☐ No ☐ Unknown

If Yes, provide date and time:

/

/

Hour

:

Minute

56. Was a cardiac stent placed

☐ Yes ☐ No ☐ Unknown

57. CABG performed

☐ Yes ☐ No ☐ Unknown

58. Was an ICD placed and/or scheduled

☐ Yes ☐ No ☐ Unknown

59. Hospital Medical Record Number

Hospital Comments

Response and Treatment Times

60. Time call received at dispatch center

Hour

:

Minute

:

Second

:

61. Time First Responder dispatched

:

:

62. Time First Responder en route

:

:

63. Time First Responder arrived at scene

:

:

64. Time Ambulance dispatched

:

:

65. Time Ambulance en route

Hour

:

Minute

:

Second

:

66. Time Ambulance arrived at scene

:

:

67. Time EMS arrived at patient side

:

:

68. Time Ambulance left scene

:

:

69. Time Ambulance arrived at ED

:

:

General Comments