

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

Part B. Run Information

14. Date of Arrest

/

/

15. Incident

16. Fire/First Responder

☐ No First Responder dispatched

17. Destination Hospital

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)

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)

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

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)

General Comments