

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

<input type="checkbox"/> Days	<input type="checkbox"/> Months	<input type="checkbox"/> Years	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
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9. Date of Birth

<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
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10. Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female-to-Male, Transgender Male
<input type="checkbox"/> Female	<input type="checkbox"/> Male-to-Female, Transgender Female
<input type="checkbox"/> Non-Binary	

11. Race/Ethnicity

<input type="checkbox"/> American-Indian/Alaska Native	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Unknown
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	

12. Medical History

- No Unknown Cancer Diabetes Heart Disease Hyperlipidemia
 Hypertension Renal Disease Respiratory Disease Stroke Other _____

Part B. Run Information

14. Date of Arrest

<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
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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

34. Estimated time of arrest

<input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/>
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Hour Minute Second

35. Time of 1st CPR

<input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/>
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Hour Minute Second

36. Time of 1st defibrillatory shock

<input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/>
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Hour Minute Second

37. Time of sustained ROSC

<input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/>
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Hour Minute Second

38. Time resuscitation terminated

<input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/>
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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

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:

- | | |
|---|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Amiodarone |
| <input type="checkbox"/> Atropine | <input type="checkbox"/> Bicarbonate |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Dextrose |
| <input type="checkbox"/> Lidocaine | <input type="checkbox"/> Magnesium Sulfate |
| <input type="checkbox"/> Naloxone | <input type="checkbox"/> Vasopressin |
| <input type="checkbox"/> Other _____ | |

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 _____

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 No TH program in place
 DNR/Family request Other
 Unwitnessed cardiac arrest Unknown
 Unshockable rhythm

55. Coronary Angiography Performed
 Yes No Unknown

If Yes, provide date and time:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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Hour Minute

53. Date and Time of Discharge/Death

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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Hour Minute

54. Was the final diagnosis acute myocardial infarction
 Yes No Unknown

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

<input type="text"/>

Hospital Comments
Response and Treatment Times
60. Time call received at dispatch center

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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61. Time First Responder dispatched

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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62. Time First Responder en route

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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63. Time First Responder arrived at scene

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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64. Time Ambulance dispatched

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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65. Time Ambulance en route

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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66. Time Ambulance arrived at scene

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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67. Time EMS arrived at patient side

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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68. Time Ambulance left scene

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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69. Time Ambulance arrived at ED

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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General Comments