Pan-Asian Resuscitation Outcomes Study (PAROS)

Case number

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Mode of Transportation

#1 **Patient brought in by** $\square_1$ EMS $\square_2$ Non-EMS

If 'Non-EMS', please specify $\square_1$ Private ambulance $\square_2$ Own/Private transport $\square_3$ Public transport

Incident Information

#2 **Date of incident**   ☐☐☐☐☐☐☐☐ (dd/mm/yyyy)

#3 **Location of incident** (Optional)_____

(enter Zip/Postal code)   _____   ☐☐☐☐☐☐   ☐ Unknown

#4 **Location type** $\square_1$ Home residence $\square_2$ Healthcare facility $\square_3$ Public/Commercial building

$\square_4$ Nursing home $\square_5$ Street/Highway $\square_6$ Industrial place

$\square_7$ Transport center $\square_8$ Place of recreation $\square_9$ In EMS/Private ambulance

$\square_{10}$ Other, specify _____

Patient Information

#5 **Date of birth**   ☐☐☐☐☐☐☐☐ (dd/mm/yyyy)   **Age** ☐☐☐   ☐ Days ☐ Months ☐ Years

#6 **Gender** $\square_1$ Male $\square_2$ Female

#7 **Race** (optional) $\square_1$ Chinese $\square_2$ Malay $\square_3$ Indian $\square_4$ Eurasian $\square_5$ Other

#8 **Medical history**

O_1 No	O_2 Unknown	O_3 Heart disease
O_4 Diabetes	O_5 Cancer	O_6 Hypertension
O_7 Renal disease	O_8 Respiratory disease	O_9 Hyperlipidemia
O_{10} Stroke	O_{11} HIV	O_{12} Other

Please tick the appropriate boxes and/or fill in the appropriate details.   Version 2.0, 20 April 2011

Dispatch Information (Not Applicable for Non-EMS case)

#9	**Time call received at dispatch center**	(hh:mm:ss)
#10	**Time First responder dispatched**	(hh:mm:ss)
#11	**Time Ambulance dispatched**	(hh:mm:ss)
#12	**Time First responder arrived at scene**	(hh:mm:ss)
#13	**Time Ambulance arrived at scene**	(hh:mm:ss)
#14	**Time EMS arrived at patient side**	(hh:mm:ss)
#15	**Time Ambulance left scene**	(hh:mm:ss)
#16	**Time Ambulance arrived at ED**	(hh:mm:ss)

☐ *No* First Responder dispatched

Prehospital Event and Resuscitation Information

#17 Estimated time of arrest ☐☐:☐☐:☐☐ (hh:mm:ss)   ☐ *Unknown*

#18 Arrest witnessed by
☐1 Not witnessed
☐2 EMS/Private ambulance
☐3 Bystander – healthcare provider
☐4 Bystander – lay person
☐5 Bystander – family

#19 Bystander CPR ☐1 Yes   ☐2 No

#20 *First* CPR initiated by
☐1 No CPR initiated
☐2 First responder
☐3 Ambulance crew
☐4 Bystander – healthcare provider
☐5 Bystander – lay person
☐6 Bystander – family
☐7 Unknown

#21 Bystander AED applied ☐1 Yes   ☐2 No

#22 Resuscitation attempted by EMS/Private ambulance   ☐1 Yes   ☐2 No

Please tick the appropriate boxes and/or fill in the appropriate details.   Version 2.0, 20 April 2011

#23 First arrest rhythm $\square_1$ VF $\square_2$ VT $\square_3$ PEA $\square_4$ Asystole

$\square_5$ Unknown _shockable_ rhythm

$\square_6$ Unknown _unshockable_ rhythm $\square_7$ Unknown

#24 Time CPR started by EMS/Private ambulance   ☐☐☐☐☐☐ (hh:mm:ss)   ☐ _Unknown_

#25 Time AED applied by EMS/Private ambulance   ☐☐☐☐☐☐ (hh:mm:ss)   ☐ _Unknown_

#26 Prehospital defibrillation $\square_1$ Yes $\square_2$ No

If 'Yes', time of first shock given   ☐☐☐☐☐☐ _(hh:mm:ss)_   ☐ _Unknown_

#27 Defibrillation performed by O_1 First responder

O_2 Ambulance crew

O_3 Bystander – healthcare provider

O_4 Bystander – lay person

O_5 Bystander - family

#28 Mechanical CPR device used by EMS/Private ambulance $\square_1$ Yes $\square_2$ No

If 'Yes', please specify $\square_1$ _Load-Distributing Band_

$\square_2$ _Active Compression Decompression_

$\square_3$ _Mechanical Piston_ $\square_4$ _Other_

#29 Prehospital advanced airway $\square_1$ Yes $\square_2$ No

If 'Yes', please specify $\square_1$ _Oral/Nasal ET_ $\square_4$ _King airway_

$\square_2$ _Combitube_ $\square_5$ _Other_

$\square_3$ _LMA_

#30 Prehospital drug administration $\square_1$ Yes $\square_2$ No

If 'Yes', select drugs given O_1 _Epinephrine_ O_5 _Lidocaine_

O_2 _Atropine_ O_6 _Dextrose_

O_3 _Amiodarone_ O_7 _Other_

O_4 _Bicarbonate_

#31 Return of spontaneous circulation at scene/en-route $\square_1$ Yes $\square_2$ No

If 'Yes', specify time   ☐☐☐☐☐☐ _(hh:mm:ss)_   ☐ _Unknown_

Please tick the appropriate boxes and/or fill in the appropriate details.   Version 2.0, 20 April 2011

#32 CPR discontinued at scene/en-route   □₁ Yes   □₂ No

If 'Yes', please specify □₁ *DNAR*

□₂ *ROSC*

□₃ *Medical control order*

□₄ *Obvious signs of death*

□₅ *Protocol/policy requirements completed*

Disposition

#33 Final status at scene   □₁ Conveyed to ED   □₂ Pronounced dead at scene

#34 Cause of arrest   □₁ Trauma   □₂ Non-trauma

If 'Non-trauma', please specify □₁ *Presumed cardiac etiology*   □₂ *Respiratory*

□₃ *Electrocution*   □₄ *Drowning*   □₅ *Other*

#35 Level of destination hospital   □₁ Tertiary   □₂ Community

#36 Destination hospital   □₁ AH   □₂ CGH   □₃ KKH   □₄ KTPH

□₅ NUH   □₆ TTSH   □₇ SGH   □₈ N.A.

#37 Patient's status at ED arrival   □₁ ROSC

□₂ Ongoing resuscitation

□₃ Transported without resuscitation

ED Resuscitation Information (Not Applicable for cases that were pronounced dead at scene)

#38 Date of arrival at ED | | | | | | | | | (dd/mm/yyyy)

#39 Time of arrival at ED | | | | | | | (hh:mm:ss)

#40 Patient status on arrival at ED   Pulse □₁ Yes   □₂ No

Breathing □₁ Yes   □₂ No

#41 Cardiac rhythm on arrival at ED   □₁ VF   □₂ VT   □₃ PEA

□₄ Asystole   □₅ Sinus or other perfusing rhythm

#42 ED defibrillation performed   □₁ Yes   □₂ No

Please tick the appropriate boxes and/or fill in the appropriate details.   Version 2.0, 20 April 2011

#43 **Mechanical CPR device used at ED** ☐₁ Yes ☐₂ No

If 'Yes', please specify ☐₁ *Load-Distributing Band*

☐₂ *Active Compression Decompression*

☐₃ *Mechanical Piston* ☐₄ *Other*

#44 **Advanced airway used at ED** ☐₁ Yes ☐₂ No

If 'Yes', please specify ☐₁ *Oral/Nasal ET* ☐₄ *King airway*

☐₂ *Combitube* ☐₅ *Other*

☐₃ *LMA*

#45 **Drug administered at ED** ☐₁Yes ☐₂ No

If 'Yes', select drugs given O₁ *Epinephrine* O₅ *Lidocaine*

O₂ *Atropine* O₆ *Dextrose*

O₃ *Amiodarone* O₇ *Other*

O₄ *Bicarbonate*

#46 **Return of spontaneous circulation at ED** ☐₁ Yes ☐₂ No ☐₃ NA

If 'Yes', specify time ☐☐☐☐☐☐ *(hh:mm:ss)* ☐ *Unknown*

#47 **Emergency PCI performed** ☐₁ Yes ☐₂ No

#48 **Emergency CABG performed** ☐₁ Yes ☐₂ No

#49 **Hypothermia therapy initiated** ☐₁ Yes ☐₂ No

#50 **ECMO therapy initiated** ☐₁ Yes ☐₂ No

#51 **Cause of arrest** ☐₁ Trauma ☐₂ Non-trauma

If 'Non-trauma', please specify ☐₁ *Presumed cardiac etiology* ☐₂ *Respiratory*

☐₃ *Electrocution* ☐₄ *Drowning* ☐₅ *Other*

#52 **Reason for discontinuing CPR at ED** ☐₁ Death ☐₃ ROSC

☐₂ DNAR ☐₄ ECMO therapy

#53 **Outcome of patient** ☐₁ Admitted ☐₃ Died in ED

☐₂ Transferred to another hospital ☐₄ Unknown

Please tick the appropriate boxes and/or fill in the appropriate details. Version 2.0, 20 April 2011

Hospital Outcome *(FOR PATIENT WHO SURVIVED TO ADMISSION)*

#54	**Patient status**	□₁ Discharged alive
		□₂ Remains in hospital at 30th day post arrest
		□₃ Died in hospital
#55	**Date of Discharge or Death**	[ ][ ][ ][ ][ ][ ][ ][ ] (dd/mm/yyyy)
#56	**Patient neurological status on discharge or at 30th day post arrest**	Cerebral Performance Category [ ]
		Overall Performance Category [ ]
		□ Unknown

Patient Health and Quality of Life   □ **Unknown**
(FOR PATIENT WHO IS DISCHARGED ALIVE or ALIVE ON 30th DAY POST ARREST)

EQ-5D Health Dimensions

#57	Mobility	□₁ No problem	□₂ Some problems	□₃ Confined to bed
#58	Self-care	□₁ No problem	□₂ Some problems	□₃ Unable to wash or dress
#59	Usual activities	□₁ No problem	□₂ Some problems	□₃ Unable to perform
#60	Pain/Discomfort	□₁ None	□₂ Moderate	□₃ Extreme
#61	Anxiety/Depression	□₁ None	□₂ Moderate	□₃ Extreme

#62 **EQ-5D Visual Analog Scale (VAS)**

100   90   80   70   60   50   40   30   20   10   0

100 (best imaginable health state) and 0 (worst imaginable health state)