

Part D: EMS Interventions (check all that apply)

38 - Mechanical CPR device used:

Yes No

If 'Yes', please specify:

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

41 - ITD used:

Yes No

If 'Yes', select how:

- Bag valve mask
- Endotracheal tube
- Combitube
- King Airway
- LMA
- Oral/Nasal ET
- Other

43 - Vascular access:

No IV IV IO

44 - 12 Lead:

Yes No

39 - Automated CPR feedback device used:

Yes No

40 - Advanced airway successfully placed in the field:

Yes No

If 'Yes', please specify:

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

42 - Were drugs administered:

Yes No

If 'Yes', select drugs given:

- Epinephrine
- Atropine
- Amiodarone
- Bicarbonate
- Dextrose
- Lidocaine
- Vasopressin
- Other

45 - STEMI:

Yes No Unknown

If 'Yes', select location:

- Anterior
- Inferior

Part E: Hospital Section

46 - ER Outcome

- Resuscitation terminated in ED
- Admitted to hospital
- Transferred to another acute care facility from the ED

47 - Was hypothermia care initiated or continued in the hospital

Yes No

48 - Hospital Outcome

- Died in the hospital
 - Discharged alive
 - Patient made DNR
- If yes, 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

49 - Discharge from the Hospital

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

50 - 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

47b - Why was hypothermia care not initiated or continued in the hospital?

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

51 - Was the final diagnosis acute myocardial infarction:

Yes No Unknown

52 - Coronary Angiography Performed:

Yes No Unknown

If 'Yes', provide date and time:

/ / :
 Hour Minute

53 - Was a cardiac stent placed:

Yes No Unknown

54 - CABG performed:

Yes No Unknown

55 - Was an ICD placed and/or scheduled:

Yes No Unknown

Hospital Medical Record Number

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Response and Treatment Times

56 - No First Responder dispatched

57 - Time call received at dispatch center

Hour Minute Second

: :

58 - Time First Responder dispatched

: :

59 - Time of First Responder en route

: :

62 - Time First Responder arrived at scene

: :

60 - Time Ambulance dispatched

Hour Minute Second

: :

61 - Time for Ambulance en route

: :

63 - Time Ambulance arrived at scene

: :

64 - Time EMS arrived at patient side

: :

65 - Time Ambulance left scene

: :

66 - Time Ambulance arrived at ED

: :

General Comments