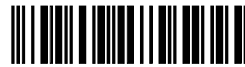


Cardiac Arrest Registry



Part A : Demographic Information

1 - Street Address (Where Arrest Occurred)

2 - City

3 - State

4a - Zip Code

4b - County

5 - First Name

6 - Last Name

7 - Age

Days
 Months
 Years

9 - Date of Birth

10 - Gender

Male
 Female

11 - Race/Ethnicity

American-Indian/Alaska Hispanic/Latino Unknown
 Asian Native Hawaiian/Pacific Islander
 Black/African-American 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

15 - Incident

First Responding Agency

16 - Fire/First Responder

17 - Destination Hospital

Part C: Arrest Information

18 - Location Type

Home/Residence Healthcare Facility
 Public/Commercial Bldg Place of Recreation
 Street/Hwy Industrial Place
 Nursing Home Transport Center
 Other: Specify

19 - Arrest Witnessed

Witnessed Arrest Yes
 Unwitnessed Arrest No

20 - Arrest After Arrival of 911 Responder

Yes
 No

21 - Presumed Cardiac Arrest Etiology

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

Resuscitation Information

22 - Resuscitation attempted by 911 Responder (or AED shock given prior to EMS arrival)

Yes
 No

23 - Who Initiated CPR

Not Applicable
 Lay Person
 Lay Person Family Member
 Lay Person Medical Provider
 First Responder (non-EMS)
 Responding EMS Personnel

24 - Type of Bystander CPR Provided

Compressions and ventilations
 Compressions Only
 Ventilations Only

25 - Were Dispatcher CPR instructions provided

Yes
 No
 Unknown

26 - Was an AED applied prior to EMS arrival

Yes, with defibrillation
 Yes, without defibrillation
 No

27 - Who First Applied the AED

Lay Person
 Lay Person Family Member
 Lay Person Medical Provider
 First Responder (non-EMS)
If yes, was it applied by Police:
 Yes
 No

28 - Who First Defibrillated the Patient

Not Applicable
 Lay Person
 Lay Person Family Member
 Lay Person Medical Provider
 First Responder (non-EMS)
If yes, did the Police defibrillate the patient:
 Yes
 No
 Responding EMS Personnel

29 - Did 911 Responder perform CPR

Yes No

First Cardiac Arrest Rhythm of Patient and ROSC Information

30 - First Arrest Rhythm of Patient

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

31 - 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

32 - Was hypothermia care provided in the field

Yes
 No

33 - End of Event

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

34 - When did ROSC first occur

Never After EMS CPR Only Unknown
 After Bystander CPR Only After EMS Defib. shock
 After Bystander defib shock After ALS

35 - Estimated time of arrest

Hour Minute Second

36 - Time of 1st defibrillatory shock

Hour Minute Second

37 - Time of 1st CPR

Hour Minute Second

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

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65 - Time Ambulance left scene

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66 - Time Ambulance arrived at ED

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General Comments