## Part A: Demographic Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Street Address (Where Arrest Occurred)</td>
<td>[Blank]</td>
</tr>
<tr>
<td>2 - City</td>
<td>[Blank]</td>
</tr>
<tr>
<td>3 - State</td>
<td>[Blank]</td>
</tr>
<tr>
<td>4a - Zip Code</td>
<td>[Blank]</td>
</tr>
<tr>
<td>4b - County</td>
<td>[Blank]</td>
</tr>
<tr>
<td>5 - First Name</td>
<td>[Blank]</td>
</tr>
<tr>
<td>6 - Last Name</td>
<td>[Blank]</td>
</tr>
<tr>
<td>7 - Age</td>
<td>[Blank]</td>
</tr>
<tr>
<td>9 - Date of Birth</td>
<td>[Blank]</td>
</tr>
<tr>
<td>10 - Gender</td>
<td>[Blank]</td>
</tr>
<tr>
<td>11 - Race/Ethnicity</td>
<td>[Blank]</td>
</tr>
<tr>
<td>12 - Medical History</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

## Part B: Run Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 - Date of Arrest</td>
<td>[Blank]</td>
</tr>
<tr>
<td>16 - Fire/First Responder</td>
<td>[Blank]</td>
</tr>
<tr>
<td>17 - Destination Hospital</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

## Part C: Arrest Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - Location Type</td>
<td>[Blank]</td>
</tr>
<tr>
<td>19 - Arrest Witnessed</td>
<td>[Blank]</td>
</tr>
<tr>
<td>20 - Arrest After Arrival of 911 Responder</td>
<td>[Blank]</td>
</tr>
<tr>
<td>21 - Presumed Cardiac Arrest Etiology</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

## Resuscitation Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 - Resuscitation attempted by 911 Responder</td>
<td>[Blank]</td>
</tr>
<tr>
<td>23 - Who Initiated CPR</td>
<td>[Blank]</td>
</tr>
<tr>
<td>24 - Type of Bystander CPR Provided</td>
<td>[Blank]</td>
</tr>
<tr>
<td>25 - Were Dispatcher CPR instructions provided</td>
<td>[Blank]</td>
</tr>
<tr>
<td>26 - Was an AED applied prior to EMS arrival</td>
<td>[Blank]</td>
</tr>
<tr>
<td>27 - Who First Applied the AED</td>
<td>[Blank]</td>
</tr>
<tr>
<td>28 - Who First Defibrillated the Patient</td>
<td>[Blank]</td>
</tr>
<tr>
<td>29 - Did 911 Responder perform CPR</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

## First Cardiac Arrest Rhythm of Patient and ROSC Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 - First Arrest Rhythm of Patient</td>
<td>[Blank]</td>
</tr>
<tr>
<td>31 - Sustained ROSC (20 consecutive minutes)</td>
<td>[Blank]</td>
</tr>
<tr>
<td>32 - Was hypothermia care provided in the field</td>
<td>[Blank]</td>
</tr>
<tr>
<td>33 - End of Event</td>
<td>[Blank]</td>
</tr>
<tr>
<td>34 - When did sustained ROSC first occur</td>
<td>[Blank]</td>
</tr>
<tr>
<td>35 - Estimated time of arrest</td>
<td>[Blank]</td>
</tr>
<tr>
<td>36 - Time of 1st defibrillatory shock</td>
<td>[Blank]</td>
</tr>
<tr>
<td>37 - Time of 1st CPR</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>
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

39 - Automated CPR feedback device used
- Yes
- No

If ‘Yes’, please specify:
- Combitube
- King Airway
- LMA
- Oral/Nasal ET
- Other

40 - Advanced airway successfully placed in the field
- Yes
- No

If ‘Yes’, please specify:
- Combitube
- King Airway
- LMA
- Oral/Nasal ET
- Other

41 - ITD used
- Yes
- No

If ‘Yes’, please specify:
- Bag valve mask
- Endotracheal tube
- Combitube
- Airway
- Other

42 - Were drugs administered
- Yes
- No

If ‘Yes’, please specify:
- Epinephrine
- Atropine
- Bicarbonate
- Dextrose
- Lidocaine
- Narcan
- Vasopressin
- Other

43 - Vascular access
- Yes
- No

44 - 12 Lead
- Yes
- No

45 - STEMI
- Yes
- No

If ‘Yes’, please specify:
- 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

If ‘Yes’, please specify:
- Awake/Following commands
- DNR/Family request
- Unwitnessed cardiac arrest
- Unshockable rhythm

48 - Hospital Outcome
- Died in the hospital
- Discharged alive
- Patient made DNR
- Transferred to another acute care hospital
- Not yet determined

If ‘Yes’, please choose one of the following:
- Died in the hospital
- Discharged alive
- 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)

51 - Was the final diagnosis acute myocardial infarction?
- Yes
- No
- Unknown

Hospital Medical Record Number

52 - Coronary Angiography Performed
- Yes
- No
- Unknown

If ‘Yes’, provide date and time:

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

56 - No First Responder dispatched

57 - Time call received at dispatch center

58 - Time First Responder dispatched

59 - Time of First Responder en route

60 - Time Ambulance dispatched

61 - Time for Ambulance en route

62 - Time First Responder arrived at scene

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