

# Cardiac Arrest Registry



## Part A : Demographic Information

### 1 - Street Address (Where Arrest Occurred)

Grid for Street Address

### 2 - City

Grid for City

### 3 - State

Grid for State

### 4a - Zip Code

Grid for Zip Code

### 4b - County

Grid for County

### 5 - First Name

Grid for First Name

### 6 - Last Name

Grid for Last Name

### 7 - Age

Grid for Age with Day/Month/Year options

### 9 - Date of Birth

Grid for Date of Birth

### 10 - Gender

Male/Female options

### 11 - Race/Ethnicity

Race/Ethnicity options: American-Indian/Alaska, Hispanic/Latino, Unknown, Asian, Native Hawaiian/Pacific Islander, Black/African-American, White

### 12 - Medical history

Medical history checkboxes: No, Unknown, Cancer, Diabetes, Heart Disease, Hyperlipidemia, Hypertension, Renal Disease, Respiratory Disease, Stroke, Other

## Part B : Run Information

### 14 - Date of Arrest

Grid for Date of Arrest

### 15 - Incident #

Grid for Incident #

## First Responding Agency

### 16 - Fire/First Responder

Grid for Fire/First Responder

### 17 - Destination Hospital

Grid for Destination Hospital

## Part C: Arrest Information

### 18 - Location Type

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

### 19 - Arrest Witnessed

Witnessed/Unwitnessed Arrest, Yes/No checkboxes

### 20 - Arrest After Arrival of 911 Responder

Yes/No checkboxes

### 21 - Presumed Cardiac Arrest Etiology

Presumed Cardiac Arrest Etiology checkboxes: 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 checkboxes

### 23 - Who Initiated CPR

Who Initiated CPR checkboxes: 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

Type of Bystander CPR Provided checkboxes: Compressions and ventilations, Compressions Only, Ventilations Only

### 25 - Were Dispatcher CPR instructions provided

Were Dispatcher CPR instructions provided checkboxes: Yes, No, Unknown

### 26 - Was an AED applied prior to EMS arrival

Was an AED applied prior to EMS arrival checkboxes: Yes, with defibrillation, Yes, without defibrillation, No

### 27 - Who First Applied the AED

Who First Applied the AED checkboxes: Lay Person, Lay Person Family Member, Lay Person Medical Provider, First Responder (non-EMS), and Police application options (Yes/No)

### 28 - Who First Defibrillated the Patient

Who First Defibrillated the Patient checkboxes: Not Applicable, Lay Person, Lay Person Family Member, Lay Person Medical Provider, First Responder (non-EMS), and Police defibrillation options (Yes/No/Responding EMS Personnel)

### 29 - Did 911 Responder perform CPR

Did 911 Responder perform CPR checkboxes: Yes, No

## First Cardiac Arrest Rhythm of Patient and ROSC Information

### 30 - First Arrest Rhythm of Patient

First Arrest Rhythm of Patient checkboxes: 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

Sustained ROSC checkboxes: 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

Was hypothermia care provided in the field checkboxes: Yes, No

### 33 - End of Event

End of Event checkboxes: Pronounced in the Field, Pronounced in the ED, Effort ceased due to DNR, Ongoing Resuscitation in ED

### 34 - When did ROSC first occur

When did ROSC first occur checkboxes: Never, After Bystander CPR Only, After Bystander defib shock, After ALS, After JFFA/JFA/JFA/JFA CPR Only, After JFFA/JFA/JFA/JFA Defib. shock, Unknown

### 35 - Estimated time of arrest

Estimated time of arrest grid with Hour, Minute, Second labels

### 36 - Time of 1st defibrillatory shock

Time of 1st defibrillatory shock grid with Hour, Minute, Second labels

### 37 - Time of 1st CPR

Time of 1st CPR grid with Hour, Minute, Second labels

**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
  - $\beta$ -blockers  Xa<sup>II</sup> inhibitors  Uric acid

**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
- $\beta$ -blockers
- Uric acid
- $W\backslash\}$  [ , ]

**48b - Date and time of Discharge/Death:**

			/					/			
			:					:			
			Hour					Minute			

**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**

		:			:			
		Hour			Minute			Second

**59 - Time of First Responder en route**

		:			:			
		Hour			Minute			Second

**62 - Time First Responder arrived at scene**

		:			:			
		Hour			Minute			Second

**60 - Time Ambulance dispatched**

		:			:			
		Hour			Minute			Second

**61 - Time for Ambulance en route**

		:			:			
		Hour			Minute			Second

**63 - Time Ambulance arrived at scene**

		:			:			
		Hour			Minute			Second

**64 - Time EMS arrived at patient side**

		:			:			
		Hour			Minute			Second

**65 - Time Ambulance left scene**

		:			:			
		Hour			Minute			Second

**66 - Time Ambulance arrived at ED**

		:			:			
		Hour			Minute			Second

**General Comments**