American Heart Association®
Get With The Guidelines®
Resuscitation

GWTG-Resuscitation Patient Management Tool (CRF)
CPA Event Newly Born Delivery Event CRF

Updated December 2022

OPTIONAL: Local Event ID:	_____	
Neonatal Delivery Event?	○ Yes	○ No/Not Documented (Does NOT meet inclusion criteria)
Did pt. receive Chest Compressions and/or defibrillation during this event?	○ Yes	○ No/Not Documented (Does NOT meet inclusion criteria)
Date/Time the need for chest compressions (or defibrillation when initial rhythm was VF or Pulseless VT) was FIRST recognized:	__/__/_____ __:__ (MM/DD/YYYY HH:MM)	☐ Time Not Documented
System Entry Date	____/____/_____ ___:___ (MM/DD/YYYY HH:MM)	

CPA 2.3 Interventions Already in Place *Pre-Event Tab*

Interventions ALREADY IN PLACE when need for chest compressions and/or defibrillation was first recognized (check all that apply):

Part A:	❑ None	
❑ Non-Invasive Assisted Ventilation ☐ Bag-Valve-Mask ☐ Mask and/or Nasal CPAP ☐ Mouth-to-Barrier Device ☐ Mouth-to-Mouth ☐ Laryngeal Mask Airway (LMA) ☐ Other Non-Invasive Ventilation: (Specify) _____	❑ Invasive Assisted Ventilation, via an: ☐ Endotracheal Tube (ET) ☐ Tracheostomy Tube ❑ Intra-Arterial Catheter ❑ Conscious/Procedural Sedation ❑ End Tidal CO_2 ($ETCO_2$) Monitoring ❑ Supplemental Oxygen	
Monitoring	❑ ECG	❑ Pulse Oximetry
Vascular Access	○ Yes	○ No/Not Documented
If Vascular Access in place, type:	❑ Umbilical Venous Catheter	❑ Peripheral IV
Any Vasoactive Agent in place?	○ Yes	○ No/Not Documented

CPA 3.1 Event *Event Tab*

Date/Time of Birth	____/____/_____ ___:___ (MM/DD/YYYY HH:MM)				
Age at Event	_____ Age in:	○ Years ○ Months	○ Weeks ○ Days	○ Hours ○ Minutes	❑ Estimated? ❑ Age Unknown/Not Documented
Subject Type	○ Ambulatory/Outpatient ○ Emergency Department ○ Hospital Inpatient – (rehab, skilled nursing, mental health wards)		○ Rehab Facility Inpatient ○ Skilled Nursing Facility Inpatient ○ Mental Health Facility Inpatient ○ Visitor or Employee		
Illness Category	○ Medical-Cardiac ○ Medical-Noncardiac ○ Surgical-Cardiac ○ Surgical-Noncardiac		○ Obstetric ○ Trauma ○ Other (Visitor/Employee)		
Event Location Area	○ Ambulatory/Outpatient Area ○ Adult Coronary Care Unit (CCU) ○ Adult ICU ○ Cardiac Catheterization Lab ○ Delivery Suite ○ Diagnostic/Intervention Area (excludes Cath Lab) ○ Emergency Department (ED) ○ General Inpatient Area ○ Neonatal ICU (NICU) ○ Newborn Nursery ○ Operating Room (OR)		○ Pediatric Cardiac Intensive Care ○ Pediatric ICU (PICU) ○ Post-anesthesia Recovery Room (PACU) ○ Rehab, Skilled Nursing, or Mental Health unit/ facility ○ Same-Day Surgical Area ○ Telemetry Unit or Step-Down Unit ○ Other ○ Unknown/Not Documented		
Event Location Name	_____				

Event Witnessed?	○ Yes		○ No/Not Documented
Was a hospital-wide resuscitation response activated?	○ Yes		○ No/Not Documented
If team activated, date/time of resuscitation team arrival:	__/__/____ __:__		❑ Time Not Documented

CPA 4.1 INITIAL CONDITION				*Initial Condition/Defibrillation/Ventilation Tab*
Did patient have a detectable Heart Rate?	○ Yes	○ No		○ Not Documented
If there is a detectable heart rate, what was the heart rate?	○ ≥ 60 BPM	○ <60BPM		○ Heart Rate Not Documented
First documented monitored rhythm:	○ Bradycardia ○ Asystole	○ Pulseless Electrical Activity (PEA) ○ Other		○ Unknown – not placed on cardiac monitor ○ Not Documented
Did patient receive chest compressions (includes open cardiac massage)?	○ Yes	○ No/Not Documented		○ No, Per Advance Directive
Compression Method used (check all that apply):	❑ Two Thumb encircling hands	❑ Two Finger Technique		❑ Not Documented
Compression to ventilation ratio used (check all that apply):	❑ 3:1	❑ 15:2	❑ Asynchronous	❑ Not Documented
Date/Time compressions started:	____/____/_____ ___:___ (MM/DD/YYYY HH:MM)			☐ Time Not Documented

CPA 4.3 VENTILATION			*Initial Condition/Defibrillation/Ventilation Tab*
Types of Ventilation/Airways used	❑ None		❑ Unknown/Not Documented
Ventilation/Airways used (select all that apply)	❑ Bag-Valve-Mask ❑ Mask and/or Nasal CPAP/BiPAP ❑ Mouth-to-Barrier Device ❑ Mouth-to-Mouth ❑ Laryngeal Mask Airway (LMA)		❑ Endotracheal Tube (ET) ❑ Supraglottic Airway ❑ Tracheostomy Tube ❑ Other Non-Invasive Ventilation (Specify) _____
Was Bag-Valve-Mask ventilation initiated during the event?	○ Yes	○ No	○ Not Documented
If Yes, enter Date and Time	___/___/_____ __:__		❑ Time Not Documented
Was Laryngeal Mask Airway (LMA) inserted/re-inserted initiated during the event?	○ Yes	○ No	○ Not Documented
If Yes, enter Date and Time	___/___/_____ __:__		❑ Time Not Documented
Was any Endotracheal Tube (ET) or Tracheostomy Tube inserted/re-inserted during event?	Yes	No	○ Not Documented
If Yes, enter Date and Time	___/___/_____ __:__		❑ Time Not Documented
Was any Pulse Oximetry initiated during the event?	○ Yes	○ No	○ Not Documented
If Yes, enter Date and Time	___/___/_____ __:__		❑ Time Not Documented
Method(s) of confirmation used to ensure correct placement of Endotracheal Tube (ET) or Tracheostomy Tube (check all that apply):	❑ Waveform capnography (waveform ETCO2) ❑ Capnometry (numeric ETCO2) ❑ Exhaled CO2 colorimetric monitor (ETCO2 by color change)		❑ Esophageal Detection Services ❑ Revisualization with direct Laryngoscopy ❑ None of the above ❑ Not Documented

CPA 5.1 EPINEPHRINE			*Other Interventions Tab*
Was any Epinephrine BOLUS administered?	○ Yes	○ No	○ Not Documented
Date/Time	___/___/_____ __:__		☐ Time Not Documented
Dose	_____		☐ Not Documented
Delivered via:	❑ Intravascular ☐ Peripheral ☐ Umbilical Venous Catheter ❑ Intraosseous (IO)		❑ Endotracheal/Tracheostomy Tube ❑ Other: _____ ❑ Unknown/Not Documented

CPA 5.2 OTHER DRUG INTERVENTIONS — *Other Interventions Tab*

Select all either initiated, or if already in place immediately prior to, continued during event.

❑ None (select only after careful review of options below) ❑ Atropine	❑ Fluid bolus for volume expansion ☐ Albumin ☐ Lactate Ringers ☐ Normal Saline ☐ O-negative Blood	❑ Reversal agent (e.g., naloxone/Narcan, flumazenil/Romazicon, neostigmine/Prostigim) ❑ Sodium Bicarbonate ❑ Other Drug Interventions: _____

CPA 5.3 Other Non-Drug Interventions *Other Interventions Tab*

Select each intervention that was employed during the resuscitation event.

❑ None (review options below carefully) ❑ Chest tube(s) inserted ❑ Needle thoracostomy	❑ Paracentesis ❑ Pericardiocentesis ❑ Other non-drug interventions _____

CPA 6.1 Event Outcome *Event Outcome Tab*

Was ANY documented return of adequate circulation [ROC] (in the absence of ongoing chest compressions return of adequate pulse/heart rate by palpation, auscultation, Doppler, arterial blood pressure waveform, or documented blood pressure) achieved during the event?		○ Yes ○ No/Not Documented
Date/Time of FIRST adequate return of circulation (ROC):	___/___/_____ __:__ (MM/DD/YYYY HH:MM)	☐ Time Not Documented
Reason resuscitation ended	○ Survived – ROC	○ Died – Efforts terminated, no sustained ROC
Date and time sustained ROC *began lasting > 20 min* OR resuscitation efforts were terminated (End of event)	___/___/_____ __:__ (MM/DD/YYYY HH:MM)	☐ Time Not Documented

CPA 6.2 Post-ROC Care *Event Outcome Tab*

Highest patient temperatures during first 24 hrs. after ROC: Temperature	○ _____ C		○ _____ F		☐ Temperature Not Documented
Site	○ Axillary ○ Bladder	○ Blood ○ Brain	○ Oral ○ Rectal	○ Surface (skin, temporal) ○ Other	○ Unknown ○ Tympanic
Date/Time Recorded:	___/___/_____ __:__ (MM/DD/YYYY HH:MM)			☐ Time Not Documented	

CPA 7.1 CPR Quality *CPR Quality Tab*

Was a team debriefing on the quality of CPR provided completed after the event?	○ Yes	○ No	○ Not Documented

CPA 7.2 Resuscitation-Related Events And Issues *CPR Quality Tab*

	OPTIONAL:		
Events and Issues	☐ No/Not Documented		
Universal Precautions	☐ Not followed by all team members (specify in comments section)		
Documentation	☐ Signature of code team leader not on code sheet ☐ Missing other signatures ☐ Medication route(s) not documented		☐ Incomplete documentation ☐ Other (specify in comments section)
Alerting Hospital-Wide Resuscitation Response	☐ Delay ☐ Pager Issue(s)		☐ Other (specify in comments section)
Airway	☐ Aspiration related to provision of airway ☐ Delay ☐ Delayed recognition of airway misplacement/displacement ☐ Intubation attempted, not achieved		☐ Multiple intubation attempts → Number of Attempts _____ ☐ Unknown/ Not Documented ☐ Other (specify in comments section)
Vascular Access	☐ Delay ☐ Inadvertent arterial cannulation		☐ Infiltration/Disconnection ☐ Other (specify in comments section)
Chest Compression	☐ Delay	☐ No back board	☐ Other (specify in comments section)
Medications	☐ Delay ☐ Route ☐ Dose		☐ Selection ☐ Other (specify in comments section)
Leadership	☐ Delay in identifying leader ☐ Knowledge of equipment ☐ Knowledge of medications/protocols ☐ Knowledge of roles		☐ Team oversight ☐ Too many team members ☐ Other (specify in comments section)
Protocol Derivation	☐ ACLS/PALS	☐ NRP	☐ Other (specify in comments section)

Equipment	☐ Availability	☐ Function	☐ Other (specify in comments section)
Comments			
Was this cardiac arrest event the patient's index (first) event?	○ Yes		○ No

Comments & Optional Fields: *Do not enter any Personal Health Information/Protected Health Information into this section.*

Field 1	Field 2
Field 3	Field 4
Field 5	Field 6
Field 7	Field 8
Field 9	Field 10
Field 11	Field 12
Field 13 ___/___/_____ ___:___	Field 14 ___/___/_____ ___:___

END OF FORM

