GWTG-Resuscitation Data Elements

October 2012

Admission/Discharge Form:
1. System Entry Time (Date/Time of admission to area where event occurred or of event if visitor)
2. Age
3. Born this Admission (Date/Time)
4. Gender
5. Race
6. Hispanic Ethnicity
7. Weight
8. Residence Prior to System Entry
9. Admission Adult and Pediatric Cerebral Performance Category
10. Newborn/Neonate Specific Data
   a. Prenatal Care Received
   b. Maternal Conditions
   c. Delivery Details
      i. Fetal Monitoring
      ii. Delivery Mode
      iii. Presentation
      iv. Apgar Scores
      v. Cord pH
      vi. Gestational Age
   d. Special Circumstances Recognized at Birth
11. Discharge Data
   a. Discharge Disposition
   b. Date/Time of Discharge/Death
   c. Do Not Attempt Resuscitation Order During this Admission (Date/Time)
   d. Life Support Withdrawn
   e. Organs Recovered
   f. Discharge Destination
   g. Adult and Pediatric Cerebral Performance Category at Discharge

Cardiopulmonary Arrest Form:
1. Date/Time Need for Chest Compression and/or Defibrillation Recognized
2. Pre-event Data (Optional data element)
   a. Patient Status Prior to Event
   b. Pre-event Vital Signs
3. Pre-Existing Conditions
4. Interventions Already in Place at Time of Event
   a. Monitoring
   b. Vascular Access
   c. Vasoactive Agent
   d. Other Interventions (Optional data element)
5. Event data
   a. Subject Type and Illness Category
   b. Event Location
   c. Witnessed
   d. House-wide Resuscitation Response Activated

6. Initial Condition Data
   a. Patient Status at Onset of Event
   b. Cardiac Rhythm
   c. Chest Compression Data

7. Defibrillation Data
   a. Automated External Defibrillator or Manual Defibrillator in Advisory Mode Data
   b. Date/Time of Ventricular Fibrillation (VF) or Pulseless Ventricular Tachycardia
   c. Number of Shocks
   d. Details of each Shock
      i. Date/Time
      ii. Energy (joules)

8. Types of Ventilation/Airways Used
   a. Non-Invasive Devices
   b. Invasive Devices and Confirmation Methods Used
   c. Date/Time of Invasive Device Insertion

9. Epinephrine /Vasopressin Bolus Data
   a. Date/Time
   b. Route
   c. Number of Doses

10. Other Drug Interventions
    a. Antiarrhythmic Medications
    b. Vasopressors
    c. Atropine
    d. Others

11. Non drug Interventions

12. Event Outcome data
    a. Date/Time of First Return of Circulation
    b. Reason Event Ended
    c. Date/ Time of Event End

13. Post Return of Circulation Data
    a. Induced Hypothermia (yes/no)
    b. Highest Temperature in First 24 Hours.

14. CPR Quality
    a. End Title CO₂ Data
    b. Arterial Line Data
    c. Quality of Compression Data

15. Resuscitation Related Events and Issues (Optional data element)
    a. Documentation
    b. Team Response
       i. Protocols
       ii. Leadership
c. Intervention Issues
   i. Airway
   ii. Vascular access
   iii. Chest compression
   iv. Defibrillation
   v. Medications
d. Equipment Issues

Acute Respiratory Compromise Event Form:
1. Date/Time Need for Emergency Assisted Ventilation Recognized
2. Pre-Event Data (Optional data element)
   a. Patient Status Prior to Event
   b. Pre-Event Vital Signs
3. Pre-Existing Conditions (Optional data element)
4. Interventions Already in Place at Time of Event
   a. Monitoring
   b. Vascular Access
   c. Invasive Airway
   d. Other Interventions (Optional data element)
5. Event data
   a. Subject Type and Illness Category
   b. Event Location
   c. Witnessed
   d. House-wide Resuscitation Response Activation data
   e. Initial Condition Data
      i. Patient status at onset of event
      ii. Cardiac Rhythm
   f. Date/Time Patient became Apneic or Respirations Agonal
6. Immediate Cause Data
7. Ventilation Data
   a. Non-Invasive Devices
   b. Invasive Devices and Confirmation Methods Used
   c. Date/Time of Invasive Device Insertion
8. Other Interventions
   a. Drug
   b. Non-Drug
9. Event Outcome data
   a. Reason Event Ended
   b. Date/Time of Event End
   c. Progression to Cardiopulmonary Arrest (yes/no)
10. Resuscitation Related Events and Issues
    a. Documentation
    b. Team Response
       i. Protocols
       ii. Leadership
c. Intervention Issues
   i. Airway
   ii. Vascular access
   iii. Chest compression
   iv. Defibrillation
   v. Medications

**Medical Emergency Team Event Form:**
1. Date/Time of Team Activation
2. Pre-Event Data
   a. Patient Status Prior to Event
   b. Pre-Event Vital Signs
3. Event data
   a. Team Arrival and Departure Date/Time
   b. Subject type and Illness Category
   c. Event Location
   d. Vital Signs at the Time of Event
4. Team Activation Triggers
5. Drug Interventions
6. Non Drug Interventions (diagnostic and therapeutic)
7. Event Outcome
   a. Reason Event Ended
   b. Transfer Location
8. Review of MET Response
   a. Response Delays
   b. Equipment or Medication Delays
   c. Communication Issues