**Resuscitation Patient Management Tool®**

**May 2015**

Note: Optional data elements appear in the Get With The Guidelines ® - Resuscitation PMT as dark grey shaded areas.

**OPTIONAL:** Local Event ID: __________________________

Date/Time need for emergency assisted ventilation first recognized ______ / ____ / _____: ____

- Time Not Documented

**ARC 2.1 Pre-Event**

**Pre-Event Tab**

**OPTIONAL:** Was patient discharged from an Intensive Care Unit (ICU) prior to this ARC event?  
- Yes  
- No

**OPTIONAL:** If yes, date admitted to non-ICU unit (after ICU discharge): ______ / ______ / ______

**OPTIONAL:** Was patient discharged from a Post Anesthesia Care Unit (PACU) within 24 hrs prior to this ARC event?  
- Yes  
- No

**OPTIONAL:** Was patient in the ED within 24 hours prior to this ARC event?  
- Yes  
- No

**OPTIONAL:** Did pt receive conscious/procedural sedation or general anesthesia within 24 hrs prior to this ARC event?  
- Yes  
- No

**OPTIONAL:** Enter all vital signs taken in the 4 hours prior to the ARC event (up to 4 sets).

- Pre-Event VS Unknown/Not Documented

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Heart Rate</th>
<th>Systolic BP</th>
<th>Diastolic BP</th>
<th>Respiratory Rate</th>
<th>SpO2</th>
<th>Temp</th>
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</table>

**ARC 2.2 Pre-Existing Conditions**

**Pre-Event Tab**

**OPTIONAL:** Pre-existing Conditions at Time of Event (check all that apply):  
- None

- Acute CNS non-stroke event
- Acute stroke
- Cardiac malformation/abnormality – acyanotic (pediatric and newborn/neonate only)
- Cardiac malformation/abnormality – cyanotic (pediatric and newborn/neonate only)
- Congenital malformation/abnormality (Non-Cardiac) (pediatric and newborn/neonate only)
- Congestive heart failure (this admission)
- Congestive heart failure (prior to this admission)
- Hypotension/hypoperfusion
- Major trauma
- Pneumonia
- Septicemia

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ARC Event

May 2015

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ARC 2.3 Interventions Already in Place

Interventions ALREADY IN PLACE when need for emergency assisted ventilation was first recognized (check all that apply):

Part A:
- None
- Invasive airway
- Assisted or mechanical ventilation (includes CPAP/BiPAP)
- Nebulized therapies within 4 hours of event

Monitoring:
- ECG
- Apnea
- Apnea/bradycardia
- Pulse oximetry

Vascular access: Yes No/Not Documented

OPTIONAL: Part B:
- None
- Chest tube(s)
- Inhaled nitric oxide therapy (newborn/neonate)
- Prostaglandins – cont. infusion (newborn/neonate)
- Supplemental oxygen (cannula, mask, hood, or tent)
- Other prior interventions in place: (specify)

ARC 3.1 Event

Date/Time of Birth: ___/___/_______:____

Age at Event: _______ in years | months | weeks | days | hours | minutes  Estimated? Age Unknown/Not Documented

Subject Type:
- Ambulatory/Outpatient
- Emergency Department
- Hospital Inpatient
- 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 ICU (PICU)
- Pediatric Cardiac Intensive Care
- 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):

______________________________

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### Event Witnessed?

- Yes
- No/Not Documented

### Was the patient conscious when the need for emergency assisted ventilation was first identified?

- Yes
- No
- Unknown/Not Documented

### Was the patient breathing when the need for emergency assisted ventilation was first identified?

- Yes
- No
- Agonal
- Assisted Ventilation
- Unknown/Not Documented

### Rhythm when the need for emergency assisted ventilation was first identified:

- Accelerated idioventricular rhythm (AIVR)
- Bradycardia
- Pacemaker
- Sinus (including sinus tachycardia)
- Supraventricular tachyarrhythmia (SVTarrhy)
- Ventricular Tachycardia (VT) with a pulse
- Unknown/Not Documented

### Was a hospital-wide resuscitation response activated?

- Yes
- No/Not Documented

### Did patient become apneic or respirations agonal ANY time during ARC event?

- Yes
- No/Not Documented

### Date/time patient became apneic or respirations agonal: ___/___/______ : ___ ____/ Not Documented
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ARC Event

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**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
- Other Non-Invasive Ventilation: (specify) ______________________
- Laryngeal Mask Airway (LMA)
- Endotracheal Tube (ET)
- Tracheostomy Tube

Date/Time first emergency assisted ventilation during the event: / / : [ ] Time Not Documented

Was any Endotracheal Tube (ET) or Tracheostomy Tube inserted/re-inserted during event?
- Yes
- No

Date/Time Endotracheal Tube (ET) or Tracheostomy Tube inserted if not already in place and/or re-inserted during event:

/ / : [ ] 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 devices
- Revisualization with direct laryngoscopy
- None of the above
- Not Documented

Select each intervention that was employed during the ARC event

**Drug Interventions** (check all that apply)
- None (review options below carefully)
- Bronchodilator: Inhaled
- Bronchodilator: Sub Q or IV/IO
- Calcium chloride/Calcium gluconate
- Dextrose bolus
- Fluid bolus for volume expansion
- Magnesium sulfate
- Neuromuscular blocker/muscle relaxant
- Prostaglandin E1 (PGE)
- Reversal agent
- Sedative/induction agent
- Sodium bicarbonate
- Other drug interventions:

**Non-Drug Interventions** (check all that apply)
- None (review options below carefully)
- Central venous catheter inserted
- Chest tube(s) inserted
- Needle thoracostomy
- Nasogastric (NG)/Orogastric (OG) Tube
- Thoracentesis
- Tracheostomy/Cricothyrotomy (placed during event)
- Tracheostomy change/replacement
- Other non-drug interventions:

**ARC 6.1 Event Outcome**

Event Outcome
Was ANY return of \textit{spontaneous} respiration documented during event (excluding agonal/gasping)?
- Yes
- No/Not Documented

Date/time FIRST return of spontaneous respiration (ROSV): \underline{____}/\underline{____}/\underline{____}:\underline{____} [Time Not Documented]

Reason ARC event ended:
- Return of spontaneous ventilation (ROSV) (no further need for assisted ventilation) that was sustained for > 20 minutes
- Control of ventilation with assisted ventilation that was sustained for > 20 minutes either: minutes (< 20 minutes if transferred quickly out of unit)
  - a. non-invasively (includes mask/nasal CPAP/BiPAP, negative pressure ventilation; excludes manual bag-valve-mask ventilation); \textbf{OR}
  - b. via an invasive airway (includes assisted ventilation via endotracheal/tracheostomy tube, assist control, IMV, pressure support, high freq. mech vent.)
- Transfer of newborn out of delivery room prior to 20 min of spontaneous/controlled vent.
- Progressed to Cardiopulmonary Arrest; or ARC interventions terminated because of advance directive.

If progressed to CPA, does CPA portion of event meet GWTG-R inclusion criteria?
- Yes
- No, not being entered (e.g., DNAR)

Enter Date/Time of the \textbf{BEGINNING} of sustained ROSV or control of ventilation or need for chest compression and/or defibrillation (CPA) first identified: \underline{____}/\underline{____}/\underline{____}:\underline{____} [Time Not Documented]

\textbf{ARC 7.1 Events and Issues} 

- No/Not Documented

\textbf{Universal Precautions}
- Not followed by all team members (specify in comments section)

\textbf{Documentation}
- Signature of code team leader not on code sheet
- Missing other signatures
- Initial ECG rhythm not documented
- Medication route(s) not documented
- Incomplete documentation
- Other (specify in comments section)

\textbf{Airway}
- Aspiration related to provision of airway
- Delay
- Delayed recognition of airway misplacement/displacement
- Intubation attempted, not achieved
- Multiple intubation attempts \(\Rightarrow\) Number of attempts: \underline{____} [Unknown/Not Documented]
- Other (specify in comments section)

\textbf{Vascular Access}
- Delay
- Inadvertent arterial cannulation
- Infiltration/Disconnection
- Other (specify in comments section)

\textbf{Medications}
- Delay
- Route
- Dose
- Selection
- Other (specify in comments section)

\textbf{Leadership}
- Delay in identifying leader
- Knowledge of equipment
- Knowledge of medications/protocols
- Knowledge of roles
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May 2015

ARC Event

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- Team oversight
- Too many team members
- Other (specify in comments section)  

**Protocol Deviation**
- ALS/PALS
- NRP
- Other (specify in comments section)

**Equipment:**
- Availability
- Function
- Other (specify in comments section)

**Comments**

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*Do not enter any Personal Health Information/Protected Health Information into this section.*

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**Date:** 

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