**Resuscitation Patient Management Tool®**

**January 2017**

**CPA Event**

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

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**OPTIONAL:** Local Event ID: ______________________

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: ___/___/_______ ____:____  ☐ Time Not Documented

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### CPA 2.1 Pre-Event

<table>
<thead>
<tr>
<th>Option</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional: Was patient discharged from an ICU (ICU) within 24 hours prior to this CPA event?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Optional: If yes, date admitted to non-ICU unit (after ICU discharge):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optional: Was patient discharged from a Post Anesthesia Care Unit (PACU) within 24 hrs prior to this CPA event?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Optional: Was patient in the ED within 24 hours prior to this CPA event?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Optional: Did patient receive conscious/procedural sedation or general anesthesia within 24 hrs prior to this CPA event?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

#### Pre-Event Tab

**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>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>C/F</td>
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<td>C/F</td>
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<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>C/F</td>
<td>ND</td>
</tr>
</tbody>
</table>

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### CPA 2.2 Pre-Existing Conditions

Did patient have an out-of-hospital arrest leading to this admission?  ☐ Yes  ☐ No/Not documented

**Pre-existing Conditions at Time of Event** (check all that apply):

- ☐ None (review options below carefully)
- ☐ Acute CNS non-stroke event
- ☐ Acute stroke
- ☐ Baseline depression in CNS function
- ☐ 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)
- ☐ Diabetes mellitus
- ☐ Hepatic insufficiency
- ☐ Hypotension/hypoperfusion
- ☐ Major trauma
- ☐ Metastatic or hematologic malignancy
- ☐ Metabolic/electrolyte abnormality
- ☐ Myocardial ischemia/infarction (this admission)
- ☐ Myocardial ischemia/infarction (prior to admit)
- ☐ Pneumonia
- ☐ Renal insufficiency
- ☐ Respiratory insufficiency
- ☐ Septicemia
### 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 **airway** assisted ventilation, via an:
  - □ Endotracheal Tube (ET)
  - □ Tracheostomy Tube
  - □ Intra-arterial catheter
  - □ Conscious/procedural sedation
  - □ End Tidal CO2 (ETCO2) Monitoring
  - □ Supplemental oxygen (cannula, mask, hood, or tent)

**Monitoring (Specify):**

- □ ECG
- □ Pulse oximetry

**Vascular access:** □ Yes □ No/Not Documented

Any vasoactive agent in place? □ Yes □ No/Not Documented

**OPTIONAL: Part B:**

□ None

- □ IV/Io continuous infusion of antiarrhythmic(s)
- □ Dialysis/extracorporeal filtration therapy (ongoing)
- □ Implantable cardiac defibrillator (ICD)
- □ Extracorporeal membrane oxygenation (ECMO)

### CPA 3.1 Event

**Event Tab**

**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, 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)
### CPA Event

#### Initial Condition/Defibrillation/Ventilation Tab

**Condition that best describes this event:**
- Patient was PULSELESS when need for chest compressions and/or need for defibrillation of initial rhythm VF/Pulseless VT was first identified
- Patient had a pulse (poor perfusion) requiring chest compressions PRIOR to becoming pulseless
- Patient had a pulse (poor perfusion) requiring chest compressions, but did NOT become pulseless at any time during this event

**Did patient receive chest compressions (includes open cardiac massage)?**
- Yes
- No/Not Documented
- No, Per Advance Directive

**Compression Method(s) used (check all that apply):**
- Standard Manual Compression
- IAC-CPR (interposed abdominal compression cardiopulmonary resuscitation)
- Automatic Compressor
- Open chest CPR (direct [internal] cardiac compression)
- Unknown/Not Documented

**Date/Time compressions started:**

**If compressions provided while pulse present:**

**Rhythm when the patient with a pulse FIRST received chest compressions during event**
- Accelerated idioventricular rhythm (AIVR)
- Bradycardia
- Pacemaker
- Sinus (including sinus tachycardia)
- Supraventricular tachyarrhythmia (SVT arrhy)
- Ventricular Tachycardia (VT) with a pulse
- Unknown/Not Documented

**If pulseless at ANY time during event:**

**First documented pulseless rhythm:**
- Asystole
- Pulseless Electrical Activity (PEA)
- Pulseless Ventricular Tachycardia
- Ventricular Fibrillation (VF)
- Unknown/Not Documented

**CPA 4.2 AED and VF/Pulseless VT**

**Was automated external defibrillator (AED) applied or manual defibrillator in AED/Shock Advisory mode applied?**
- Yes
- No/Not Documented
Date/Time AED or manual defibrillator in AED/Shock Advisory mode applied: ___/___/_______ ____:____

Did the patient have Ventricular Fibrillation (VF) OR Pulseless Ventricular Tachycardia ANY time during this event?
- Yes
- No/Not Documented

Date/Time of Ventricular Fibrillation (VF) OR Pulseless Ventricular Tachycardia: ___/___/_______ ____:____

Was Defibrillation shock provided for Ventricular Fibrillation (VF) OR Pulseless Ventricular Tachycardia?
- Yes
- No/Not Documented
- No, Per Advance Directive

Total # of shocks: _______________  

Details of Each Shock (maximum of 4):

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Energy (joules)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong>/</strong></em>/_______ <strong><strong>:</strong></strong></td>
<td>___ Not Documented</td>
</tr>
<tr>
<td><em><strong>/</strong></em>/_______ <strong><strong>:</strong></strong></td>
<td>___ Not Documented</td>
</tr>
<tr>
<td><em><strong>/</strong></em>/_______ <strong><strong>:</strong></strong></td>
<td>___ Not Documented</td>
</tr>
<tr>
<td><em><strong>/</strong></em>/_______ <strong><strong>:</strong></strong></td>
<td>___ Not Documented</td>
</tr>
</tbody>
</table>

Documented reason(s) (patient, medical, hospital related or other) for not providing defibrillation shock for Ventricular Fibrillation (VF) or Pulseless Ventricular Tachycardia (VT) in first two minutes?
- Yes
- No

- Patient Reason(s):
  - Initial Refusal (e.g. family refused)
- Medical Reason(s):
  - ICD in place which shocked patient within first 2 minutes of identification of VF or Pulseless VT
  - LVAD or BIVAD in place
  - Rhythm change to non-shockable rhythm within 2 minutes of identification of VF or Pulseless VT
  - Spontaneous Return of Circulation within first 2 minutes of identification of VF or Pulseless VT

- Hospital Related or Other Reason(s):
  - Equipment related delay (e.g. defibrillator not available, pad not attached)
  - In-hospital time delay (e.g. code team delays, personnel not familiar with protocol or equipment, unable to locate hospital defibrillator)
  - Other → Please Specify: _________________________________
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)
- 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 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 placement in trachea (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

CPA 5.1 Epinephrine

Was IV/IO Epinephrine BOLUS administered?
- Yes
- No/Not Documented

Date/Time of FIRST IV/IO bolus dose: ____/____/_______ ____:____  ❑ Time Not Documented

Total Number of Doses: ________  ❑ Unknown / Not Documented

If IV/IO Epinephrine was not administered within the first five minutes of the event, was there a documented patient, medical, hospital related or other reason for not providing Epinephrine-bolus?

- Yes
- No

Patient Reason(s):
- Initial Refusal (e.g. family refused)

Medical Reason(s):
- Patient already receiving vasopressor (e.g. Epinephrine) as a continuous IV infusion prior to and during arrest
- Spontaneous Return of Circulation within first 5 minutes of the date/time pulselessness was first identified (or the need for chest compressions was first recognized (pediatric only))
- Medication allergy
### CPA 5.2 Other Drug Interventions

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

- None (select only after careful review of options below)
- Antiarrhythmic medication(s):
  - Adenosine/Adenocard
  - Amiodarone/Cordarone
  - Lidocaine
  - Procainamide
  - Other antiarrhythmics: _________________________________
- Vasopressor(s) other than epinephrine bolus bolus:
  - Dobutamine
  - Dopamine > 3 mcg/kg/min
  - Epinephrine, IV/IO continuous infusion
  - Norepinephrine
  - Phenylephrine
  - Other vasopressors: _________________________________
- Atropine
- Calcium chloride/CaCium gluconate
- Dextrose bolus
- Magnesium sulfate
- Reversal agent (e.g., naloxone/Narcan, flumazenil/Romazicon, neostigmine/Prostigim)
- Sodium bicarbonate
- Other drug interventions: _________________________________

### CPA 5.3 Non-Drug Interventions

Select each intervention that was employed during the resuscitation event

- None (review options below carefully)
- Cardiopulmonary bypass / extracorporeal CPR (ECPR)
- Chest tube(s) inserted
- Needle thoracostomy
- Pacemaker, transcutaneous
- Pacemaker, transvenous or epicardial
- Pericardiocentesis
- Other non-drug interventions: _________________________________

### CPA 6.1 Event Outcome

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): ____/____/______ ____:____

Reason resuscitation ended:

- Survived – ROC
- Died – Efforts terminated, no sustained ROC

Date/Time sustained ROC began (lasting > 20 min) OR resuscitation efforts were terminated (End of event):

____/____/______ ____:____

### CPA 6.2 Post-ROC Care

Highest patient temperatures during first 24 hrs after ROC
### CPA 7.1 CPR Quality

**Highest**

- Temperature/Units _____ C | F  
- Temperature Not Documented

**Site:**  
- Axillary | Bladder | Blood | Brain | Oral | Rectal | Surface (skin, temporal) | Tympanic | Other | Unknown/not Documented

**Date/Time Recorded:**  
- Time Not Documented

**CPA 7.1 CPR Quality Tab**

Was performance of CPR monitored or guided using any of the following? (Check all that apply)

- None
  - Waveform Capnography /End Tidal CO2 (ETCO2)
  - Arterial Wave Form /Diastolic Pressure
  - CPR mechanics device (e.g. accelerometer, force transducer, TFI device)
  - CPR quality coach
  - Metronome
  - Other, Specify: ________________

If CPR mechanics device (e.g. accelerometer, force transducer, TFI device) used:

- Average compression rate: ___________ (per minute)  
- Not Documented
- Average compression depth: _______ mm  
- cm  
- inches  
- Not Documented
- Compression fraction: ___________ (enter number between 0 and 1)  
- Not Documented
- Percent of Chest Compressions with complete release: ___________ (%)  
- Not Documented
- Average Ventilation Rate: ___________ (per minute)  
- Not Documented
- Longest Pre-shock pause _____ (seconds)  
- Not Documented

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 (OPTIONAL)**

**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
- Initial ECG rhythm not documented
- 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)

Defibrillation(s)
Energy level lower / higher than recommended
Initial delay, personnel not available to operate defibrillator
Initial delay, issue with defibrillator access to patient
Initial delay, issue with pad or paddle placement
Equipment malfunction
Given, not indicated
Indicated, not given
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 Deviation
ALS/PALS
NRP
Other (specify in comments section)

Equipment
Availability
Function
Other (specify in comments section)

Was this cardiac arrest event the patient's index (first) event?
Yes
No/Not Documented

Comments & Optional Fields: Do not enter any Personal Health Information/Protected Health Information into this section.
<table>
<thead>
<tr>
<th>Field 9</th>
<th>Field 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field 11</td>
<td>Field 12</td>
</tr>
<tr>
<td>Field 13 <em><strong>/</strong></em>/________. <em><strong>:</strong></em></td>
<td>Field 14 <em><strong>/</strong></em>/________. <em><strong>:</strong></em></td>
</tr>
</tbody>
</table>