

**CPA Event**

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

**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

**CPA 2.1 Pre-Event**

*Pre-Event Tab*

**OPTIONAL:** Was patient discharged from an Intensive Care Unit (ICU) within 24 hours prior to this CPA 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 CPA event?

- Yes
- No

**OPTIONAL:** Was patient in the ED within 24 hours prior to this CPA event?

- Yes
- No

**OPTIONAL:** Did patient receive conscious/procedural sedation or general anesthesia within 24 hrs prior to this CPA event?

- Yes
- No

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

Pre-Event VS Unknown/Not Documented

<u>Date/Time</u>	<u>Heart Rate</u>		<u>Systolic BP</u>		<u>Diastolic BP</u>		<u>Respiratory Rate</u>		<u>SpO2</u>		<u>Temp</u>	<u>Units</u>	
		<input type="checkbox"/> ND		<input type="checkbox"/> ND		<input type="checkbox"/> ND		<input type="checkbox"/> ND		<input type="checkbox"/> ND		C   F	<input type="checkbox"/> ND
		<input type="checkbox"/> ND		<input type="checkbox"/> ND		<input type="checkbox"/> ND		<input type="checkbox"/> ND		<input type="checkbox"/> ND		C   F	<input type="checkbox"/> ND
		<input type="checkbox"/> ND		<input type="checkbox"/> ND		<input type="checkbox"/> ND		<input type="checkbox"/> ND		<input type="checkbox"/> ND		C   F	<input type="checkbox"/> ND
		<input type="checkbox"/> ND		<input type="checkbox"/> ND		<input type="checkbox"/> ND		<input type="checkbox"/> ND		<input type="checkbox"/> ND		C   F	<input type="checkbox"/> ND

**CPA 2.2 Pre-Existing Conditions**

*Pre-Event Tab*

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

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CPA 2.3 Interventions Already in Place	Pre-Event Tab
<b>Interventions ALREADY IN PLACE when need for chest compressions and/or defibrillation was first recognized</b> (check all that apply):	
<b>Part A:</b> <input type="checkbox"/> None <ul style="list-style-type: none"> <li><input type="checkbox"/> Non-invasive assisted ventilation                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Bag-Valve-Mask</li> <li><input type="checkbox"/> Mask and/or Nasal CPAP</li> <li><input type="checkbox"/> Mouth-to-Barrier Device</li> <li><input type="checkbox"/> Mouth-to-Mouth</li> <li><input type="checkbox"/> Laryngeal Mask Airway (LMA)</li> <li><input type="checkbox"/> Other Non-Invasive Ventilation: (specify) _____</li> </ul> </li> <li><input type="checkbox"/> Invasive airway assisted ventilation, via an:                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Endotracheal Tube (ET)</li> <li><input type="checkbox"/> Tracheostomy Tube</li> </ul> </li> <li><input type="checkbox"/> Intra-arterial catheter</li> <li><input type="checkbox"/> Conscious/procedural sedation</li> <li><input type="checkbox"/> End Tidal CO2 (ETCO2) Monitoring</li> <li><input type="checkbox"/> Supplemental oxygen (cannula, mask, hood, or tent)</li> </ul>	
<b>Monitoring (Specify):</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> ECG</li> <li><input type="checkbox"/> Pulse oximetry</li> </ul>	
Vascular access : <input type="checkbox"/> Yes <input type="checkbox"/> No/Not Documented	
Any vasoactive agent in place? <input type="checkbox"/> Yes <input type="checkbox"/> No/Not Documented	
<b>OPTIONAL: Part B:</b> <input type="checkbox"/> None <ul style="list-style-type: none"> <li><input type="checkbox"/> IV/IO continuous infusion of antiarrhythmic(s)</li> <li><input type="checkbox"/> Dialysis/extracorporeal filtration therapy (ongoing)</li> <li><input type="checkbox"/> Implantable cardiac defibrillator (ICD)</li> <li><input type="checkbox"/> Extracorporeal membrane oxygenation (ECMO)</li> </ul>	

CPA 3.1 Event	Event Tab									
Date/Time of Birth: ____/____/____ ____:____										
Age at Event: _____ in years   months   weeks   days   hours   minutes <input type="checkbox"/> Estimated? <input type="checkbox"/> Age Unknown/Not Documented										
<b>Subject Type</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ambulatory/Outpatient</li> <li><input type="checkbox"/> Emergency Department</li> <li><input type="checkbox"/> Hospital Inpatient – (rehab, skilled nursing, mental health wards)</li> <li><input type="checkbox"/> Rehab Facility Inpatient</li> <li><input type="checkbox"/> Skilled Nursing Facility Inpatient</li> <li><input type="checkbox"/> Mental Health Facility Inpatient</li> <li><input type="checkbox"/> Visitor or Employee</li> </ul>										
<b>Illness Category</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical-Cardiac</li> <li><input type="checkbox"/> Medical-Noncardiac</li> <li><input type="checkbox"/> Surgical-Cardiac</li> <li><input type="checkbox"/> Surgical-Noncardiac</li> <li><input type="checkbox"/> Obstetric</li> <li><input type="checkbox"/> Trauma</li> <li><input type="checkbox"/> Other (Visitor/Employee)</li> </ul>										
<b>Event Location (area)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Ambulatory/Outpatient Area</td> <td style="width: 33%;"><input type="checkbox"/> Adult Coronary Care Unit (CCU)</td> <td style="width: 33%;"><input type="checkbox"/> Adult ICU</td> </tr> <tr> <td><input type="checkbox"/> Cardiac Catheterization Lab</td> <td><input type="checkbox"/> Delivery Suite</td> <td><input type="checkbox"/> Diagnostic/Intervention. Area (excludes Cath Lab)</td> </tr> <tr> <td><input type="checkbox"/> Emergency Department (ED)</td> <td><input type="checkbox"/> General Inpatient Area</td> <td><input type="checkbox"/> Neonatal ICU (NICU)</td> </tr> </table>		<input type="checkbox"/> Ambulatory/Outpatient Area	<input type="checkbox"/> Adult Coronary Care Unit (CCU)	<input type="checkbox"/> Adult ICU	<input type="checkbox"/> Cardiac Catheterization Lab	<input type="checkbox"/> Delivery Suite	<input type="checkbox"/> Diagnostic/Intervention. Area (excludes Cath Lab)	<input type="checkbox"/> Emergency Department (ED)	<input type="checkbox"/> General Inpatient Area	<input type="checkbox"/> Neonatal ICU (NICU)
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<input type="checkbox"/> Newborn Nursery	<input type="checkbox"/> Operating Room (OR)	<input type="checkbox"/> Pediatric ICU (PICU)
<input type="checkbox"/> Pediatric Cardiac Intensive Care	<input type="checkbox"/> Post-Anesthesia Recovery Room (PACU)	<input type="checkbox"/> Rehab, Skilled Nursing, or Mental Health Unit/Facility
<input type="checkbox"/> Same-day surgical area	<input type="checkbox"/> Telemetry unit or Step-down unit	<input type="checkbox"/> Other
<input type="checkbox"/> Unknown/Not Documented		

Event Location (name): \_\_\_\_\_

Event Witnessed?

Yes

No/Not Documented

Was a hospital-wide resuscitation response activated?

Yes

No/Not Documented

**CPA 4.1 Initial Condition 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: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_  Time Not Documented

**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 (SVTarrhy)

Ventricular Tachycardia (VT) with a pulse

Unknown/Not Documented

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

Date/Time pulselessness was first identified: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_  Time Not Documented

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 Initial Condition/Defibrillation/Ventilation Tab**

Was automated external defibrillator (AED) applied or manual defibrillator in AED/Shock Advisory mode applied?

Yes

No/Not Documented

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Not Applicable (not used by facility)

Date/Time AED or manual defibrillator in AED/Shock Advisory mode applied: \_\_\_/\_\_\_/\_\_\_ :\_\_\_:\_\_\_  Unknown/Not documented

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: \_\_\_/\_\_\_/\_\_\_ :\_\_\_:\_\_\_  Unknown/Not Documented

Was Defibrillation shock provided for Ventricular Fibrillation (VF) OR Pulseless Ventricular Tachycardia?

- Yes
- No/Not Documented
- No, Per Advance Directive

Total # of shocks: \_\_\_\_\_  Unknown/Not documented

**Details of Each Shock (maximum of 4):**

Date/Time	Energy (joules)
___/___/___ :___:___ <input type="checkbox"/> Not Documented	_____ <input type="checkbox"/> Not Documented
___/___/___ :___:___ <input type="checkbox"/> Not Documented	_____ <input type="checkbox"/> Not Documented
___/___/___ :___:___ <input type="checkbox"/> Not Documented	_____ <input type="checkbox"/> Not Documented
___/___/___ :___:___ <input type="checkbox"/> Not Documented	_____ <input type="checkbox"/> Not Documented

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: \_\_\_\_\_

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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
- 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**

*Other Interventions Tab*

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

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Hospital Related or Other Reason(s):

- In-hospital time delay (e.g., delay in locating medication)
- No route to deliver medication (e.g. no IV/IO access)
- Other → Please Specify: \_\_\_\_\_

**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)
- 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/Calcium 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** *Other Interventions Tab*

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** *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): \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_  Time Not Documented

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):

\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_  Time Not Documented

**CPA 6.2 Post-ROC Care** *Event Outcome Tab*

**Highest patient temperatures during first 24 hrs after ROC**

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**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**

*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)**

*CPR Quality Tab*

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
- 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

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- 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.*

Field 1	Field 2
Field 3	Field 4
Field 5	Field 6
Field 7	Field 8



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Field 9	Field 10
Field 11	Field 12
Field 13 ____/____/____ ____:____	Field 14 ____/____/____ ____:____