**Resuscitation Patient Management Tool® February 2017**

**CPA Event – Newly Born Delivery Event Form Group**

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

---

### 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:  

time:  
- Time Not Documented

---

### CPA 2.3 Interventions Already in Place

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

**Part A:**

- Non-invasive Aassisted ventilation
  - None
  - 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
  - Invasive airway
  - Conscious/procedural sedation
  - End Tidal CO2 (ETCO2) Monitoring
  - Supplemental oxygen

**Monitoring** *(Specify):*

- 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

**Date/Time of Birth:**  

time:

**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
## 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
- Operating Room (OR)
- Pediatric ICU (PICU)
- Same-day surgical area
- Telemetry unit or Step-down unit
- 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 resuscitation team arrival: ____/____/_______ ____:____

### CPA 4.1 Initial Condition

#### Initial Condition/Defibrillation/Ventilation Tab

**Does patient have a detectable heart rate?**
- Yes
- No
- Not Documented

**If there is a detectable heart rate, what was the heart rate?**
- ≥ 60 BPM
- < 60 BPM
- 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: ____/____/_______ ____:____**

### CPA 4.3 Ventilation

#### Initial Condition/Defibrillation/Ventilation Tab

NOT FOR USE WITHOUT PERMISSION. ©2014 American Heart Association and Quintiles. For questions, call 888-526-6700

Quintiles Transnational Corp. © 2014
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 Laryngeal Mask Airway (LMA) inserted/re-inserted during 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

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 devices
- Revisualization with direct laryngoscopy
- None of the above
- Not Documented

CPA 5.1 Epinephrine

Was any Epinephrine BOLUS administered?
- Yes
- No
- Not Documented

Epinephrine Doses (up to 6 entries)

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Dose (mg)</th>
<th>Delivered Via</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong><strong>/</strong></strong>/_______ <strong><strong>:</strong></strong></td>
<td>_________</td>
<td>□ Intravascular</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Peripheral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Umbilical Venous Catheter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Intraosseous (IO)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Endotracheal/Tracheostomy Tube</td>
</tr>
</tbody>
</table>
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)
- Atropine

Total Number of Doses: ________  ❑ Unknown / Not Documented
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 Non-Drug Interventions
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
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
Highest patient temperatures during first 24 hrs after ROC

**Highest**
Temperature/Units ______ C | F
Site: Axillary | Bladder | Blood | Brain | Oral | Rectal | Surface (skin, temporal) | Tympanic | Other | Unknown/not Documented

Date/Time Recorded: _____/____/_______ ____:____
- Time Not Documented

### CPA 7.2 Resuscitation-Related Events and Issues
OPTIONAL:
- 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)
<table>
<thead>
<tr>
<th>Category</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airway</td>
<td>- Aspiration related to provision of airway</td>
</tr>
<tr>
<td></td>
<td>- Delay</td>
</tr>
<tr>
<td></td>
<td>- Delayed recognition of airway misplacement/displacement</td>
</tr>
<tr>
<td></td>
<td>- Intubation attempted, not achieved</td>
</tr>
<tr>
<td></td>
<td>- Multiple intubation attempts → Number of attempts: ______</td>
</tr>
<tr>
<td></td>
<td>- Unknown/Not Documented</td>
</tr>
<tr>
<td></td>
<td>- Other (specify in comments section)</td>
</tr>
<tr>
<td>Vascular Access</td>
<td>- Delay</td>
</tr>
<tr>
<td></td>
<td>- Inadvertent arterial cannulation</td>
</tr>
<tr>
<td></td>
<td>- Infiltration/Disconnection</td>
</tr>
<tr>
<td></td>
<td>- Other (specify in comments section)</td>
</tr>
<tr>
<td>Chest Compression</td>
<td>- Delay</td>
</tr>
<tr>
<td></td>
<td>- No back board</td>
</tr>
<tr>
<td></td>
<td>- Other (specify in comments section)</td>
</tr>
<tr>
<td>Medications</td>
<td>- Delay</td>
</tr>
<tr>
<td></td>
<td>- Route</td>
</tr>
<tr>
<td></td>
<td>- Dose</td>
</tr>
<tr>
<td></td>
<td>- Selection</td>
</tr>
<tr>
<td></td>
<td>- Other (specify in comments section)</td>
</tr>
<tr>
<td>Leadership</td>
<td>- Delay in identifying leader</td>
</tr>
<tr>
<td></td>
<td>- Knowledge of equipment</td>
</tr>
<tr>
<td></td>
<td>- Knowledge of medications/protocols</td>
</tr>
<tr>
<td></td>
<td>- Knowledge of roles</td>
</tr>
<tr>
<td></td>
<td>- Team oversight</td>
</tr>
<tr>
<td></td>
<td>- Too many team members</td>
</tr>
<tr>
<td></td>
<td>- Other (specify in comments section)</td>
</tr>
<tr>
<td>Protocol Deviation</td>
<td>- ALS/PALS</td>
</tr>
<tr>
<td></td>
<td>- NRP</td>
</tr>
<tr>
<td></td>
<td>- Other (specify in comments section)</td>
</tr>
<tr>
<td>Equipment</td>
<td>- Availability</td>
</tr>
<tr>
<td></td>
<td>- Function</td>
</tr>
<tr>
<td></td>
<td>- Other (specify in comments section)</td>
</tr>
</tbody>
</table>

**Comments & Optional Fields** - Do not enter any Personal Health Information/Protected Health Information into this section
### Resuscitation Patient Management Tool®
#### CPA Event – Newly Born Delivery Event Form Group

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

<table>
<thead>
<tr>
<th>Field 1</th>
<th>Field 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field 3</td>
<td>Field 4</td>
</tr>
<tr>
<td>Field 5</td>
<td>Field 6</td>
</tr>
<tr>
<td>Field 7</td>
<td>Field 8</td>
</tr>
<tr>
<td>Field 9</td>
<td>Field 10</td>
</tr>
<tr>
<td>Field 11</td>
<td>Field 12</td>
</tr>
<tr>
<td>Field 13</td>
<td>Field 14</td>
</tr>
</tbody>
</table>

Field 13 ___/___/_______ ____:____  Field 14 ___/___/_______ ____:____