Resuscitation Patient Management Tool®  
May 2015

PCAC 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)

Where did the event occur?  
☐ Out of hospital  ☐ In-hospital

Did patient have subsequent cardiac arrest event(s) during the course of this hospitalization?  
☐ Yes  ☐ No/Not Documented

Date/Time the need for chest compressions (or defibrillation when initial rhythm was VF or Pulseless VT) was FIRST recognized:  
____/____/_______ ____:____  ☐ Time Not Documented

System Entry Date: ___/___/_______ ____:____  ☐ Time Not Documented

PCAC  2.1 Pre-Existing Conditions

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
☐ Prior CPR Event

PCAC  3.1 Cardiac Arrest Event

Gender:  
☑ Male  ☐ Female  ☐ Unknown

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

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

Event Witnessed?  
☐ Yes  ☐ No/Not Documented

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

Date/Time compressions started : ____/____/_______ ____:____  ☐ Time Not Documented
### PCAC Event

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#### PCAC 4.1 Arrival Information

**Arrival Tab**

<table>
<thead>
<tr>
<th>Was out of hospital CPR performed?</th>
<th>Yes</th>
<th>No</th>
<th>Not Documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, out of hospital CPR performed first by:</td>
<td>Healthcare provider/ EMS</td>
<td>Layperson</td>
<td>Not Documented</td>
</tr>
</tbody>
</table>

**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

**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

**Total time patient without a pulse prior to CPR (in minutes):** _________ | Not Documented

**Duration of CPR (in minutes):** _________ | Not Documented

**Sustained Return of Spontaneous Circulation (ROSC) achieved?**

- Yes
- No
- Not Documented

**For out-of-hospital events, ROSC attained?**

- At scene
- En-route
- After arrival to hospital
- Not Documented

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

- Time Not Documented
- Time Estimated

### Neurological Assessment Findings:

- Pupils equal
- Are pupils fixed and dilated?
- Right pupil reaction
- Left pupil reaction

- Yes
- No
- Not Documented
### PCAC Event

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<table>
<thead>
<tr>
<th>Follows commands at time of initial assessment?</th>
<th>Yes</th>
<th>No</th>
<th>Not Documented</th>
</tr>
</thead>
</table>

Glasgow Coma Scale (GCS) within 1-hr of ROSC: Unknown/Not Documented

- Motor: _____ Sedation/Paralytic Unknown/Not Documented
- Eye: _____ Sedation/Paralytic Unknown/Not Documented
- Verbal: _____ Sedation/Paralytic Unknown/Not Documented
- Total GCS: _____ Sedation/Paralytic Unknown/Not Documented

#### PCAC 4.2 Targeted Temperature Management

Did you utilize targeted temperature management? Yes No Unknown/Not Documented

- If yes, what was the targeted temperature (choose one)?
  - ≤38.0 degrees Celsius
  - ≤ 37.0 degrees Celsius
  - ≤ 36.0 degrees Celsius
  - ≤ 35.0 degrees Celsius
  - ≤ 34.0 degrees Celsius
  - ≤ 33.0 degrees Celsius
  - ≤ 32.0 degrees Celsius
  - ≤ 31.0 degrees Celsius

- Temperature control method (select all that apply):
  - Surface Cooling
  - Cold IV Saline Bolus
  - Intravascular device or catheter (continuous)
  - Intranasal
  - Antipyretics
  - Other
  - None

Where was targeted temperature management initiated?

- Pre-hospital (by EMS)
- In-hospital (either at another hospital prior to transfer or in my hospital)
- Unknown/Not documented

- Date/Time targeted temperature management initiated: ___/___/_______ ____:____ Time Not Documented Unknown/Not Documented

If targeted temperature was ≤ 36.0 degrees Celsius

- Was goal temperature met? Yes No Not Documented
  - If yes, Date/Time goal temperature met: ___/___/_______ ____:____ Time Not Documented Unknown/Not Documented

- Date/Time re-warming started? ___/___/_______ ____:____ Time Not Documented Unknown/Not Documented

- Date/Time re-warming completed? ___/___/_______ ____:____ Time Not Documented Unknown/Not Documented

Was there a documented temperature of ≤ 31.0 degrees Celsius 6 hours after the initiation of the temperature controlled period?

- Yes
- No
- Not Documented
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Did patient receive a paralytic drug during induction?  □ Yes  □ No  □ Not Documented

For patients that are not treated with targeted temperature management:
Clinical rationale documented by medical team why targeted temperature management was not initiated (check all that apply):
□ DNAR with limitation on technologic support
□ Awake, alert, following commands
□ Increased risk of bleeding
□ Pregnancy
□ Hemodynamic instability
□ Limited life expectancy
□ Poor functional status pre-arrest (including dementia)
□ Facility does not routinely treat patients with targeted temperature management
□ Clinician preference
□ Other: ____________________________
□ Unknown/Not Documented

For all patients:
Was there ever a documented temperature of ≥38 degrees Celsius?  □ Yes  □ No
If yes, when was a temperature of ≥38 degrees Celsius documented? (check all that apply)
□ Day 1 → Was patient following commands at time of fever  □ Yes  □ No
□ Day 2 → Was patient following commands at time of fever  □ Yes  □ No
□ Day 3 → Was patient following commands at time of fever  □ Yes  □ No

Documented Adverse Events  (check all that apply)
□ None
□ Bleeding requiring blood product transfusion
□ Skin breakdown
□ Hemodynamically significant bradycardia, heart block, and/or pacemaker requirement
□ Other: ____________________________
□ Unknown/Not Documented

PCAC 5.1 Measurements & Medications

If patient was transferred to your hospital, vital signs prior to transfer?  □ Yes  □ No/ Not Documented
If yes, Date/Time of vital signs prior to transfer: _____/_____/______ ___:____  □ Time Not Documented  □ Unknown/Not Documented

Vital signs prior to transfer:
Temperature: __________ C | F  □ Not documented
Site: Axillary | Bladder | Blood | Brain | Oral | Rectal | Surface (skin, temporal) | Tympanic | Other | Unknown/Not Documented

Heart Rate: __________ bpm  □ Not Documented
Systolic BP: __________ mmHg  □ Not Documented
Diastolic BP: __________ mmHg  □ Not Documented
Respiratory Rate: __________ breaths/min  □ Not Documented
Intubated or on mechanical ventilator?  □ Y

Pulse Oximetry Saturation (SpO2): __________ %  □ Not Documented
## Initial Measurements:

### Initial Vital Signs

- **Date/Time of initial vital sign measurements:** _/_/_______ ____:____
- **Temperature:** ___________ C / F
- **Site:** Axillary | Bladder | Blood | Brain | Oral | Rectal | Surface (skin, temporal) | Tympanic | Other | Unknown/not Documented
- **Heart Rate:** __________ bpm
- **Respiratory Rate:** __________ breaths/min
- **Intubated or on mechanical ventilator?** □
- **Systolic BP:** __________ mmHg
- **Diastolic BP:** __________ mmHg
- **MAP:** __________ mmHg
- **Pulse Oximetry Saturation (SpO2):** __________ %
- **FiO2 at time SpO2 assessed:** __________%

### Initial Electrolytes (Post ROSC)

- **Date/Time of initial electrolyte & lab measurements:** _/_/_______ ____:____
- **Serum Creatinine:** __________ mg/dL | micromol/L
- **Bicarbonate/CO2:** __________ mmol/L | mEq/L
- **Glucose:** __________ mg/dL
- **Lactate:** __________ mmol/L | mg/dL
- **Troponin:** __________ ng/dL | mcg/L

### Date/Time of initial arterial blood gas measurements: _/_/_______ ____:____

- **pH:** __________
- **pCO2:** __________ mmHg
- **Was there a pCO2 in the first 24 hours of <30 or >50mmHg?** □ Yes □ No □ Not Documented □ 24hr <auto-pop> _/_/_______ ____:
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Note: Optional data elements appear in the Get With The Guidelines® - Resuscitation PMT as dark grey shaded areas.

paO2: __________________ mmHg  ❑ Not documented

Was there a PaO2 in the first 24 hours of >300mmHg? ❑ Yes ❑ No ❑ Not Documented 24hr <auto-pop> ___/___/_______
If yes, FiO2 at time PaO2 assessed: __________________ %

Was there a PaO2 in the first 24 hours of <60mmHg? ❑ Yes ❑ No ❑ Not Documented 24hr <auto-pop> ___/___/_______
If yes, FiO2 at time PaO2 assessed: __________________ %

Is there documentation that Central Venous Saturation (ScvO2) or mixed venous saturation was tracked within the first 24 hours? ❑ Yes ❑ No ❑ Not Documented

Serial Measurements

6hr post ROSC: Date/Time: <auto-pop> ___/___/_______ ____:___
❑ Patient did not survive 6hr post ROSC
❑ Not Documented (6hr post ROSC measurements Not Documented)

Lactate: __________________ mmol/L | mg/dL  ❑ Not Documented
Glucose: __________________ mg/dL  ❑ Not Documented

MAP: __________________ mmHg  ❑ Not Documented

Did patient receive any sedatives in the 0-6 hour time period post ROSC? ❑ Yes ❑ No ❑ Not Documented ❑ None-Contraindicated
Did patient receive any paralytics in the 0-6 hour time period post ROSC? ❑ Yes ❑ No ❑ Not Documented ❑ None-Contraindicated

24hr post ROSC: Date/Time: <auto-pop> ___/___/_______ ____:___
❑ Patient did not survive 24hr post ROSC
❑ Not Documented (24hr post ROSC measurements Not Documented)

Lactate: __________________ mmol/L | mg/dL  ❑ Not Documented
Glucose: __________________ mg/dL  ❑ Not Documented

MAP: __________________ mmHg  ❑ Not Documented

Serial Blood Pressure Measurements

Enter lowest Systolic BP for each of the following time periods:

Hours 0-6 post ROSC

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<table>
<thead>
<tr>
<th>Date/Time: &lt;auto-pop time: 0hr&gt;</th>
<th><strong>/</strong>/______</th>
<th><strong><strong>/<strong>/</strong></strong></strong></th>
<th>Patient did not survive 6hr post ROSC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic BP:</td>
<td>mmHg</td>
<td>mmHg</td>
<td>Not documented</td>
</tr>
<tr>
<td>Were there at least two consecutive systolic blood pressure readings of &lt;90mmHg separated by at least one hour in the first 0-6 hours post ROSC?</td>
<td>Yes</td>
<td>No</td>
<td>Not Documented</td>
</tr>
<tr>
<td>MAP:</td>
<td>mmHg</td>
<td>mmHg</td>
<td>Not Documented</td>
</tr>
</tbody>
</table>

Select all vasopressors/inotropes patient was on during the first 0-6 hours post ROSC:

- None
- Epinephrine (adrenaline)
- Isoproterenol (Isuprel)
- Phenylephrine (NeoSynephrine)
- Dobutamine (Dobutrex)
- Milrinone (Primacor)
- Dopamine
- Noradrenaline (norepinephrine (Levophed))

<table>
<thead>
<tr>
<th>Date/Time: &lt;auto-pop time: 6hr&gt;</th>
<th><strong>/</strong>/______</th>
<th><strong><strong>/<strong>/</strong></strong></strong></th>
<th>Patient did not survive 24hr post ROSC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic BP:</td>
<td>mmHg</td>
<td>mmHg</td>
<td>Not documented</td>
</tr>
<tr>
<td>Were there at least two consecutive systolic blood pressure readings of &lt;90mmHg separated by at least one hour in the 6-24 hours post ROSC?</td>
<td>Yes</td>
<td>No</td>
<td>Not Documented</td>
</tr>
<tr>
<td>MAP:</td>
<td>mmHg</td>
<td>mmHg</td>
<td>Not Documented</td>
</tr>
</tbody>
</table>

Select all vasopressors/inotropes patient was on during hours 6-24 post ROSC:

- None
- Epinephrine (adrenaline)
- Isoproterenol (Isuprel)
- Phenylephrine (NeoSynephrine)
- Dobutamine (Dobutrex)
- Milrinone (Primacor)
- Dopamine
- Noradrenaline (norepinephrine (Levophed))
- Phenylephrine (NeoSynephrine)
- Vasopressin (Pitressin)

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<th>Date/Time: &lt;auto-pop time: 24hr&gt;</th>
<th><strong>/</strong>/______</th>
<th><strong><strong>/<strong>/</strong></strong></strong></th>
<th>Patient did not survive 48hr post ROSC</th>
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</thead>
<tbody>
<tr>
<td>Systolic BP:</td>
<td>mmHg</td>
<td>mmHg</td>
<td>Not documented</td>
</tr>
</tbody>
</table>
| Select all vasopressors/inotropes patient was on during hours 24-48 post ROSC:
  - None
  - Epinephrine (adrenaline)
  - Isoproterenol (Isuprel)
  - Phenylephrine (NeoSynephrine)
  - Dobutamine (Dobutrex)
  - Milrinone (Primacor)
  - Noradrenaline (norepinephrine (Levophed))
  - Phenylephrine (NeoSynephrine)
  - Vasopressin (Pitressin)

<table>
<thead>
<tr>
<th>Date/Time: &lt;auto-pop time: 48hr&gt;</th>
<th><strong>/</strong>/______</th>
<th><strong><strong>/<strong>/</strong></strong></strong></th>
<th>Patient did not survive 72hr post ROSC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic BP:</td>
<td>mmHg</td>
<td>mmHg</td>
<td>Not documented</td>
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</tbody>
</table>
| Select all vasopressors/inotropes patient was on during hours 48-72 post ROSC:
  - None
  - Epinephrine (adrenaline)
  - Isoproterenol (Isuprel)
  - Phenylephrine (NeoSynephrine)
  - Dobutamine (Dobutrex)
  - Milrinone (Primacor)
  - Noradrenaline (norepinephrine (Levophed))
  - Phenylephrine (NeoSynephrine)
  - Vasopressin (Pitressin)

Did patient receive any anticonvulsants in the 0-72 hour time period post ROSC? Yes No Not Documented
### Resuscitation Patient Management Tool®

**PCAC Event**

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No/Not documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a 12-lead ECG performed?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>ECG interpretation (check all that apply):</td>
<td></td>
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<tr>
<td>STEMI</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Ischemic changes (not a STEMI)</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>New Left Bundle Branch Block (BBB)</td>
<td>[ ]</td>
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<tr>
<td>Other:</td>
<td>[ ]</td>
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<tr>
<td>Unknown/Not Documented</td>
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<tr>
<th>Question</th>
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<tbody>
<tr>
<td>Date/Time at cath lab:</td>
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<tr>
<td>Reason went to cath lab:</td>
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<tr>
<td>ST elevation</td>
<td>[ ]</td>
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<tr>
<td>Cardiogenic shock</td>
<td>[ ]</td>
<td></td>
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<tr>
<td>VF arrest</td>
<td>[ ]</td>
<td></td>
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<tr>
<td>Abnormal ECG (not including STEMI)</td>
<td>[ ]</td>
<td></td>
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<tr>
<td>Elevated cardiac enzymes</td>
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<td></td>
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<tr>
<td>Routine cath post arrest</td>
<td>[ ]</td>
<td></td>
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<tr>
<td>New BBB</td>
<td>[ ]</td>
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<td>Focal wall motion abnormality on echocardiogram</td>
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<td>Date/Time of cath lab intervention:</td>
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<td>Cath lab interventions:</td>
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<tr>
<td>Stent/PCI</td>
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<td>Balloon pump</td>
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<tr>
<td>LVAD</td>
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<tr>
<td>No intervention</td>
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<tr>
<th>Question</th>
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<tr>
<td>Date/Time of ICD placed during this admission:</td>
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<td>Date/Time of FIRST Echo:</td>
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<td>FIRST Echo Findings:</td>
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<td>LVEF:</td>
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<td>Other</td>
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<td>Date/Time of initial head CT:</td>
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<td>Head CT findings:</td>
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<td>Normal</td>
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<tr>
<td>Cerebral edema</td>
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<tr>
<td>Intracranial hemorrhage</td>
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<td></td>
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<tr>
<td>Herniation</td>
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<td>Other:</td>
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<tr>
<th>Question</th>
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<th>No/Not documented</th>
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<tbody>
<tr>
<td>Date/Time of initial MRI:</td>
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<tr>
<td>Cerebral MRI performed?</td>
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<tr>
<td>EEG performed within the first 24 hours post ROSC?</td>
<td>[ ]</td>
<td></td>
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<tr>
<td>Date/Time of EEG performed:</td>
<td>[ ]</td>
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<tr>
<td>EEG performed, was there evidence of any seizure activity?</td>
<td>[ ]</td>
<td></td>
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<tr>
<td>Date/Time of initial seizure activity:</td>
<td>[ ]</td>
<td></td>
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<tr>
<td>Evidence of seizure activity, was there evidence of Status Epilepticus (sustained seizures)?</td>
<td>[ ]</td>
<td></td>
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<tr>
<td>If yes, was an anticonvulsant administered?</td>
<td>[ ]</td>
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</tbody>
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### PCAC 6.1 Outcome Data

Did patient survive to hospital discharge?
- Yes, patient lived
- No, patient died

Date/Time of discharge from ICU: ____/____/_______ ____:____
- Time Not Documented
- Patient was not discharged from ICU

Did patient ever follow commands?
- Yes
- No
- Not Documented

Date/Time of first documented following of commands: ____/____/_______ ____:____
- Time Not Documented

Discharge Modified Rankin Scale:______
- Not Documented

**Modified Rankin Scale**
- 0 – No symptoms at all
- 1 – No significant disability despite symptoms: ability to carry out all usual activities
- 2 – Slight disability
- 3 – Moderate disability: Requiring some help but able to walk without assistance
- 4 – Moderate to severe disability: Unable to walk without assistance and unable to attend to own bodily needs without assistance
- 5 - Severe disability: Bedridden, incontinent and requiring constant nursing care and attention
- 6 - Death

### Comments

________________________________________________________________________________________
________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Field 1</th>
<th>Field 2</th>
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<tbody>
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<td>Field 3</td>
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<td>Field 9</td>
<td>Field 10</td>
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