<table>
<thead>
<tr>
<th><strong>GWTG-Resuscitation Patient Management Tool (CRF)</strong></th>
<th><strong>Updated December 2022</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPA Event Newly Born Delivery Event CRF</strong></td>
<td></td>
</tr>
</tbody>
</table>

**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:**
  - ____/____/______
  - ___:___ (MM/DD/YYYY HH:MM)

- **System Entry Date:**
  - ____/____/______
  - ___:___ (MM/DD/YYYY HH:MM)

### 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:**

- **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 Assisted Ventilation, via an:**
  - Endotracheal Tube (ET)
  - Tracheostomy Tube
  - Intra-Arterial Catheter
  - Conscious/Procedural Sedation
  - End Tidal CO$_2$ (ETCO$_2$) Monitoring
  - Supplemental Oxygen

- **Monitoring:**
  - 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

**Event Tab**

- **Date/Time of Birth:**
  - ____/____/______
  - ___:___ (MM/DD/YYYY HH:MM)

- **Age at Event:**
  - ____
  - Age 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)
  - Newborn Nursery
  - Operating Room (OR)
  - Pediatric Cardiac Intensive Care
  - Pediatric ICU (PICU)
  - 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:**
  - ____________________
### CPA 4.1 INITIAL CONDITION

<table>
<thead>
<tr>
<th>Event Witnessed?</th>
<th>Yes</th>
<th>No/Not Documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did patient have a detectable Heart Rate?</td>
<td>Yes</td>
<td>No/Not Documented</td>
</tr>
<tr>
<td>If there is a detectable heart rate, what was the heart rate?</td>
<td>≥ 60 BPM</td>
<td>&lt;60 BPM</td>
</tr>
<tr>
<td>First documented monitored rhythm:</td>
<td>Bradycardia</td>
<td>Asystole</td>
</tr>
<tr>
<td>Did patient receive chest compressions (includes open cardiac massage)?</td>
<td>Yes</td>
<td>No/Not Documented</td>
</tr>
<tr>
<td>Compression Method used (check all that apply):</td>
<td>Two Thumb encircling hands</td>
<td>Two Finger Technique</td>
</tr>
<tr>
<td>Compression to ventilation ratio used (check all that apply):</td>
<td>3:1</td>
<td>15:2</td>
</tr>
<tr>
<td>Date/Time compressions started:</td>
<td>/ / /  :</td>
<td>(MM/DD/YYYY HH:MM)</td>
</tr>
</tbody>
</table>

### CPA 4.3 VENTILATION

<table>
<thead>
<tr>
<th>Types of Ventilation/Airways used</th>
<th>None</th>
<th>Unknown/Not Documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventilation/Airways used (select all that apply):</td>
<td>Bag-Valve-Mask</td>
<td>Endotracheal Tube (ET)</td>
</tr>
<tr>
<td>Was Bag-Valve-Mask ventilation initiated during the event?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was Laryngeal Mask Airway (LMA) inserted/re-inserted initiated during the event?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was any Endotracheal Tube (ET) or Tracheostomy Tube inserted/re-inserted during event?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was any Pulse Oximetry initiated during the event?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Method(s) of confirmation used to ensure correct placement of Endotracheal Tube (ET) or Tracheostomy Tube (check all that apply):</td>
<td>Waveform capnography (waveform ETCO2)</td>
<td>Esophageal Detection Services</td>
</tr>
</tbody>
</table>

### CPA 5.1 EPINEPHRINE

<table>
<thead>
<tr>
<th>Was any Epinephrine BOLUS administered?</th>
<th>Yes</th>
<th>No</th>
<th>Not Documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time</td>
<td>/ / /  :</td>
<td>Time Not Documented</td>
<td></td>
</tr>
<tr>
<td>Dose</td>
<td></td>
<td>Not Documented</td>
<td></td>
</tr>
<tr>
<td>Delivered via:</td>
<td>Intravascular</td>
<td>Endotracheal/Tracheostomy Tube</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Periarterial</td>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td></td>
<td>Umbilical Venous Catheter</td>
<td></td>
<td>Unknown/Not Documented</td>
</tr>
<tr>
<td></td>
<td>Intraosseous (IO)</td>
<td></td>
<td></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

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: ___________

None (review options below carefully)
- Chest tube(s) inserted
- Needle thoracostomy

Paracentesis
- Pericardiocentesis
- Other non-drug interventions ___________

Chest tube(s) inserted
- Needle thoracostomy
- Paracentesis
- Pericardiocentesis
- Other non-drug interventions ___________

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 and time sustained ROC began lasting > 20 min OR resuscitation efforts were terminated (End of event):

Highest patient temperatures during first 24 hrs. after ROC:
- Temperature
  - C
  - F

Site
- Axillary
- Blood
- Oral
- Rectal
- Surface (skin, temporal)
- Unknown
- Tympanic

Date/Time Recorded:

Was a team debriefing on the quality of CPR provided completed after the event?

- Yes
- No
- Not Documented

Events and Issues
- No/Not Documented
- 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)
- 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)

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 Derivation
- ACLS/PALS
- NRP
- Other (specify in comments section)
<table>
<thead>
<tr>
<th>Equipment</th>
<th>☐ Availability</th>
<th>☐ Function</th>
<th>☐ Other (specify in comments section)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was this cardiac arrest event the patient's index (first) event?</td>
<td>○ Yes</td>
<td>○ No</td>
<td></td>
</tr>
</tbody>
</table>

Comments & Optional Fields: Do not enter any Personal Health Information/Protected Health Information into this section.

<table>
<thead>
<tr>
<th>Field 1</th>
<th>Field 2</th>
</tr>
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<tbody>
<tr>
<td>Field 3</td>
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<td>Field 11</td>
<td>Field 12</td>
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<tr>
<td>Field 13 / / :</td>
<td>Field 14 / / :</td>
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END OF FORM