American Heart Association.
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Resuscitation

GWTG-Resuscitation Case Record Form (CRF)

Active Form Groups: Cardiopulmonary Arrest (CPA) August 2026

Event Date/Time	
Date/Time the need for chest compressions (or defibrillation when initial rhythm was VF or Pulseless VT) was FIRST recognized:	____/____/_____ ____:___ Time Not Documented
PRE-EVENT	*Pre-Event (Common) Tab*
DNAR Status at time of CPA event:	○ DNAR before this event ○ DNAR after this event ○ DNAR declared, date unknown
Is the patient less than 24 hours of Age at the Time of this Event?	○ Yes ○ No/Not Documented
Did patient have an out-of-hospital arrest leading to this admission?	○ Yes ○ No/Not Documented
Was patient discharged from an Intensive Care Unit (ICU) within 24 hours prior to this CPA event?	○ Yes ○ No
Enter admission date to unit after ICU discharge?	___/___/_______:___
Was patient discharged from a Post Anesthesia Care Unit (PACU) within 24 hours prior to this CPA event?	○ Yes ○ No
Was patient in the ED within 24 hours prior to this CPA event?	○ Yes ○ No
Did patient receive conscious/procedural sedation or general anesthesia within 24 hours prior to this CPA event?	○ Yes ○ No
OPTIONAL: Enter vital signs taken in the 4 hours prior to the CPA event (up to 4 instances)	☐ Pre-Event VS Unknown/Not Documented

Date / Time	Heart Rate	Systolic / Diastolic BP	Respiratory Rate	SpO2	O2 Type	Temp	Units
___/___/____ ___:___	____ ☐ Not Documented	____ ☐ Not Documented	____ ☐ Not Documented	____ ☐ Not Documented	Room Air Supplemental O2	____ ☐ Not Documented	○ C ○ F
___/___/____ ___:___	____ ☐ Not Documented	____ ☐ Not Documented	____ ☐ Not Documented	____ ☐ Not Documented	Room Air Supplemental O2	____ ☐ Not Documented	○ C ○ F
___/___/____ ___:___	____ ☐ Not Documented	____ ☐ Not Documented	____ ☐ Not Documented	____ ☐ Not Documented	Room Air Supplemental O2	____ ☐ Not Documented	○ C ○ F
___/___/____ ___:___	____ ☐ Not Documented	____ ☐ Not Documented	____ ☐ Not Documented	____ ☐ Not Documented	Room Air Supplemental O2	____ ☐ Not Documented	○ C ○ F

PRE-EXISTING CONDITIONS		*Pre-Event Tab*
Pre-existing Conditions at Time of Event (check all that apply):	☐ None (review options below carefully) ☐ Acute Stroke ☐ Cardiac malformation/abnormality - acyanotic ☐ Congenital malformation/abnormality (Non-Cardiac) ☐ DVT ☐ Heart failure (prior to this admission) ☐ Hepatic insufficiency ☐ Hypotension/hypoperfusion ☐ Metastatic or hematologic malignancy	☐ Acute CNS non-stroke event ☐ Baseline depression in CNS function ☐ Cardiac malformation/abnormality – cyanotic ☐ Coronary Artery Disease ☐ Heart failure (this admission) ☐ Diabetes mellitus ☐ History of vaping or e-cigarette use in past 12 months ☐ Major Trauma ☐ Metabolic/electrolyte abnormality

	☐ Myocardial infarction (this admission) ☐ Out of hospital arrest leading to this admission ☐ Pulmonary Embolism ☐ Renal insufficiency ☐ Sepsis	☐ Myocardial infarction or prior proven coronary artery ☐ disease (e.g., percutaneous coronary angioplasty/stent) ☐ (prior to this admission) ☐ Pneumonia ☐ Recently delivered or currently pregnant (if selected, ☐ maternal in-hospital cardiac arrest section is required) ☐ Respiratory insufficiency

Active or suspected bacterial or viral infection at admission or during hospitalization	☐ None ☐ Bacterial Infection ☐ Emerging Infectious Disease ☐ SARS-COV-1 ☐ SARS-COV-2 (COVID-19) ☐ MERS ☐ Other Emerging Infectious Disease ☐ Influenza ☐ Seasonal cold ☐ Other Viral Infection

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):	
No Airway Interventions Already in Place:	☐
Invasive assisted ventilation, via an:	☐ Endotracheal Tube (ET) ☐ Tracheostomy Tube
Non-invasive assisted ventilation	☐ Bag-Valve-Mask ☐ Mask and/or Nasal CPAP ☐ Mouth-to-Barrier Device ☐ Mouth-to-Mouth ☐ Laryngeal Mask Airway (LMA) ☐ BiPAP ☐ Other Non-Invasive Ventilation: (specify) _____
Other Interventions Already in Place	☐ Conscious/procedural sedation ☐ End Tidal CO2 (ETCO2) Monitoring ☐ High Flow Nasal Cannula ☐ Intra-arterial catheter ☐ Supplemental oxygen (cannula, mask, hood, or tent)
For endotracheal tube (ET) or tracheostomy tube already in place at time of event, method(s) of placement confirmation during the event (check all that apply):	☐ Not Documented ☐ Capnometry (numeric ETCO2) ☐ Esophageal detection devices ☐ Exhaled CO2 colorimetric monitor (ETCO2 by color change) ☐ Revisualization with direct laryngoscopy ☐ Waveform capnography (waveform ETCO2) ☐ Chest X-Ray* ☐ Point of Care Ultrasound* ☐ None of the above
Monitoring	☐ No Monitoring Already in Place ☐ Apnea ☐ Apnea/Bradycardia ☐ ECG ☐ Pulse Oximetry
Vascular Access	○ Yes ○No/ Not Documented
Any Vasoactive Agent in Place?	○ Yes ○No/Not Documented

Hemodynamic Interventions:	☐ None ☐ Dialysis/extracorporeal filtration therapy (ongoing) ☐ Extracorporeal membrane oxygenation (ECMO) ☐ Implantable cardiac defibrillator (ICD) ☐ IV/IO continuous infusion of antiarrhythmic(s). ☐ Other Mechanical Circulatory Support Devices ☐ Cardiopulmonary Bypass ☐ Intra-Aortic Balloon Pump ☐ Ventricular Assist Device ☐ Total Artificial Heart

EVENT	*Event (Common) Tab*
Event Witnessed?	○ Yes ○ No/Not Documented
Event Witnessed By:	○ Clinical Staff ○ Layperson ○ Not Documented
Was a hospital-wide resuscitation response activated?	○ Yes ○ No/Not Documented
For If Team Activated, Date/Time resuscitation Team Arrival: [Newly Born / Neonate only]	_____/_____/_____ ____:___
Date of Birth:	_____/_____/_____ ____:___ ☐ Unknown
Age at Event:	_____ ○ Years ○ Months ○ Weeks ○ Days ○ Hours ○ Minutes
Patient Population at Event:	_____
Illness Category:	○ Medical-Cardiac ○ Obstetric ○ Surgical-Noncardiac ○ Other (Visitor/Employee) ○ Medical-Noncardiac ○ Surgical-Cardiac ○ Trauma
Subject Type:	○ Ambulatory/Outpatient ○ Hospital Inpatient ○ Rehab Facility Inpatient ○ Visitor or Employee ○ Emergency Department ○ Mental Health Facility Inpatient ○ Skilled Nursing Facility Inpatient
Event Location (area):	○ Ambulatory/Outpatient Area ○ Adult ICU ○ Delivery Suite ○ Emergency Department (ED) ○ Neonatal ICU (NICU) ○ Observation Unit ○ Pediatric Cardiac Intensive Care Unit (CICU) ○ Post-Anesthesia Recovery Room (PACU) ○ Same-Day Surgical Area ○ Other ○ Adult Coronary Unit (CCU) ○ Cardiac Catheterization Lab ○ Diagnostic/Intervention Area ○ (excludes Cath Lab) ○ General Inpatient Area ○ Newborn Nursery ○ Operating Room (OR) ○ Pediatric ICU (PICU)
Event Location (name):	_____

INITIAL CONDITION		*Intl Condition/Defib Tab*
Newly Born only	Event Occurred at Delivery?	○ Yes ○ No/Not Documented (does NOT meet inclusion criteria)
	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	○ Asystole ○ Pulseless Electrical Activity (PEA) ○ Unknown – not placed on cardiac monitor ○ Bradycardia ○ Other ○ Not Documented
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 or Open Cardiac Massage?		○ Yes ○ No/Not Documented ○ No, Per Advance Directive
Compression Method(s) used (check all that apply):		☐ Automatic Compressor ☐ IAC-CPR (interposed abdominal compression cardiopulmonary resuscitation) ☐ Open chest CPR (direct [internal] cardiac compression) ☐ Standard manual compression ☐ Unknown/Not documented
Newly Born only	Specify the Standard Manual Compression method used:	☐ Heel of Hand ☐ 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 compression started		_____/_____/_____ ___:___ ☐ Time Not Documented
<u>If compressions provided while pulse present:</u> Rhythm When Patient with 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 first identified:		_____/_____/_____ ____:___ ☐ Time Not Documented
First documented pulseless rhythm:		○ Asystole ○ Pulseless Electrical Activity (PEA) ○ Pulseless Ventricular Tachycardia ○ Ventricular Fibrillation (VF) ○ Unknown/Not Documented

AED AND VF/PULSELESS VT	*Intl Condition/Defib Tab*
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?	_____/_____/_____ ____:___ ☐ Time 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?	_____/_____/_____ ____:___ ☐ Time 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	_____ ☐ Number of shocks Unknown/Not Documented

Defib Administered

Date/Time	Energy (joules)
___/___/_____ ___:___ ❑ Not Documented	_____ ❑ Not Documented
___/___/_____ ___:___ ❑ Not Documented	_____ ❑ Not Documented
___/___/_____ ___:___ ❑ Not Documented	_____ ❑ Not Documented
___/___/_____ ___:___ ❑ Not Documented	_____ ❑ Not Documented

Was there a Documented Reason for Not Providing Defibrillation Shock for Ventricular Fibrillation (VF) or Pulseless Ventricular Tachycardia (VT) in First Two Minutes?	○ Yes ○ No
Reasons for Not Providing Shock:	☐ ICD in place which shocked patient within first 2 minutes of identification of VF or Pulseless VT ☐ Initial Refusal (e.g. family refused) ☐ 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 ☐ 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) _____

VENTILATION *Ventilation Tab*

Ventilation/Airways Used (Select all that apply):	☐ None ☐ Bag-Valve-Mask ☐ Laryngeal Mask Airway (LMA) ☐ Mouth-to-Barrier Device ☐ Supraglottic Airway ☐ Other Non-Invasive Ventilation, Specify _____ ☐ Unknown/Not Documented ☐ Endotracheal Tube (ET) ☐ Mask and/or Nasal CPAP/BiPAP ☐ Mouth-to-Mouth ☐ Tracheostomy Tube

Date/Time Bag-Valve-Mask ventilation Initiated During the Event:		_____/_____/_____ ____:___ ○ Time Not Documented
Newly Born / Neonate only	Was Laryngeal Mask Airway (LMA) inserted/reinserted during event?	○ Yes ○ No ○ Not Documented
	LMA Date/Time:	_____/_____/_____ ____:___ ○ Unknown
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
Newly Born / Neonate only	Was Any Pulse Oximetry Placed During the Event?	○ Yes ○ No ○ Not Documented
	Pulse Oximetry Date/Time:	_____/_____/_____ ____:___ ○ Unknown

Method(s) of confirmation used to ensure Endotracheal Tube (ET) or Tracheostomy Tube placement in trachea (check all that apply):	☐ Not Documented ☐ Esophageal detection devices ☐ Revisualization with direct laryngoscopy ☐ Chest X-Ray* ☐ None of the above ☐ Capnometry (numeric ETCO2) ☐ Exhaled CO2 colorimetric monitor (ETCO2 by color change) ☐ Waveform capnography (waveform ETCO2) ☐ Point of Care Ultrasound*

EPINEPHRINE		*Other Interventions Tab*
Newly Born / Neonate only	Was Any Epinephrine BOLUS Administered?	○ Yes ○ No ○ Not Documented

Newly Born / Neonate only: Newly Born Epinephrine BOLUS Administered

Epinephrine Date/Time	Epinephrine Dose	Epinephrine Delivered Via	
___/___/_____ ___:___ ❑ Not Documented	_____ ❑ Not Documented	☐ Intravascular ☐ Peripheral ☐ Umbilical Venous Catheter ☐ Intraosseous (IO)	☐ Endotracheal/tracheostomy Tube ☐ Other _____ ☐ Unknown/Not Documented
___/___/_____ ___:___ ❑ Not Documented	_____ ❑ Not Documented	☐ Intravascular ☐ Peripheral ☐ Umbilical Venous Catheter ☐ Intraosseous (IO)	☐ Endotracheal/tracheostomy Tube ☐ Other _____ Unknown/Not Documented
___/___/_____ ___:___ ❑ Not Documented	_____ ❑ Not Documented	☐ Intravascular ☐ Peripheral ☐ Umbilical Venous Catheter ☐ Intraosseous (IO)	☐ Endotracheal/tracheostomy Tube ☐ Other _____ Unknown/Not Documented
___/___/_____ ___:___ ❑ Not Documented	_____ ❑ Not Documented	☐ Intravascular ☐ Peripheral ☐ Umbilical Venous Catheter ☐ Intraosseous (IO)	☐ Endotracheal/tracheostomy Tube ☐ Other _____ Unknown/Not Documented

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
Reasons for Not Providing Epinephrine?	☐ Initial Refusal (e.g. family refused) ☐ Medication allergy ☐ 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)) ☐ In-hospital time delay (e.g., delay in locating medication)* ☐ No route to deliver medication (e.g. no IV/IO access)* ☐ Other (Please Specify) _____	

OTHER DRUG INTERVENTIONS	*Other Interventions Tab*
Select all either initiated, or if already in place immediately prior to, continued during event.	

☐ None
☐ Antiarrhythmic medication(s):
- ☐ Adenosine/Adenocard
- ☐ Amiodarone/Cordarone
- ☐ Lidocaine
- ☐ Procainamide
- ☐ Other antiarrhythmics: _____

☐ Vasopressor(s) other than epinephrine bolus:
- ☐ Dobutamine
- ☐ Dopamine > 3mcg/kg/min
- ☐ Epinephrine, IV/IO continuous infusion
- ☐ Norepinephrine
- ☐ Phenylephrine
- ☐ Vasopressin, IV/IO continuous infusion
- ☐ Other Vasopressors: _____

☐ Atropine
☐ Calcium Chloride/Calcium Gluconate
☐ Dextrose Bolus
☐ Magnesium Sulfate
☐ Reversal agent (e.g., naloxone/Narcan, flumazenil/Romazicon, neostigmine/Prostigim)
☐ Sodium Bicarbonate
☐ Surfactant
☐ Other Drug Interventions: _____

Newly born only options:

Fluid bolus for volume expansion
- ☐ Albumin
- ☐ Lactate Ringers
- ☐ Normal Saline
- ☐ O-negative Blood

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
☐ Cord Management
- ☐ Deferred Cord Clamping
- ☐ Delayed Cord Clamping: 30 seconds
- ☐ Delayed Cord Clamping: 60 seconds
- ☐ Intact Cord Milking

☐ Needle thoracostomy
☐ Pacemaker, transcutaneous
☐ Pacemaker, transvenous or epicardial
☐ Pericardiocentesis
☐ Other non-drug interventions _____

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 and time sustained ROC *began lasting > 20 min* OR resuscitation efforts were terminated (End of event)	_____/_____/_____ ____:___ ○ Time Not Documented
Patient Transferred to:	○ Not Transferred (remained on unit) ○ Cardiac Catheterization Lab ○ Emergency Department ○ Intensive Care Unit ○ Operating Room ○ Post Cardiac Arrest care ○ Telemetry/Step-Down ○ Other Hospital ○ Other (please specify) _____ Post-CPA ICU Length of Stay for this ICU admission (days) _____

POST CARDIAC ARREST CARE — *Event Outcome Tab*

Was Targeted Temperature Management Used after Sustained ROC?	○ Yes ○ No ○ Unknown/Not Documented
Highest patient temperatures during first 24 hrs. after ROC: Temperature	_____ C _____ F ○ Temperature Not Documented
Temperature Site:	○ Axillary ○ Brain ○ Surface (skin, temporal) ○ Unknown ○ Bladder ○ Oral ○ Other ○ Tympanic ○ Blood ○ Rectal
Date/Time Temperature Recorded:	_____/_____/_____ ____:___ ○ Time Not Documented

CPA CPR QUALITY — *CPA CPR Quality Tab*

For Newly Born Patients	Was performance of CPR Monitored or Guided Using Any of the? (Check all that apply)	☐ None ☐ ECG ☐ Pulse Oximetry ☐ Arterial Wave Form/Diastolic Pressure

For Newly Born Patients	Average Compression Rate (per minute):	_____ ☐ Average Compression Rate Not Documented
For Newly Born Patients	Average Ventilation Rate (per minute):	_____ ☐ Average Ventilation Rate Not Documented
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 Feedback Device ☐ CPR Quality Coach ☐ Metronome ☐ Other, Specify: _____
Which Protocol Was Used During This Event?		☐ ACLS ☐ NRP ☐ PALS ☐ Other, Specify: _____ ☐ Unknown/Not Documented
If CPR Feedback 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

RESUSCITATION-RELATED EVENTS AND ISSUES	*Events and Issues Tab*
Was a Team Debriefing Completed After the Event?	○ Yes ○ No ○ Not Documented
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 Issues ☐ 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)
Defibrillations	☐ Energy level lower/higher than recommended ☐ Initial delay, personnel not available to operate defibrillator ☐ Initial delay, issues with defibrillator access to patient ☐ Initial delay, issue with 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 Derivation	☐ ACLS ☐ 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
NOTE: Please do not enter any patient identifiable information in this field Comments:	

MATERNAL IN-HOSPITAL CARDIAC ARREST *CPA Research Tab*

If Recently delivered or currently pregnant was selected under Pre-existing conditions, please select one of the following:	○ Patient recently delivered fetus ○ Patient is currently pregnant
If patient recently delivered a fetus, select delivery date:	___/___/_____ ___:___ MM DD YYYY HH MM ☐ Not Documented
If patient is currently pregnant, enter EDC/Due Date:	___/___/_____ ___:___ MM DD YYYY HH MM ○ Not Documented
Gestational Age:	*(System Calculated)* _____
Select Number of Fetuses (Single Select)	○ Single ○ Unknown ○ Multiple ○ Not Documented
The patient had the following delivery or pregnancy complications	☐ Not Documented ☐ None ☐ Alcohol Use ☐ Chorioamnionitis ☐ Cocaine/Crack use ☐ Gestational Diabetes ☐ Diabetes ☐ Eclampsia ☐ GHTN (Pregnancy induced/gestational hypertension) ☐ Hypertensive Disease ☐ Magnesium Exposure ☐ Major Trauma ☐ Maternal Group B Strep (Positive) ☐ Maternal Infection ☐ Methamphetamine/ICE use ☐ Narcotic given to mother within 4 hours of delivery ☐ Narcotics addiction and/or on methadone maintenance ☐ Obstetrical hemorrhage ☐ Pre-eclampsia ☐ Prior Cesarean ☐ Urinary Tract Infection (UTI) ☐ Other (specify) _____
Total # of pregnancies (Gravida):	_____ (Integer Field) ○ Unknown/Not Documented
Total # of deliveries (Parity):	_____ (Integer Field) ○ Unknown/Not Documented
If patient recently delivered fetus Delivery Mode:	○ Vaginal/Spontaneous ○ VBAC ○ C-Section/Emergent ○ Vaginal/Operative ○ C-Section/ Scheduled ○ Unknown/Not Documented
Left Lateral Uterine Displacement:	○ Yes ○ No ○ Unknown/Not Documented Left Lateral Uterine Displacement Time recognized: ___/___/_____ ___:___ MM DD YYYY HH MM
Select LUD Method(s) (select all that apply)	☐ Manual Uterine Displacement ☐ Left Lateral Tilt ☐ Unknown/Not Documented
Neonatal Outcome (Single Select)	○ Delivered (If delivered, enter Apgar Scores): ☐ Enter 1 min. Apgar score (integer field range: 0-10) _____ ☐ 1 min APGAR score Unknown/Not Assigned ☐ Enter 5 min Apgar score (integer field range: 0-10) _____ ☐ 5 min Apgar score Unknown/Not Assigned ○ Undelivered: ○ IUFD (intrauterine fetal death) ○ Viable ○ Unknown/ Not Documented

Was a CPA event completed for the newborn?	○ Yes	○ No	○ Unknown/ Not Documented
ECMO/ECPR			*CPA RESEARCH TAB*
Was ECMO/ECPR activated?	○ Yes	○ No	○ Unknown/Not Documented
Is there an ELSO Record for this Patient?	○ Yes ELSO Patient Record Number: _____	○ No	○ Unknown/Not Documented
Was Cannulation Attempted?	○ Yes	○ No	○ Unknown/Not Documented
Was Cannulation Successful?	○ Yes ○ No ○ Cannulation initiated but not completed ○ Unknown/Not Documented		
Date/Time ECMO Started:	___/___/_____ ___:___ MM DD YYYY HH MM		
Date/Time ECMO Ended:	___/___/_____ ___:___ MM DD YYYY HH MM		
Initial Extracorporeal Life Support Mode (check all that apply)	☐ Venoarterial ECMO ☐ Venovenous ECMO ☐ VVECCO2R	☐ AVECCO2R ☐ Veno-Venoarterial ECMO ☐ Other, specify: _____	
Cannulation Anatomical Site (check all that apply):			
Unknown/Not Documented	☐		
Aorta	☐		
LA	☐		
LCCA	☐		
LFA	☐ Percutaneous	☐ Not Percutaneous	
LFV	☐ Percutaneous	☐ Not Percutaneous	
LSA	☐ Percutaneous	☐ Not Percutaneous	
LSV	☐ Percutaneous	☐ Not Percutaneous	
PA	☐		
RA	☐		
RCCA	☐ Percutaneous	☐ Not Percutaneous	
RFA	☐ Percutaneous	☐ Not Percutaneous	
RFV	☐ Percutaneous	☐ Not Percutaneous	
RIJV	☐ Percutaneous	☐ Not Percutaneous	
RIJVC	☐ Percutaneous	☐ Not Percutaneous	
RSA	☐ Percutaneous	☐ Not Percutaneous	
RSV	☐ Percutaneous	☐ Not Percutaneous	
Other	☐		
ECMO Cannulation Location (area):	○ Adult Coronary Care Unit (CCU) ○ Ambulatory/Outpatient Area ○ Delivery Suite ○ Emergency Department (ED) ○ Neonatal ICU (NICU) ○ Operating Room (OR) ○ Pediatric Cardiac Intensive Care Unit (CICU) ○ Rehab, Skilled Nursing, or Mental Health Unit/Facility ○ Telemetry unit or Step-down unit ○ Other (Specify): _____	○ Adult ICU ○ Cardiac Catheterization Lab ○ Diagnostic/Intervention. Area (excludes Cath Lab) ○ Inpatient Area ○ Newborn Nursery ○ Pediatric ICU (PICU) ○ Post-Anesthesia Recovery Unit (PACU) ○ Same-day Surgical Area ○ Unknown/Not Documented	
Team Member(s) Performing ECMO Cannulation:	☐ Anesthesiologist ☐ Surgeon ☐ Unknown/Not Documented	☐ Intensivist ☐ Other (Specify): _____	

ECMO Circuit Priming (select all that apply):	☐ 5% or 25% Albumin ☐ Plasma ☐ Whole Blood ☐ Unknown/Not Documented	☐ Crystalloid ☐ Plasma-Lyte ☐ Saline ☐ Other Crystalloid ☐ RBC ☐ Other (Specify): _____
Blood Flow (L/minute) 4hrs After Cannulation:	_____ Date/Time Blood Flow Reading 24hrs After Cannulation: ___/___/_____ ___:___ MM DD YYYY HH MM	☐ Blood Flow at 4hrs Not Documented
Blood Flow (L/minute) 24hrs After Cannulation:	_____ Date/Time Blood Flow Reading 24hrs After Cannulation: ___/___/_____ ___:___ MM DD YYYY HH MM	☐ Blood Flow at 24hrs Not Documented
FsO2 at 4hrs After Cannulation:	_____ Date/Time FsO2 Reading 4hrs After Cannulation: ___/___/_____ ___:___ MM DD YYYY HH MM	☐ FsO2 at 4hrs Not Documented:
FsO2 at 24hrs After Cannulation:	_____ Date/Time FsO2 Reading 24hrs After Cannulation: ___/___/_____ ___:___ MM DD YYYY HH MM	☐ FsO2 at 24hrs Not Documented:
Head CT Performed?	○ Yes	○ No
If Yes, Enter Date/Time CT Performed (for first CT post-cannulation if multiple CTs were performed):	___/___/_____ ___:___ MM DD YYYY HH MM	
Cerebral MRI Performed?	○ Yes	○ No
If Yes, Enter Date/Time Cerebral MRI Performed (for first MRI post-decannulation if multiple CTs were performed):	___/___/_____ ___:___ ○ MM DD YYYY HH MM	
Neurologic Injury or Events Detected During ECMO or After ECMO (less than 6wks after separation from ECMO or by hospital discharge, which ever one comes first). (check all that apply):		
None	☐	
Brain Death	☐	Detected: ___/___/_____ ___:___ MM DD YYYY HH MM ☐ Not Documented

Intracranial Hemorrhage	☐		Detected: ___/___/_____ ___:___ MM DD YYYY HH MM ☐ Not Documented
New Clinical Seizure(s)	☐		Detected: ___/___/_____ ___:___ MM DD YYYY HH MM ☐ Not Documented
Anoxic Brain Injury	☐		Detected: ___/___/_____ ___:___ MM DD YYYY HH MM ☐ Not Documented
Cerebral Microbleeds	☐		Detected: ___/___/_____ ___:___ MM DD YYYY HH MM ☐ Not Documented
Ischemic Stroke	☐		Detected: ___/___/_____ ___:___ MM DD YYYY HH MM ☐ Not Documented
EEG Performed within in First 24hrs Post-ROC?	○ Yes	○ No	○ Unknown/Not Documented
If EEG was Performed, was there an Indication of Electrographic Seizure Activity?	○ Yes	○ No	○ Unknown/Not Documented
If EEG was Performed, was an Antiepileptic Administered?	○ Yes	○ No	
End of Form			