



**GWTC-Resuscitation Patient Management Tool (CRF)**

Post Cardiac Arrest Care (PCAC) Event

Updated August 2023

NOTE:

- ❖ All sections in grey will be auto-populated/carried forward from CPA and Admit/Discharge form (if prefilled).
- ❖ Out-of-Hospital Cardiac Arrests (OHCA), or events without a CPA form will necessitate data entry of sections in grey.
- ❖ ROSC = ROC for patients who received extracorporeal CPR (ECPR).

PCAC EVENT			
System Entry Date:	__/__/______:__ (MM/DD/YYYY HH:MM)		<input type="radio"/> Time Not Documented
Date/Time of Birth:	__/__/______:__ (MM/DD/YYYY HH:MM)		<input type="checkbox"/> DOB Unknown/Not Documented <input type="checkbox"/> Time Not Documented
Did patient receive chest compressions (includes open cardiac massage)?	<input type="radio"/> Yes <input type="radio"/> No/Not Documented <input type="radio"/> No, Per Advance Directive		
Date/Time compression started	__/__/______:__ (MM/DD/YYYY HH:MM)		<input type="checkbox"/> Time Not Documented
Where did the event occur?	<input type="radio"/> Out of Hospital <input type="radio"/> In-Hospital		<input type="radio"/> In-Hospital
Did patient have a subsequent cardiac arrest event(s) during the course of this hospitalization?	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Not Documented
Pre-existing Conditions at Time of Event (check all that apply):			
<input type="checkbox"/> None <input type="checkbox"/> Acute Stroke <input type="checkbox"/> Acute CNS non-stroke event <input type="checkbox"/> Baseline depression in CNS function <input type="checkbox"/> Cardiac malformation/abnormality - cyanotic (pediatric and newborn/neonate only) <input type="checkbox"/> Cardiac malformation/abnormality - acyanotic (pediatric and newborn/neonate only) <input type="checkbox"/> Congenital malformation/abnormality (Non-Cardiac) (pediatric and newborn/neonate only) <input type="checkbox"/> Congestive heart failure (this admission) <input type="checkbox"/> Congestive heart failure (prior to this admission) <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Hepatic Insufficiency <input type="checkbox"/> Hypotension/hypoperfusion <input type="checkbox"/> Major Trauma <input type="checkbox"/> Metabolic/Electrolyte Abnormality <input type="checkbox"/> Myocardial ischemia/infarction (this admission) <input type="checkbox"/> Myocardial ischemia/infarction (prior to this admit) <input type="checkbox"/> Metastatic or hematologic malignancy <input type="checkbox"/> Pneumonia <input type="checkbox"/> Renal Insufficiency <input type="checkbox"/> Respiratory insufficiency <input type="checkbox"/> Sepsis <input type="checkbox"/> Prior CPR Event			
PCAC 3.1 CARDIAC ARREST EVENT			Event Tab
Duration of CPR (in minutes):	_____		<input type="checkbox"/> Not Documented
Sustained Return of Spontaneous Circulation (ROSC) achieved?	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Not Documented
For out-of-hospital events, where was ROSC attained?	<input type="radio"/> At scene <input type="radio"/> En-route		<input type="radio"/> After arrival to hospital <input type="radio"/> Not Documented
Date/Time sustained ROSC began (lasting > 20 min) OR resuscitation efforts were terminated (End of event)	__/__/______:__ (MM/DD/YYYY HH:MM)		<input type="checkbox"/> Time Estimated
Event Witnessed?	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> No/Not Documented
PCAC 4.1 ARRIVAL INFORMATION			Arrival Tab
Arrival Date/Time	__/__/______:__ (MM/DD/YYYY HH:MM)		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Documented
<u>Neurological Assessment Findings:</u>			
Are pupils fixed and dilated?	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Not Documented
Status of patient (if not sedated/paralyzed)	<input type="radio"/> Conscious <input type="radio"/> Unconscious/Comatose		<input type="radio"/> Not Documented

Glasgow Coma Scale (BEST GCS within 1-hr of ROC): (Do not fill this section if patient is paralyzed)

Motor:	_____	<input type="checkbox"/> Intubated	<input type="checkbox"/> Sedation	<input type="checkbox"/> Unknown/Not Documented
<b>PCAC 4.2 TARGETED TEMPERATURE MANAGEMENT</b>				<b>Arrival Tab</b>
Was targeted temperature management utilized?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown/Not Documented	
Initial patient temp.	_____	<input type="radio"/> Unknown/Not Documented		
If yes, what was the targeted range?	<input type="radio"/> ADULT	<input type="radio"/> Below 32°C <input type="radio"/> 32°C - 36°C <input type="radio"/> Above 36°C	<input type="radio"/> Other (Specify): _____ <input type="radio"/> Unknown/Not Documented	
	<input type="radio"/> PEDIATRIC/INFANT	<input type="radio"/> Initial continuous hypothermia (32°C-34°C) <input type="radio"/> Continuous normothermia (36°C-37.5°C) <input type="radio"/> Other (Specify): _____ <input type="radio"/> Unknown/Not Documented		
Temperature control method (select all that apply):	<input type="checkbox"/> Antipyretics <input type="checkbox"/> Cold IV Saline Bolus <input type="checkbox"/> Intranasal <input type="checkbox"/> Intravascular device or catheter (continuous)		<input type="checkbox"/> Surface Cooling <input type="checkbox"/> Other <input type="checkbox"/> None	
Duration of continuous hypothermia:	_____	<input type="radio"/> Hours	<input type="radio"/> Days	<input type="radio"/> Not Documented
Was goal temperature met?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown/Not Documented	
If Yes, Date/Time targeted temperature management initiated:	___/___/_____:__ (MM/DD/YYYY HH:MM)		<input type="checkbox"/> Unknown <input type="checkbox"/> 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):	<input type="checkbox"/> Arrhythmias/QTc prolongation <input type="checkbox"/> Awake, alert, following commands <input type="checkbox"/> Clinician preference <input type="checkbox"/> DNAR with limitation on technologic support <input type="checkbox"/> Facility does not routinely treat patients with Targeted Temperature Management <input type="checkbox"/> Hemodynamic instability <input type="checkbox"/> Increased bleeding risk		<input type="checkbox"/> Known/Suspected Septic Shock <input type="checkbox"/> Limited life expectancy <input type="checkbox"/> Not Intubated <input type="checkbox"/> Poor functional status pre-arrest (including dementia) <input type="checkbox"/> Pregnancy <input type="checkbox"/> Recent surgery <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown/Not Documented	
Was there ever a documented temperature of >= 38 degrees Celsius?	<input type="radio"/> Yes		<input type="radio"/> No	
If yes, when was a temperature of >= 38 degrees Celsius documented?	___/___/_____:__ (MM/DD/YYYY HH:MM)		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Documented	
<b>PCAC 5.1 MEASUREMENTS AND MEDICATIONS</b>				<b>Measurements &amp; Medications Tab</b>
On Invasive mechanical ventilator?	<input type="radio"/> Yes		<input type="radio"/> No	
pCO2	_____ mmHg		<input type="checkbox"/> Not Documented	
(Arterial) PaO2	_____ mmHg		<input type="checkbox"/> Not Documented	
Was there a PaO2 in the first 24 hours of >300 mmHg?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Documented	
If yes, FiO2 at time PaO2 assessed:	_____ %			
Was there a PaO2 in the first 24 hours of <60 mmHg?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Documented	
If yes, FiO2 at time PaO2 assessed:	_____ %			
Serial Measurements: Serial Blood Pressure (Enter lowest Systolic BP for each of the following time periods:)				
Hours 0-6 post ROSC:	Lowest Systolic BP: _____ mmHg		<input type="checkbox"/> Not Documented	
Was patient on any vasopressors/inotropes during hours 0-6 post-ROSC?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Hours 6-12 post ROSC:	Lowest Systolic BP: _____ mmHg		<input type="checkbox"/> Not Documented	
Was patient on any vasopressors/inotropes during hours 6-12 post ROSC?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Hours 12-24 post ROSC:	Lowest Systolic BP: _____ mmHg		<input type="checkbox"/> Not Documented	
Was patient on any vasopressors/inotropes during hours 12-24 post ROSC?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Hours 24-72 post ROSC:	Lowest Systolic BP: _____ mmHg		<input type="checkbox"/> Not Documented	

Was patient on any vasopressors/inotropes during hours 24-72 post ROSC?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
<b>PCAC 5.2 CLINICAL STUDY DATA</b>		<b>Clinical Study Data Tab</b>	
Did patient go to the Cath lab at any time during this admission?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Documented
Date/Time at Cath lab:	_/_/____: (MM/DD/YYYY HH:MM)		<input type="checkbox"/> Time Not Documented
Reason went to Cath lab:	<input type="checkbox"/> Abnormal ECG (not including STEMI) <input type="checkbox"/> Atrial Decompression (on ECMO) <input type="checkbox"/> Cardiogenic Shock <input type="checkbox"/> Elevated cardiac biomarkers <input type="checkbox"/> Focal wall motion abnormality on echocardiogram	<input type="checkbox"/> New BBB <input type="checkbox"/> Routine Cath post-arrest <input type="checkbox"/> ST Elevation <input type="checkbox"/> VF arrest <input type="checkbox"/> Unknown/Not Documented <input type="checkbox"/> Other (Specify): _____	
Cath Lab Interventions:	<input type="radio"/> No Intervention <input type="radio"/> Atrial Decompression <input type="radio"/> Balloon Pump <input type="radio"/> Stent/PCI	<input type="radio"/> Ventricular Assist Device <input type="radio"/> Unknown/Not Documented <input type="radio"/> Other (Specify): _____	
Implantable cardioverter-defibrillator (ICD) placed during this admission?	<input type="radio"/> Yes	<input type="radio"/> No	
For Comatose/Encephalopathic Patients ONLY:			
EEG (spot) performed within the first 24hrs post ROSC?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Documented
If Yes, Start Date/Time of EEG	_/_/____: (MM/DD/YYYY HH:MM)		<input type="checkbox"/> Time Not Documented
EEG (continuous) performed within first 24hrs. post-ROSC?	<input type="radio"/> Yes	<input type="radio"/> No	
If Yes, Start Date/Time:	_/_/____: (MM/DD/YYYY HH:MM)		<input type="checkbox"/> Time Not Documented
End Date/Time:	_/_/____: (MM/DD/YYYY HH:MM)		<input type="checkbox"/> Time Not Documented
Brain imaging (CT/MRI) performed within the first 5 days Post-ROSC?	<input type="radio"/> Yes	<input type="radio"/> No	
If Yes (or at any point within 10 days), Date/Time:	_/_/____: (MM/DD/YYYY HH:MM)		<input type="checkbox"/> Time Not Documented
Discharge Modified Rankin Scale:	<input type="radio"/> 0 - No symptoms at all <input type="radio"/> 1 - No significant disability despite symptoms: ability to carry out all usual activities <input type="radio"/> 2 - Slight disability <input type="radio"/> 3 - Moderate disability: Requiring some help but able to walk without assistance <input type="radio"/> 4 - Moderate to severe disability: Unable to walk without assistance and unable to attend to own bodily needs without assistance <input type="radio"/> 5 - Severe disability: Bedridden, incontinent, and requiring constant nursing care and attention <input type="radio"/> 6 - Death		
Discharge Modified Rankin Scale:	_____	<input type="checkbox"/> Not Documented	
NOTE: Please do not enter any patient identifiable information in these optional fields.			
Comments:			

END OF PCAC FORM