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| 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-Event Tab* | |
| 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  ❑ Sepsis  ❑ Prior CPR Event | | |
| PCAC 3.1 Cardiac Arrest Event | | *Event Tab* |
| 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  Was out of hospital CPR performed? ❑ Yes ❑ No ❑ Not Documented  If yes, out of hospital CPR performed first by: ❑ Healthcare provider/ EMS ❑ Layperson ❑ 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  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 | | |

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| PCAC 4.1 Arrival Information | *Arrival Tab* | | |
| Arrival Date/Time \_\_\_/\_\_\_/\_\_\_\_\_\_ \_\_\_: \_\_\_\_ ❑ Time Not Documented  Was patient transferred from another hospital? ❑ Yes ❑ No  Neurological assessment performed within 1-hr of ROSC? ❑ Yes ❑ No/Not Documented ❑ Neurological Assessment obtained at transferring facility  Date/Time of neurological assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Time Not Documented ❑ Unknown/Not Documented   |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Neurological Assessment Findings:   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | Pupils equal | ❑ Yes | ❑ No | ❑ Not Documented | | Are pupils fixed and dilated? | ❑ Yes | ❑ No | ❑ Not Documented | | Right pupil reaction | ❑ Yes | ❑ No | ❑ Not Documented | | Left pupil reaction | ❑ Yes | ❑ No | ❑ Not Documented | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Follows commands at time of initial assessment? | ❑ Yes | ❑ No | ❑ Not Documented |   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  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ 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?  Yes  No |  | |  |  | |  |  | | Pulse Oximetry Saturation (SpO2): \_\_\_\_\_\_\_\_ % | ❑ Not Documented |   *Initial Measurements:*  Initial Vital Signs  Date/Time of initial vital sign measurements : \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_  ❑ Time Not Documented ❑ Unknown/Not Documented  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 | | Respiratory Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ breaths/min | ❑ Not Documented | | Intubated or on mechanical ventilator?  Yes  No |  | |  |  | |  |  | | Systolic BP: \_\_\_\_\_\_\_\_\_\_ mmHg | ❑ Not Documented | | Diastolic BP: \_\_\_\_\_\_\_\_\_ mmHg | ❑ Not Documented | | MAP: \_\_\_\_\_\_\_\_\_\_ mmHg | ❑ Not Documented | | Pulse Oximetry Saturation (SpO2): \_\_\_\_\_\_\_\_ %  FiO2 at time SpO2 assessed: \_\_\_\_\_\_\_\_\_\_\_\_\_% | ❑ Not Documented |   *Initial Electrolytes (Post ROSC)*  Date/Time of initial electrolyte & lab measurements: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_  ❑ Time Not Documented ❑ Unknown/Not Documented   |  |  |  |  | | --- | --- | --- | --- | | Serum Creatinine: \_\_\_\_\_\_\_\_\_\_ | mg/dL | micromol/L |  |  Not documented | | Bicarbonate/CO2: \_\_\_\_\_\_\_\_\_\_ | mmol/L | mEq/L |  |  Not documented | |  |  |  |  | |  |  |  |  | | Glucose : \_\_\_\_\_\_\_\_\_\_ | mg/dL |  |  Not documented | |  |  |  |  |   Date/Time of initial Lactate: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_ ❑ Time Not Documented ❑ Unknown/Not Documented   |  |  |  |  | | --- | --- | --- | --- | | Lactate: \_\_\_\_\_\_\_\_\_\_ | mmol/L | mg/dL |  |  Not documented |   Date/Time of initial Troponin: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_ ❑ Time Not Documented ❑ Unknown/Not Documented  Troponin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ng/dL | mcg/L ❑ T ❑ I ❑ Not documented   |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  |   Date/Time of initial arterial blood gas measurements: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_   Time Not Documented  Unknown/Not Documented  pH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Not documented  pCO2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mmHg ❑ Not documented  Was there a pCO2 in the first 24 hours of <30 or >50mmHg? ❑ Yes ❑ No ❑ Not Documented 24hr <auto-pop> \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_  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 |   Did patient receive any sedatives in the 6-24 hour time period post ROSC? ❑ Yes ❑ No ❑ Not Documented ❑ None-Contraindicated  Did patient receive any paralytics in the 6-24 hour time period post ROSC? ❑ Yes ❑ No ❑ Not Documented ❑ None-Contraindicated  Did patient receive any sedatives in the 24-48 hour time period post ROSC? ❑ Yes ❑ No ❑ Not Documented ❑ None-Contraindicated  Did patient receive any paralytics in the 24-48 hour time period post ROSC? ❑ Yes ❑ No ❑ Not Documented ❑ None-Contraindicated  Did patient receive any sedatives in the 48-72 hour time period post ROSC? ❑ Yes ❑ No ❑ Not Documented ❑ None-Contraindicated  Did patient receive any paralytics in the 48-72 hour time period post ROSC? ❑ Yes ❑ No ❑ Not Documented ❑ None-Contraindicated  ***Serial Blood Pressure Measurements***  Enter lowest Systolic BP for each of the following time periods:  Hours 0-6 post ROSC  Date/Time: <auto-pop time: 0hr> \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_ Date/Time: <auto-pop time: 6hr> \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_  ❑ Patient did not survive 6hr post ROSC  Systolic BP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mmHg ❑ Not documented  Were there at least two consecutive systolic blood pressure readings of <90mmHg separated by at least one hour in the first 0-6 hours post ROSC?  Yes  No  Not Documented  MAP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mmHg ❑ Not Documented  Select all vasopressors/inotropes patient was on during the first 0-6 hours post ROSC:  ❑ None   |  |  |  |  | | --- | --- | --- | --- | | ❑ Epinephrine (adrenaline) | ❑ dobutamine (Dobutrex) | ❑ dopamine |  | | ❑ isoproterenol (Isuprel) | ❑ milrinone (Primacor) | ❑ noradrenaline (norepinephrine (Levophed)) |  | | ❑ phenyelphrine (NeoSynephrine) | ❑ vasopressin (Pitressin) |  |  |   Hours 6-24 post ROSC  Date/Time: <auto-pop time: 6hr> \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_ Date/Time: <auto-pop time: 24hr> \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_  ❑ Patient did not survive 24hr post ROSC  Systolic BP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mmHg ❑ Not documented  Were there at least two consecutive systolic blood pressure readings of <90mmHg separated by at least one hour in the 6-24 hours post ROSC?  Yes  No  Not Documented  MAP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mmHg ❑ Not Documented  Select all vasopressors/inotropes patient was on during hours 6-24 post ROSC:  ❑ None   |  |  |  |  | | --- | --- | --- | --- | | ❑ Epinephrine (adrenaline) | ❑ dobutamine (Dobutrex) | ❑ dopamine |  | | ❑ isoproterenol (Isuprel) | ❑ milrinone (Primacor) | ❑ noradrenaline (norepinephrine (Levophed)) |  | | ❑ phenyelphrine (NeoSynephrine) | ❑ vasopressin (Pitressin) |  |  |   Hours 24-48 post ROSC  Date/Time: <auto-pop time: 24hr> \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_ Date/Time: <auto-pop time: 48hr> \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_  ❑ Patient did not survive 48hr post ROSC  Systolic BP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mmHg ❑ Not documented  Select all vasopressors/inotropes patient was on during hours 24-48 post ROSC:  ❑ None   |  |  |  |  | | --- | --- | --- | --- | | ❑ ❑ Epinephrine (adrenaline) | ❑ dobutamine (Dobutrex) | ❑ dopamine |  | | ❑ isoproterenol (Isuprel) | ❑ milrinone (Primacor) | ❑ noradrenaline (norepinephrine (Levophed)) |  | | ❑ phenyelphrine (NeoSynephrine) | ❑ vasopressin (Pitressin) |  |  |   Hours 48-72 post ROSC  Date/Time: <auto-pop time: 48hr> \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_ Date/Time: <auto-pop time: 72hr> \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_  ❑ Patient did not survive 72hr post ROSC  Systolic BP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mmHg ❑ Not documented  Select all vasopressors/inotropes patient was on during hours 48-72 post ROSC:  ❑ None   |  |  |  |  | | --- | --- | --- | --- | | ❑ ❑ Epinephrine (adrenaline) | ❑ dobutamine (Dobutrex) | ❑ dopamine |  | | ❑ isoproterenol (Isuprel) | ❑ milrinone (Primacor) | ❑ noradrenaline (norepinephrine (Levophed)) |  | | ❑ phenyelphrine (NeoSynephrine) | ❑ vasopressin (Pitressin) |  |  |   Did patient receive any anticonvulsants in the 0-72 hour time period post ROSC? ❑ Yes ❑ No ❑ Not Documented | | | |
| PCAC 5.2 Clinical Study Data | | |  |
| Was a 12-lead ECG performed? ❑ Yes ❑ No/Not documented  ECG interpretation (check all that apply):  ❑ STEMI  ❑ Ischemic changes (not a STEMI)  ❑ New Left Bundle Branch Block (BBB)  ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Unknown/Not Documented  Did patient go to the cath lab at any time during this admission?  ❑ Yes  ❑ No/Not Documented  Date/Time at cath lab: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Time Not Documented  Reason went to cath lab:  ❑ ST elevation  ❑ Cardiogenic shock  ❑ VF arrest  ❑ Abnormal ECG (not including STEMI)  ❑ Elevated cardiac enzymes  ❑ Routine cath post arrest  ❑ New BBB  ❑ Focal wall motion abnormality on echocardiogram  ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Unknown/Not Documented  Cath lab interventions:  ❑ Stent/PCI  ❑ Balloon pump  ❑ LVAD  ❑ No intervention  ❑ Other  ❑ Unknown/Not Documented  Date/Time of cath lab intervention: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Time Not Documented  ICD placed during this admission? ❑ Yes ❑ No/Not Documented  Was an Echo performed? ❑ Yes ❑ No/Not Documented  Date/Time of FIRST Echo: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Time Not Documented  FIRST Echo Findings: LVEF: \_\_\_\_\_\_\_\_ ❑ LVEF Not Documented  Head CT performed? ❑ Yes ❑ No/Not Documented  Date/Time of initial head CT: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Time Not Documented  Head CT findings:  ❑ Normal  ❑Cerebral edema  ❑ Intracranial hemorrhage  ❑ Herniation  ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Unknown/Not Documented  Cerebral MRI performed? ❑ Yes ❑ No/Not Documented  Date/Time of initial MRI: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Time Not Documented  EEG performed within the first 24 hours post ROSC? ❑ Yes ❑ No/Not documented  If EEG performed, was there evidence of any seizure activity? ❑ Yes ❑ No/Not documented  If evidence of seizure activity, was there evidence of Status Epilepticus (sustained seizures)? ❑ Yes ❑ No/Not documented  If yes, was an anticonvulsant administered? ❑ Yes ❑ No/Not documented | | | |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | | Field 1 | Field 2 | | Field 3 | Field 4 | | Field 5 | Field 6 | | Field 7 | Field 8 | | Field 9 | Field 10 | |  |  | | | | |