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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)  Date/Time the need for chest compressions (or defibrillation when initial rhythm was VF or Pulseless VT) was FIRST recognized: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Time Not Documented | | | | | | |
| CPA 2.1 Pre-Event | | | | *Pre-Event Tab* | | |
| |  | | --- | | OPTIONAL: Was patient discharged from an Intensive Care Unit (ICU) within 24 hours prior to this CPA event? ❑ Yes ❑ No  OPTIONAL: If yes, date admitted to non-ICU unit (after ICU discharge): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  OPTIONAL: Was patient discharged from a Post Anesthesia Care Unit (PACU) within 24 hrs prior to this CPA event?  ❑ Yes  ❑ No  OPTIONAL: Was patient in the ED within 24 hours prior to this CPA event?  ❑ Yes  ❑ No  OPTIONAL: Did patient receive conscious/procedural sedation or general anesthesia within 24 hrs prior to this CPA event?  ❑ Yes  ❑ No | | OPTIONAL: Enter vital signs taken in the 4 hours prior to the CPA event (up to 4 sets)  ❑ Pre-Event VS Unknown/Not Documented   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Date/  Time | Heart Rate |  | Systolic BP |  | Diastolic BP |  | Respiratory Rate |  | SpO2 |  | Temp | Units |  | |  |  | ❑ND |  | ❑ND |  | ❑ND |  | ❑ND |  | ❑ND |  | C | F | ❑ND | |  |  | ❑ND |  | ❑ND |  | ❑ND |  | ❑ND |  | ❑ND |  | C | F | ❑ND | |  |  | ❑ND |  | ❑ND |  | ❑ND |  | ❑ND |  | ❑ND |  | C | F | ❑ND | |  |  | ❑ND |  | ❑ND |  | ❑ND |  | ❑ND |  | ❑ND |  | C | F | ❑ND | | | | | | | | |
| CPA 2.2 Pre-Existing Conditions | | | | *Pre-Event Tab* | | |
| Did patient have an out-of-hospital arrest leading to this admission? ❑ Yes ❑ No/Not documented  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  ❑ Recently delivered or currently pregnant (if selected, maternal in-hospital cardiac arrest section is required)  ❑ Renal insufficiency  ❑ Respiratory insufficiency  ❑ Sepsis | | | | | | |
| 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: ❑ None  ❑ 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 ~~airway~~ assisted ventilation, via an:  ❑ Endotracheal Tube (ET)  ❑ Tracheostomy Tube  ❑ Intra-arterial catheter  ❑ Conscious/procedural sedation  ❑ End Tidal CO2 (ETCO2) Monitoring  ❑ Supplemental oxygen (cannula, mask, hood, or tent)  **Monitoring (Specify):**  ❑ Apnea  ❑ Apnea/Bradycardia  ❑ ECG  ❑ Pulse oximetry  Vascular access : ❑ Yes ❑ No/Not Documented  Any vasoactive agent in place?  ❑ Yes ❑ No/Not Documented   |  | | --- | | OPTIONAL: **Part B:** ❑ None  ❑ IV/IO continuous infusion of antiarrhythmic(s)  ❑ Dialysis/extracorporeal filtration therapy (ongoing)  ❑ Implantable cardiac defibrillator (ICD)  ❑ Extracorporeal membrane oxygenation (ECMO) | | | | | | | |
| CPA 3.1 Event | | | | | | *Event Tab* |
| Date/Time of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_  Age at Event:\_\_\_\_\_\_\_ 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 ICU (PICU) | | ❑ Pediatric Cardiac Intensive Care | ❑ 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Event Witnessed?  ❑ Yes  ❑ No/Not Documented  Was a hospital-wide resuscitation response activated?  ❑ Yes  ❑ No/Not Documented | | | | | | |
| CPA 4.1 Initial Condition | *Initial Condition/Defibrillation/Ventilation Tab* | | | | | |
| 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 (includes open cardiac massage)?  ❑ Yes  ❑ No/Not Documented  ❑ No, Per Advance Directive  Compression Method(s) used (check all that apply):  ❑ Standard Manual Compression  ❑ IAC-CPR (interposed abdominal compression cardiopulmonary resuscitation)  ❑ Automatic Compressor  ❑ Open chest CPR (direct [internal] cardiac compression)  ❑ Unknown/Not Documented  Date/Time compressions started: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Time Not Documented If compressions provided while pulse present: Rhythm when the patient with a 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 was first identified: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Time Not Documented  First documented pulseless rhythm:  ❑ Asystole  ❑ Pulseless Electrical Activity (PEA)  ❑ Pulseless Ventricular Tachycardia  ❑ Ventricular Fibrillation (VF)  ❑ Unknown/Not Documented | | | | | | |
| CPA 4.2 AED and VF/Pulseless VT | | *Initial Condition/Defibrillation/Ventilation Tab* | | | | |
| Was automated external defibrillator (AED) applied or manual defibrillator in AED/Shock Advisory mode applied?  ❑ Yes  ❑ No/Not Documented  ❑ Not Applicable (not used by facility)  Date/Time AED or manual defibrillator in AED/Shock Advisory mode applied: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_❑ Unknown/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: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Unknown/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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Unknown/Not documented  Details of Each Shock (maximum of 4):   |  |  | | --- | --- | | Date/Time | Energy (joules) | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Not Documented | \_\_\_\_\_\_\_\_\_\_ ❑ Not Documented | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Not Documented | \_\_\_\_\_\_\_\_\_\_ ❑ Not Documented | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Not Documented | \_\_\_\_\_\_\_\_\_\_ ❑ Not Documented | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Not Documented | \_\_\_\_\_\_\_\_\_\_ ❑ Not Documented |   Documented reason (s) (patient, medical, hospital related or other) for not providing defibrillation shock for Ventricular Fibrillation (VF) or Pulseless Ventricular Tachycardia (VT) in first two minutes?  ❑ Yes  ❑ No  Patient Reason(s):  ❑ Initial Refusal (e.g. family refused)  Medical Reason(s):  ❑ ICD in place which shocked patient within first 2 minutes of identification of VF or Pulseless VT  ❑ 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  Hospital Related or Other Reason(s):  ❑ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| CPA 4.3 Ventilation | | | *Initial Condition/Defibrillation/Ventilation Tab* | | | |
| Types of Ventilation/Airways used  ❑ None  ❑ Unknown/Not Documented  Ventilation/Airways Used (select all that apply):  ❑ Bag-Valve-Mask  ❑ Mask and/or Nasal CPAP/BiPAP  ❑ Mouth-to-Barrier Device  ❑ Mouth-to-Mouth  ❑ Laryngeal Mask Airway (LMA)  ❑ Endotracheal Tube (ET)  ❑ Tracheostomy Tube  ❑ Other Non-Invasive Ventilation: (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Was Bag-Valve-Mask ventilation initiated during the event?  ❑ Yes ❑ No ❑ Not Documented  If yes, enter Date and Time  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Time Not Documented  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    Method(s) of confirmation used to ensure correct placement of Endotracheal Tube (ET) or Tracheostomy Tube placement in trachea (check all that apply):  ❑ Waveform capnography (waveform ETCO2)  ❑ Capnometry (numeric ETCO2)  ❑ Exhaled CO2 colorimetric monitor (ETCO2 by color change)  ❑ Esophageal detection devices  ❑ Revisualization with direct laryngoscopy  ❑ None of the above  ❑ Not Documented | | | | | | |
| CPA 5.1 Epinephrine | | | | | *Other Interventions Tab* | |
| 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 Epinephrinebolus?  ❑ Yes  ❑ No  Patient Reason(s):  ❑ Initial Refusal (e.g. family refused)  Medical Reason(s):  ❑ 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))  ❑ Medication allergy  Hospital Related or Other Reason(s):  ❑ In-hospital time delay (e.g., delay in locating medication)  ❑ No route to deliver medication (e.g. no IV/IO access)  ❑ Other 🡪 Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

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| CPA 5.2 Other Drug Interventions | | *Other Interventions Tab* | |
| *Select all either initiated, or if already in place immediately prior to, continued during event.*  ❑ None (select only after careful review of options below)  ❑ Antiarrhythmic medication(s):  ❑ Adenosine/Adenocard  ❑ Amiodarone/Cordarone  ❑ Lidocaine  ❑ Procainamide  ❑ Other antiarrhythmics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Vasopressor(s) other than epinephrine bolus bolus:  ❑ Dobutamine  ❑ Dopamine > 3 mcg/kg/min  ❑ Epinephrine, IV/IO continuous infusion  ❑ Norepinephrine  ❑ Phenylephrine  ❑ Other vasopressors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Atropine  ❑ Calcium chloride/Calcium gluconate  ❑ Dextrose bolus  ❑ Magnesium sulfate  ❑ Reversal agent (e.g., naloxone/Narcan, flumazenil/Romazicon, neostigmine/Prostigim)  ❑ Sodium bicarbonate  ❑ Other drug interventions**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| CPA 5.3 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  ❑ Needle thoracostomy  ❑ Pacemaker, transcutaneous  ❑ Pacemaker, transvenous or epicardial  ❑ Pericardiocentesis  ❑ Other non-drug interventions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| CPA 6.1 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/Time sustained ROC *began* *(lasting > 20 min)* OR resuscitation efforts were terminated (End of event):  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Time Not Documented | | | |
| CPA 6.2 Post-ROC Care | *Event Outcome Tab* | | |
| Highest patient temperatures during first 24 hrs after ROC  Highest  Temperature/Units \_\_\_\_\_\_ C | F ❑ Temperature Not Documented    Site: Axillary | Bladder | Blood | Brain | Oral | Rectal | Surface (skin, temporal) | Tympanic | Other | Unknown/not Documented  Date/Time Recorded: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Time Not Documented | | | |
| CPA 7.1 CPR Quality | *CPR Quality Tab* | | |
| 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 mechanics device (e.g. accelerometer, force transducer, TFI device)  ❑ CPR quality coach  ❑ Metronome  ❑ Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **If CPR mechanics device (e.g. accelerometer, force transducer, TFI 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  Was a team debriefing on the quality of CPR provided completed after the event? ❑ Yes ❑ No ❑ Not Documented | | | |
| CPA 7.2 Resuscitation-Related Events and Issues (OPTIONAL) | *CPR Quality Tab* | | |
| ❑ 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 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)  Defibrillation(s)  ❑ Energy level lower / higher than recommended  ❑ Initial delay, personnel not available to operate defibrillator  ❑ Initial delay, issue with defibrillator access to patient  ❑ Initial delay, issue with pad or 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  ❑ ALS/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/Not Documented  **Comments & Optional Fields:**  *Do not enter any Personal Health Information/Protected Health Information into this section.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | | Field 1 | Field 2 | | Field 3 | Field 4 | | Field 5 | Field 6 | | Field 7 | Field 8 | | Field 9 | Field 10 | | Field 11 | Field 12 | | Field 13 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ | Field 14 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ | | | | |
| Maternal In-Hospital Cardiac Arrest | *Research Tab* | | |
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| If Recently delivered or currently pregnant was selected under Pre-existing conditions, please select one of the following:   * Patient recently delivered fetus   If patient recently delivered a fetus, select delivery date (MM/DD/YYYY HH:MM):  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_\_ ❑ Not Documented   * Patient is currently pregnant   If patient is currently pregnant, enter EDC/Due Date:  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ ❑ Not Documented Gestational age \_\_\_\_\_ | | | |
| Select number of fetuses (Single select):   * Single * Multiple * Unknown * 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 | | |
| **Delivery mode (**Single select):   * Vaginal/spontaneous * Vaginal/operative * VBAC * C-section/scheduled * C-section/emergent * Unknown/Not Documented | **Left lateral uterine displacement:**   * + Yes   + Enter time recognized \_\_\_\_:\_\_\_\_\_ MM:HH   + Not Documented/Unknown   Select method(s) (select all that apply)   * Manual uterine displacement * Left lateral tilt * Not Documented/Unknown * No * Unknown/Not Documented | | |
| **Neonatal outcome: (**Single Select)   * Delivered   If delivered, enter Apgar Scores   * Enter 1 min. Apgar score (integer field range: 0-10) \_\_\_\_\_\_\_\_\_ * Enter 5 min Apgar score (integer field range: 0-10) \_\_\_\_\_\_\_\_\_\_ * Unknown/Not Documented      * Undelivered * IUFD (intrauterine fetal death) * Viable * Not Documented/Unknown | **Was a CPA event completed for the newborn?**  Single Select   * Yes * No * Unknown/Not Documented | | |