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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* |
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| OPTIONAL: Was patient discharged from an Intensive Care Unit (ICU) within 24 hours prior to this CPA event? ❑ Yes ❑ NoOPTIONAL: 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 ❑ NoOPTIONAL: Was patient in the ED within 24 hours prior to this CPA event? ❑ Yes ❑ NoOPTIONAL: 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

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| 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 |

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| CPA 2.2 Pre-Existing Conditions | *Pre-Event Tab* |
| Did patient have an out-of-hospital arrest leading to this admission? ❑ Yes ❑ No/Not documentedPre-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 oximetryVascular access : ❑ Yes ❑ No/Not Documented Any vasoactive agent in place?  ❑ Yes ❑ No/Not Documented

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| OPTIONAL: **Part B:** ❑ None ❑ IV/IO continuous infusion of antiarrhythmic(s) ❑ Dialysis/extracorporeal filtration therapy (ongoing)❑ Implantable cardiac defibrillator (ICD) ❑ Extracorporeal membrane oxygenation (ECMO) |

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| 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)

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| ❑ 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 DocumentedWas 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 DirectiveCompression 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 DocumentedDate/Time compressions started: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Time Not DocumentedIf 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 DocumentedIf 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 DocumentedDate/Time of Ventricular Fibrillation (VF) OR Pulseless Ventricular Tachycardia: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Unknown/Not DocumentedWas Defibrillation shock provided for Ventricular Fibrillation (VF) OR Pulseless Ventricular Tachycardia?❑ Yes❑ No/Not Documented ❑ No, Per Advance DirectiveTotal # of shocks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Unknown/Not documented Details of Each Shock (maximum of 4):

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| --- | --- |
| 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❑ NoPatient 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 DocumentedIf yes, enter Date and Time\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Time Not DocumentedWas any Endotracheal Tube (ET) or Tracheostomy Tube inserted/re-inserted during event?❑ Yes ❑ NoDate/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 DocumentedTotal Number of Doses: \_\_\_\_\_\_\_\_ ❑ Unknown / Not DocumentedIf 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❑ NoPatient 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 allergyHospital 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 DocumentedDate/Time of FIRST adequate return of circulation (ROC): \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Time Not DocumentedReason 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 HighestTemperature/Units \_\_\_\_\_\_ C | F ❑ Temperature Not Documented Site: Axillary | Bladder | Blood | Brain | Oral | Rectal | Surface (skin, temporal) | Tympanic | Other | Unknown/not DocumentedDate/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 DocumentedAverage compression depth: \_**\_\_\_\_\_\_\_** ❑ mm ❑ cm ❑ inches ❑ Not DocumentedCompression fraction: \_**\_\_\_\_\_\_\_\_\_\_** (enter number between 0 and 1)❑ Not DocumentedPercent of Chest Compressions with complete release: \_**\_\_\_\_\_\_\_\_\_\_**(%)❑ Not DocumentedAverage Ventilation Rate: \_**\_\_\_\_\_\_\_\_\_\_** (per minute) ❑ Not DocumentedLongest Pre-shock pause \_\_\_\_\_\_ (seconds) ❑ Not DocumentedWas 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 DocumentedUniversal 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.*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  Field 1 | Field 2 |
| Field 3 | Field 4 |
| Field 5 | Field 6 |
| Field 7 | Field 8 |
| Field 9 | Field 10 |
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| Field 13 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_  | Field 14 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ |

 |
| Maternal In-Hospital Cardiac Arrest | *Research Tab* |
|  |  |
| 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
 |