|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| OPTIONAL: Local Event ID:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date/Time need for emergency assisted ventilation first recognized  \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_:\_\_\_\_\_\_\_\_\_\_\_\_\_   * Time Not Documented | | | | |
| **ARC 2.1 Pre-Event** | | | | | ***Pre-Event Tab*** | |
| Was patient discharged from ICU prior to this event?  If yes, date admitted to non-ICU unit (after ICU discharge): | | | | | | |
| OPTIONAL: Was patient discharged from a Post Anesthesia Care Unit (PACU) within 24 hours prior to this ARC event?   * + Yes   + No   OPTIONAL: Was patient in the Emergency Department (ED) within 24 hours prior to this ARC event?   * Yes * No   OPTIONAL: Did patient receive conscious/procedural sedation or general anesthesia within 24 hours prior to this ARC event?   * Yes * No   REQUIRED: Enter **last set** of vital signs within 4 hours of event. –   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Date/Time | Heart Rate | Systolic BP | Diastolic BP | Respiratory Rate | SpO2 | Temp | Units | |  | * ND | * ND | * ND | * ND | * ND |  | * ND | | | | | | | |
| **ARC 2.2 Pre-Existing Conditions** | | | | ***Pre-Event Tab*** | |
| Pre-existing Conditions at Time of Event (check all that apply):     * None * 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 * 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 | |
| **ARC 2.3 Interventions Already in Place** | | | | ***Pre-Event Tab*** | |
| Interventions ALREADY IN PLACE  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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| * Intra-arterial catheter * Conscious/procedural sedation * End Tidal CO2 (ETCO2) Monitoring * Supplemental oxygen (cannula, mask, hood, or tent) * Invasive assisted ventilation, via an: * Endotracheal Tube (ET) * Tracheostomy Tube   Select 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   Monitoring (specify):   * 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) | | | | | |
| **ARC 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 Facility Inpatient - (rehab, skilled nursing, mental health wards) * 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 * Rehab, Skilled Nursing, or Mental * PACU * 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   Rhythm when the need for emergency assisted ventilation was first identified:   * Accelerated idioventricular rhythm (AIVR) * Bradycardia * Pacemaker * Sinus (including sinus tachycardia) * Supraventricular tachyarrhythmia (SVTarrhy) * Ventricular Tachycardia (VT) with a pulse * Unknown * Not Documented   Was a hospital-wide resuscitation response activated?   * Yes * No * Not Documented   Was there an emergency airway team called?   * Yes * No * Not Documented | | | | | | |
| **ARC 4.1 Ventilation** | | ***Ventilation Tab*** | | | | |
| Types of Ventilation/Airways used   * Bag-Valve-Mask (if selected, enter date/time initiated)   \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_   * + Time Not Documented * Mask and/or Nasal CPAP/BiPAP * Mouth-to-Barrier Device * Mouth-to-Mouth * Other Non-Invasive Ventilation: (specify) * Laryngeal Mask Airway (LMA) * Endotracheal Tube (ET) (if selected, enter date/time inserted/re-inserted)   \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_   * Time Not Documented * Tracheostomy Tube (if selected, enter date/time inserted/re-inserted)   \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_   * + Time Not Documented * None * Unknown * 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 | | | | | | |
|  | | | | | | |
| **ARC 5.1 Other Interventions** | | | ***Other Interventions Tab*** | | | |
| Select each intervention that was employed during the ARC event  Drug Interventions (check all that apply)   * None (review options below carefully) * Bronchodilator: Inhaled * Bronchodilator: Sub Q or IV/IO * Calcium chloride/Calcium gluconate * Fluid bolus for volume expansion * Magnesium sulfate * Neuromuscular blocker/muscle relaxant * Prostaglandin E1 (PGE) * Reversal agent * Sedative/induction agent * Enter agent name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Other drug interventions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Non-Drug Interventions (check all that apply)   * None (review options below carefully) * Central venous catheter inserted * Chest tube(s) inserted * Needle thoracostomy * Nasogastric (NG)/Orogastric (OG) Tube * Thoracentesis * Tracheostomy/Cricothyrotomy (placed during event) * Tracheostomy change/replacement * Other non-drug interventions: | | | | |
| **ARC 6.1 Event Outcome** |  | | ***Event Outcome Tab*** | | | |
| Was ANY return of spontaneous respiration documented during event (excluding agonal/gasping respirations)?   * Yes * No * Not Documented   Date/time FIRST return of spontaneous respiration (ROSV): \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_:\_\_\_\_\_\_\_   * Time Not Documented   Reason ARC event ended:   * Return of spontaneous ventilation (ROSV) (no further need for assisted ventilation) that was sustained for > 20 minutes * Control of ventilation with assisted ventilation that was sustained for > 20 minutes either: * Non-invasively (includes mask/nasal CPAP/BiPAP, negative pressure ventilation; excludes manual bag-valve-mask ventilation); OR * via an invasive airway * Transfer of newborn out of delivery room prior to 20 min of spontaneous/controlled ventilation * Progressed to Cardiopulmonary Arrest * ARC interventions terminated because of advance directive   If progressed to CPA, does CPA portion of event meet GWTG-R inclusion criteria?   * Yes * No, not being entered (e.g., DNAR)   Enter Date/Time of the BEGINNING of sustained ROSV or control of ventilation or need for chest compression and/or defibrillation (CPA) first identified: \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_:\_\_\_\_\_\_\_   * Time Not Documented | | | | | | |
| **ARC 7.1 Events and Issues** | | | ***Events and Issues Tab*** | | | |
| 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)   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)   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 Deviation   * ALS/PALS * NRP * Other (specify in comments section)   Equipment:   * Availability * Function * Other (specify in comments section) | | | | | | |
| Comments | | | | | | |
| *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  / / : | | | | | | | |