|  |  |
| --- | --- |
| 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 eventDrug 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 / / :  |

 |