Note: Optional data elements appear in the Get With The Guidelines ® - Resuscitation PMT as dark grey shaded areas.

OPTIONAL: Local Event ID: _____

Neonatal delivery event? ❑ Yes ❑ No/Not Documented (does NOT meet inclusion criteria)

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 2.3 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 ~~A~~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 assisted ventilation, via an:
- ❑ Endotracheal Tube (ET)
- ❑ Tracheostomy Tube

❑ Intra-arterial catheter
❑ Invasive airway
❑ Conscious/procedural sedation
❑ End Tidal CO2 (ETCO2) Monitoring
❑ Supplemental oxygen

Monitoring (Specify):
❑ ECG
❑ Pulse oximetry

Vascular access
❑ Yes
❑ No/Not Documented

If Vascular Access in place, type:
- ❑ Umbilical Venous Catheter
- ❑ Peripheral IV

Any vasoactive agent in place?
❑ Yes
❑ No/Not Documented

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

Note: Optional data elements appear in the Get With The Guidelines ® - Resuscitation PMT as dark grey shaded areas.

❑ 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

If team activated, date/time resuscitation team arrival: ____/____/_____ ____:____ ❑ Time Not Documented

CPA 4.1 Initial Condition *Initial Condition/Defibrillation/Ventilation Tab*

Does patient have a detectable heart rate?
❑ Yes
❑ No
❑ Not Documented

If there is a detectable heart rate, what was the heart rate?
❑ ≥ 60 BPM
❑ < 60 BPM
❑ Heart Rate Not Documented

First documented monitored rhythm:
❑ Bradycardia
❑ Asystole
❑ Pulseless Electrical Activity (PEA)
❑ Other
❑ Unknown – not placed on cardiac monitor
❑ Not Documented

Did patient receive chest compressions (includes open cardiac massage)?
❑ Yes
❑ No/Not Documented
❑ No, Per Advance Directive

Compression Method used (check all that apply):
❑Two Thumb encircling hands
❑ Two Finger Technique
❑ Not documented

Compression to ventilation ratio used (check all that apply):
❑ 3:1
❑ 15:2
❑ Asynchronous
❑ Not Documented

Date/Time compressions started: ____/____/_____ ____:____ ❑ Time Not Documented

CPA 4.3 Ventilation *Initial Condition/Defibrillation/Ventilation Tab*

Note: Optional data elements appear in the Get With The Guidelines ® - Resuscitation PMT as dark grey shaded areas.

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 Laryngeal Mask Airway (LMA) inserted/re-inserted during 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

Was any Pulse Oximetry initiated during the event?
❑ Yes ❑ No ❑ Not Documented
If yes, enter Date and Time
____/____/_____ ____:____ ❑ Time Not Documented

Method(s) of confirmation used to ensure correct placement of Endotracheal Tube (ET) or Tracheostomy Tube (check all that apply):
- ❑ Waveform capnography (waveform ETCO2)
- ❑ Capnometry (numeric ETCO2)
- ❑ Exhaled CO2 colorimetric monitor (ETCO2 by color change)
- ❑ Esophogeal detection devices
- ❑ Revisualization with direct laryngoscopy
- ❑ None of the above
- ❑ Not Documented

CPA 5.1 Epinephrine *Other Interventions Tab*

Was any Epinephrine BOLUS administered?
- ❑ Yes
- ❑ No/Not Documented

Epinephrine Doses (up to 6 entries)

Date/Time	Dose (mg)	Delivered Via
____/____/_____ ____:____ ❑ Not Documented	_____ ❑ Not Documented	❑ Intravascular ❑ Peripheral ❑ Umbilical Venous Catheter ❑ Intraosseous (IO) ❑ Endotracheal/Tracheostomy Tube

Note: Optional data elements appear in the Get With The Guidelines ® - Resuscitation PMT as dark grey shaded areas.

		❑ Other: ____________________ ❑ Unknown/Not Documented
____/____/_______ ____:____ ❑ Not Documented	__________ ❑ Not Documented	❑ Intravascular ❑ Peripheral ❑ Umbilical Venous Catheter ❑ Intraosseous (IO) ❑ Endotracheal/Tracheostomy Tube ❑ Other: ____________________ ❑ Unknown/Not Documented
____/____/_______ ____:____ ❑ Not Documented	__________ ❑ Not Documented	❑ Intravascular ❑ Peripheral ❑ Umbilical Venous Catheter ❑ Intraosseous (IO) ❑ Endotracheal/Tracheostomy Tube ❑ Other: ____________________ ❑ Unknown/Not Documented
____/____/_______ ____:____ ❑ Not Documented	__________ ❑ Not Documented	❑ Intravascular ❑ Peripheral ❑ Umbilical Venous Catheter ❑ Intraosseous (IO) ❑ Endotracheal/Tracheostomy Tube ❑ Other: ____________________ ❑ Unknown/Not Documented
____/____/_______ ____:____ ❑ Not Documented	__________ ❑ Not Documented	❑ Intravascular ❑ Peripheral ❑ Umbilical Venous Catheter ❑ Intraosseous (IO) ❑ Endotracheal/Tracheostomy Tube ❑ Other: ____________________ ❑ Unknown/Not Documented
____/____/_______ ____:____ ❑ Not Documented	__________ ❑ Not Documented	❑ Intravascular ❑ Peripheral ❑ Umbilical Venous Catheter ❑ Intraosseous (IO) ❑ Endotracheal/Tracheostomy Tube ❑ Other: ____________________ ❑ Unknown/Not Documented

Total Number of Doses**:** ________ ❑ Unknown **/** Not Documented

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)
❑ Atropine

Note: Optional data elements appear in the Get With The Guidelines ® - Resuscitation PMT as dark grey shaded areas.

- ❑ Fluid bolus for volume expansion
  - ❑ Albumin
  - ❑ Lactate Ringers
  - ❑ Normal Saline
  - ❑ O-negative Blood
- ❑ 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)
  - ❑ Chest tube(s) inserted
  - ❑ Needle thoracostomy
  - ❑ Paracentesis
  - ❑ 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

Site: Axillary | Bladder | Blood | Brain | Oral | Rectal | Surface (skin, temporal) | Tympanic | Other | Unknown/not Documented

Date/Time Recorded: ____/____/_____ ____:____ ❑ Time Not Documented

CPA 7.2 Resuscitation-Related Events and Issues *CPR Quality Tab*

OPTIONAL:

❑ 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
- ❑ Medication route(s) not documented
- ❑ Incomplete documentation
- ❑ Other (specify in comments section)

Alerting Hospital-Wide Resuscitation Response

- ❑ Delay
- ❑ Pager issue(s)

Note: Optional data elements appear in the Get With The Guidelines ® - Resuscitation PMT as dark grey shaded areas.

❑ 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)

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 & Optional Fields - *Do not enter any Personal Health Information/Protected Health Information into this section*

Note: Optional data elements appear in the Get With The Guidelines ® - Resuscitation PMT as dark grey shaded areas.

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____/____/_____ ____:____