|  |  |
| --- | --- |
| **OPTIONAL:** Local Event ID: |  |
| Date/Time need for emergency assisted ventilation first recognized: | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** (MM/DD/YYYY HH:MM) | * Time Not Documented
 |
| System Entry Date:  | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** (MM/DD/YYYY HH:MM) | * Time Not Documented
 |
| **ARC 2.1 Pre-Event** | ***Pre-Event Tab*** |
| Was patient discharged from ICU prior to this event? | * Yes
 | * No
 |
| If yes, date admitted to non-ICU unit (after ICU discharge) | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_**  | (MM/DD/YYYY) |
| OPTIONAL: Was patient discharged from a Post Anesthesia Care Unit (PACU) within 24 hrs. 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 hrs. prior to this ARC event? | * Yes
 | * No
 |
| **REQUIRED**: Enter **last set** of vital signs within 4 hours of event | * Pre-Event VS Unknown/Not Documented
 |
|

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date/Time | Heart Rate | Systolic BP/Diastolic BP | Respiratory Rate | SpO2 |  | Temp | Units |
| \_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ | ❑ND | ❑ND | ❑ND | ❑ND | 🔾 Room Air🔾 Supplemental O2🔾 ND | ❑ND | C | F |
| \_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ | ❑ND | ❑ND | ❑ND | ❑ND | 🔾 Room Air🔾 Supplemental O2🔾 ND | ❑ND | C | F |
| \_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ | ❑ND | ❑ND | ❑ND | ❑ND | 🔾 Room Air🔾 Supplemental O2🔾 ND | ❑ND | C | F |
| \_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ | ❑ND | ❑ND | ❑ND | ❑ND | 🔾 Room Air🔾 Supplemental O2🔾 ND | ❑ND | C | F |

 |
|  |
| **ARC 2.2 Pre-Existing Conditions** | ***Pre-Event Tab*** |
| **Pre-existing Conditions at Time of Event** (check all that apply) |
| * None
* Acute Stroke
* Acute CNS non-stroke event
* Baseline depression in CNS function
* Cardiac malformation/abnormality - cyanotic (pediatric and newborn/neonate only)
* Cardiac malformation/abnormality - acyanotic (pediatric and newborn/neonate only)
* Congenital malformation/abnormality (Non-Cardiac) (pediatric and newborn/neonate only)
* Congestive heart failure (prior to this admission)
* Congestive heart failure (this admission)
* Diabetes Mellitus
* Hepatic Insufficiency
* History of vaping or e-cigarette use in the past 12 months?
* Major Trauma
* Metabolic/Electrolyte Abnormality
* Myocardial ischemia/infarction (prior to this admit)
* Renal Insufficiency
* Hypotension/hypoperfusion
 | * Metastatic or hematologic malignancy
* Myocardial ischemia/infarction (this admission)
* Pneumonia
* Respiratory insufficiency
* Sepsis
* **Active or suspected bacterial or viral infection at admission or during hospitalization:**
	+ Seasonal cold or flu
	+ Bacterial infection
	+ Emerging Infectious Disease
		- SARS-COV-1
		- SARS-COV-2 (COVID-19)
		- MERS
		- Other Infectious Respiratory Pathogen
	+ None/ND

**Additional Personal Protective Equipment (PPE) Donned by the responders?*** + **Yes**
	+ **No/ND**
 |
| **ARC 2.3 Interventions Already In Place** | ***Pre-Event Tab*** |
| **Interventions ALREADY IN PLACE when need for chest compressions and/or defibrillation was first recognized (**checkall 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 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)
 |
| 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:** | * 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
* Chest tube(s)
* Dialysis/extracorporeal filtration therapy (ongoing)
* Extracorporeal Membrane Oxygenation (ECMO)
* Implantable Cardiac Defibrillator (ICD)
 | * Inhaled nitric oxide therapy
* IV/IO continuous infusion of antiarrhythmic(s)
* Prostaglandins - continuous infusion (newborn/neonate)
* Other prior interventions in place, specify: \_\_\_\_\_\_\_\_
 |
| **ARC 3.1 Event** | ***Event Tab*** |
| Date/Time of Birth:  | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) |
| Age at Event (in yrs., months, weeks, days, hrs., or minutes):  | **\_\_\_\_\_\_\_** | * 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
* Surgical-Cardiac
* Obstetric
* Other (Visitor/Employee)
 | * Medical-Noncardiac
* Surgical-Noncardiac
* Trauma
 |
| 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) (ARC) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Event Witnessed? | * Yes
 | * No/Not Documented
 |
| Was patient conscious when the need for emergency assisted ventilation was first identified? | * Yes
 | * No
 | * Unknown/Not Documented
 |
| Was patient breathing when the need for emergency assisted ventilation was first identified? | * Yes
* No
 | * Agonal
 | * Assisted Ventilation
* Unknown/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 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
 |
| Did patient become apneic or respirations agonal ANY time during ARC event? | * Yes
 | * No/Not Documented
 |
| Date/time patient became apneic or respirations agonal | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**(MM/DD/YYYY HH:MM) | * Time Not Documented
 |
| **ARC 4.1 2 Ventilation** | ***Ventilation Tab*** |
| **Types of Ventilation/Airways used** | * None
 | * Unknown/Not Documented
 |
| **Ventilation/Airways Used (select all that apply):** | * Bag-Valve-Mask

 **\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** | * Time Not Documented
 |
| * Mask and/or Nasal CPAP/BiPAP
* Mouth-to-Barrier Device
* Mouth-to-Barrier
* Laryngeal Mask Airway (LMA)
 | * Endotracheal Tube (ET)
* Tracheostomy Tube
* Other Non-Invasive Ventilation, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Date/Time first emergency assisted ventilation during event: | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**(MM/DD/YYYY HH:MM) | * 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: | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**(MM/DD/YYYY HH:MM) | * 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)
 | * 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
* Other drug interventions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Non-Drug Interventions** (check all that apply) | * None (review options below carefully)
* Central venous catheter inserted/PICC
* 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)? | * Yes
 | * No/Not Documented
 |
| Date/Time FIRST return of spontaneous ventilation (ROSV) | **\_\_\_/\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**(MM/DD/YYYY HH:MM) | * 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 is sustained for > 20 minutes either:
	1. Non-invasively (includes mask/nasal CPAP/BiPAP, negative pressure ventilation, excludes manual bag-valve mask ventilation); **OR**
	2. Via an invasive airway (includes assisted ventilation via endotracheal/tracheostomy tube, assist control, IMV, pressure support, high frequency mechanical ventilation)
* Transfer of newborn out of delivery room prior to 20 min of spontaneous/controlled vent.
* Progressed to Cardiopulmonary Arrest; or ARC interventions terminated because advanced 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. | **\_\_\_/\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**(MM/DD/YYYY HH:MM) | * Time Not Documented
 |
| **ARC 7.1 Resuscitation-Related Events And Issues**  | ***Events and Issues 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)
 |
| **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)
 |
| **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** | * ACLS/PALS
* NRP
 | * Other (specify in comments section)
 |
| **Equipment** | * Availability
* Function
 | * Other (specify in comments section)
 |
| **Comments** |  |
| *NOTE: Please do not enter any patient identifiable information in these optional fields.* |
|

|  |  |
| --- | --- |
| 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**\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  |

 |
| **END OF ARC FORM** |