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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | |