### ARC Event

**Resuscitation Patient Management Tool**

**January 2021**

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### ARC 2.1 Pre-Event

**Pre-Event Tab**

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Heart Rate</th>
<th>Systolic BP/ Diastolic BP</th>
<th>Respiratory Rate</th>
<th>SpO2</th>
<th>Temp</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong>/</strong></em>/___ <em><strong>:</strong></em></td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>Room Air</td>
<td>Supplemental O2</td>
<td>ND</td>
<td></td>
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</tr>
<tr>
<td><em><strong>/</strong></em>/___ <em><strong>:</strong></em></td>
<td>___</td>
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</tr>
<tr>
<td><em><strong>/</strong></em>/___ <em><strong>:</strong></em></td>
<td>___</td>
<td>___</td>
<td>___</td>
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<td>C</td>
</tr>
<tr>
<td></td>
<td>Room Air</td>
<td>Supplemental O2</td>
<td>ND</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**OPTIONAL:** Local Event ID:

**OPTIONAL:** Date/Time need for emergency assisted ventilation first recognized: ___/___/___ ___:___ (MM/DD/YYYY HH:MM) □ Time Not Documented

**System Entry Date:** ___/___/___ ___:___ (MM/DD/YYYY) □ Time Not Documented

**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

### 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
- [ ] 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:
  - [ ] None
  - [ ] Bacterial Infection
  - [ ] Emerging Infectious Disease
    - [ ] SARS-COV-1
    - [ ] SARS-COV-2 (COVID-19)
    - [ ] MERS
    - [ ] Other Emerging Infectious Disease
- [ ] Influenza
- [ ] Seasonal cold
- [ ] Other Viral Infection

**Additional Personal Protective Equipment (PPE) Donned by the responders?**
### ARC Event

**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 (check all that apply):

**Part A:**

- Non-invasive assisted ventilation
  - Bag-Valve-Mask
  - Mask and/or Nasal CPAP
  - 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)

**Monitoring:**

- Waveform capnography (waveform ETCO2)
- Capnometry (numeric ETCO2)
- Exhaled CO₂ colorimetric monitor (ETCO₂ by color change)
- Esophageal Detection Devices
- Revisionalization with direct Laryngoscopy
- None of the above
- Not Documented

**Vascular Access:**

- Yes
- No/Not Documented

**Any Vasoactive agent in place?**

- Yes
- No/Not Documented

### 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):**

- O Years
- O Months
- O Weeks
- O Days
- O Hours
- O Minutes

**Subject Type**

- O Ambulatory/Outpatient
- O Emergency Department
- O Hospital Inpatient - (rehab, skilled nursing, mental health wards)
- O Rehab Facility Inpatient
- O Skilled Nursing Facility Inpatient
- O Mental Health Facility Inpatient
- O Visitor or Employee

**Illness Category**

- O Medical-Cardiac
- O Surgical-Cardiac
- O Obstetric
- O Other (Visitor/Employee)
- O Medical-Noncardiac
- O Surgical-Noncardiac
- O Trauma

**Event Location (Area)**

- O Ambulatory/Outpatient Area
- O Adult Coronary Care Unit (CCU)
- O Adult ICU
- O Cardiac Catheterization Lab
- O Delivery Suite
- O Diagnostic/Intervention Area (excludes Cath Lab)
- O Emergency Department (ED)
- O General Inpatient Area
- O Neonatal ICU (NICU)
- O Newborn Nursery
- O Operating Room (OR)
- O Pediatric ICU (PICU)
- O Pediatric Cardiac Intensive Care
- O Post-Anesthesia Recovery Room (PACU)
- O Rehab, Skilled Nursing, or Mental Health Unit/Facility
- O Same-Day Surgical Area
- O Telemetry Unit or Step-Down Unit
- O Other
- O Unknown/Not Documented

**Event Location (Name) (ARC)**

**Event Witnessed?**

- O Yes
- O No/Not Documented

**Was patient conscious when the need for emergency assisted ventilation was first identified?**

- O Yes
- O No
- O Unknown/Not Documented
## ARC Event

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was patient breathing when the need for emergency assisted ventilation was first identified?</td>
<td>Yes, No, Agonal, Assisted Ventilation, Unknown/Not Documented</td>
</tr>
<tr>
<td>Rhythm when the need for emergency assisted ventilation was first identified:</td>
<td>Accelerated idioventricular rhythm (AIVR), Bradycardia, Pacemaker, Sinus (including, sinus tachycardia), Supraventricular tachyarrhythmia (SVTarrhy), Ventricular Tachycardia with a pulse, Unknown/Not Documented</td>
</tr>
<tr>
<td>Was a hospital-wide resuscitation response activated?</td>
<td>Yes, No/Not Documented</td>
</tr>
<tr>
<td>Did patient become apneic or respirations agonal ANY time during ARC event?</td>
<td>Yes, No/Not Documented</td>
</tr>
<tr>
<td>Date/time patient became apneic or respirations agonal</td>
<td>/ / : (MM/DD/YYYY HH:MM)</td>
</tr>
<tr>
<td>Was there an emergency airway team called?</td>
<td>Yes, No, Not Documented</td>
</tr>
<tr>
<td>ARC 4.1 2 VENTILATION</td>
<td></td>
</tr>
<tr>
<td>Types of Ventilation/Airways used</td>
<td>None, Unknown/Not Documented</td>
</tr>
<tr>
<td>Ventilation/Airways Used (select all that apply):</td>
<td>Bag-Valve-Mask, Unknown/Not Documented</td>
</tr>
<tr>
<td>Date/Time first emergency assisted ventilation during event:</td>
<td>/ / : (MM/DD/YYYY HH:MM)</td>
</tr>
<tr>
<td>Was any Endotracheal Tube (ET) or Tracheostomy Tube inserted/re-inserted during event?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Date/Time Endotracheal Tube (ET) or Tracheostomy Tube inserted if not already in place and/or re-inserted during event:</td>
<td>/ / : (MM/DD/YYYY HH:MM)</td>
</tr>
<tr>
<td>Method(s) of confirmation used to ensure correct placement of Endotracheal Tube (ET) or Tracheostomy Tube (check all that apply):</td>
<td>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</td>
</tr>
<tr>
<td>ARC 5.1 OTHER INTERVENTIONS</td>
<td></td>
</tr>
<tr>
<td>Drug Interventions (check all that apply)</td>
<td>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:</td>
</tr>
<tr>
<td>Non-Drug Interventions (check all that apply)</td>
<td>None (review options below carefully), Central venous catheter inserted/PICC, Chest tube(s) inserted, Needle thoracostomy, Nasogastric (NG) / Orogastic (OG) tube, Thoracostentesis, Tracheostomy / Cricothyrotomy (placed during event), Tracheostomy change/replacement, Other non-drug interventions:</td>
</tr>
<tr>
<td>ARC 6.1 EVENT OUTCOME</td>
<td></td>
</tr>
<tr>
<td>Was ANY return of spontaneous respiration documented during event (excluding agonal/gasping)?</td>
<td>Yes, No/Not Documented</td>
</tr>
<tr>
<td>Date/Time FIRST return of spontaneous ventilation (ROSV)</td>
<td>/ / : (MM/DD/YYYY HH:MM)</td>
</tr>
<tr>
<td>Page 3 of 4</td>
<td></td>
</tr>
</tbody>
</table>
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:
  a. Non-invasively (includes mask/nasal CPAP/BiPAP, negative pressure ventilation, excludes manual bag-valve mask ventilation); OR
  b. 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.

<table>
<thead>
<tr>
<th>Field 1</th>
<th>Field 2</th>
<th>Field 3</th>
<th>Field 4</th>
<th>Field 5</th>
<th>Field 6</th>
<th>Field 7</th>
<th>Field 8</th>
<th>Field 9</th>
<th>Field 10</th>
<th>Field 11</th>
<th>Field 12</th>
<th>Field 13</th>
<th>Field 14</th>
</tr>
</thead>
</table>

ARC 7.1 Resuscitation-Related Events and Issues

**Events and Issues Tab**

<table>
<thead>
<tr>
<th>Universal Precautions</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No/Not Documented</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not followed by all team members (specify in comments section)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

- Delay
- Availability
- Function
- Other (specify in comments section)

**Comments**

Please do not enter any patient identifiable information in these optional fields.

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