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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OPTIONAL:** | | | | | | | | | | | | | | | | | | | | | | | | | | | Local Event ID: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did patient 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_ \_\_:\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | * Time Not Documented | | | | | | | | | | | | |
| **CPA 2.1 Pre-Event** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Pre-Event Tab*** | | | | | | | | | | | | | | |
| **OPTIONAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was patient discharged from an Intensive Care Unit (ICU) within 24 hours prior to this CPA event? | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | * No | | | | | |
| If yes, date admitted to non-ICU unit (after ICU discharge): | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_:\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | MM/DD/YYYY HH:MM | | | | | |
| Was patient discharged from a Post Anesthesia Care Unit (PACU) within 24 hours prior to this CPA event? | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | * No | | | | | |
| Was patient in the ED within 24 hours prior to this CPA event? | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | * No | | | | | |
| Did patient receive conscious/procedural sedation or general anesthesia within 24 hours prior to this CPA event? | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | * No | | | | | |
| Enter vital signs taken in the 4 hours prior to the CPA event (up to 4 sets) | | | | | | | | | | | | | | | | | | | | | | | | | | | * Pre-Event VS Unknown/Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Date / Time | Heart Rate | Systolic / Diastolic BP | Respiratory Rate | SpO2 | Temp | Units | | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_:\_\_\_\_ | ❑ Not Documented | ❑ Not Documented | ❑ Not Documented | ❑ Not Documented | ❑ Not Documented | 🔾 C  🔾 F | | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_:\_\_\_\_ | ❑ Not Documented | ❑ Not Documented | ❑ Not Documented | ❑ Not Documented | ❑ Not Documented | 🔾 C  🔾 F | | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_:\_\_\_\_ | ❑ Not Documented | ❑ Not Documented | ❑ Not Documented | ❑ Not Documented | ❑ Not Documented | 🔾 C  🔾 F | | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_:\_\_\_\_ | ❑ Not Documented | ❑ Not Documented | ❑ Not Documented | ❑ Not Documented | ❑ Not Documented | 🔾 C  🔾 F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CPA 2.2 Pre-Existing Conditions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Pre-Event Tab*** | | | | | | | | | | | | | | |
| Did patient have an out-of-hospital arrest leading to this admission? | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | | | | * No/Not Documented | | | | | | | | | | |
| **Pre-existing Conditions at Time of Event** (check all that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * None (review options below carefully) * 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 * History of vaping or e-cigarette use in the past 12 months? * Hypotension/Hypoperfusion * Major trauma * Metastatic or hematologic malignancy * Metabolic/electrolyte abnormality * Myocardial ischemia/infarction (this admission) | | | | | | | | | | | | | | | | | | * Myocardial ischemia/infarction (prior to admit) * Pneumonia * Recently delivered or currently pregnant (if selected, maternal in-hospital cardiac arrest section is required) * Renal 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CPA 2.2 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 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * IV/IO continuous infusion of antiarrhythmic(s) * Dialysis/extracorporeal filtration therapy (ongoing) | | | | | | | | | | | * Implantable cardiac defibrillator (ICD) * Extracorporeal membrane oxygenation (ECMO) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CPA 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) | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Event Witnessed? | | | | | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | * No/Not Documented | | | | | | | | | | | | | | | | | | |
| Was a hospital-wide resuscitation response activated? | | | | | | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | * No/Not Documented | | | | | | | | | | | | | | | | | | |
| **CPA 4.1 Initial Condition** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Initial Condition/Defibrillation/Ventilation Tab*** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Condition that best describes this event: | | | | | | | | * Patient was PULSELESS when need for chest compressions and/or need for defibrillation of initial rhythm VF/Pulseless VT was first identified * Patient had a pulse (poor perfusion) requiring chest compressions PRIOR to becoming pulseless * Patient had a pulse (poor perfusion) requiring chest compressions, but did NOT become pulseless at any time during this event | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did receive chest compressions (includes open cardiac massage)? | | | | | | | | * Yes | | | * No/Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | * No, Per Advance Directive | | | | | | | | | | | | | | | | | | |
| Compression Method(s) used (check all that apply): | | | | | | | | * Standard Manual Compression * Open chest CPR (direct [internal] cardiac compression) * IAC-CPR (interposed abdominal compression cardiopulmonary resuscitation) * Automatic Compressor * Unknown/Not documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time compression started | | | | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | | | | | | | | | | | | | |
| **If compressions provided while pulse present:**  Rhythm when patient with pulse FIRST received chest compressions during event: | | | | | | | | * Accelerated idioventricular rhythm (AIVR) * Bradycardia * Pacemaker * Sinus (including Sinus Tachycardia) | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Supraventricular Tachyarrhythmia (SVTarrhy) * Ventricular Tachycardia (VT) with a pulse * Unknown/Not Documented | | | | | | | | | | | | | | | | | | |
| **If pulseless at ANY time during event:** Date/Time pulselessness first identified: | | | | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | | | | | | | | | | | | | |
| First documented pulseless rhythm: | | | | | | | | * Asystole * Pulseless Electrical Activity (PEA) * Pulseless Ventricular Tachycardia | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Ventricular Fibrillation * Unknown/Not Documented | | | | | | | | | | | | | | | | | | |
| **CPA 4.2 AED and VF/Pulseless VT** | | | | | | | | | | | | | | | | | | | | | | | | | | ***Initial Condition/Defibrillation/Ventilation Tab*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was automated external defibrillator (AED) applied or manual defibrillator in AED/Shock Advisory mode applied? | | | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | * No/Not Documented | | | | | | | | | | | | | | | | * Not Applicable (not used by facility) | | | | | | |
| Date/Time AED or manual defibrillator in AED/Shock Advisory mode applied? | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | |
| Did the patient have Ventricular Fibrillation (VF) OR Pulseless Ventricular Tachycardia ANY time during this event? | | | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | | | * No/Not Documented | | | | | | |
| Date/Time of Ventricular Fibrillation (VF) OR Pulseless Ventricular Tachycardia? | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | |
| Was Defibrillation shock provided for Ventricular Fibrillation (VF) OR Pulseless Ventricular Tachycardia? | | | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | * No/Not Documented | | | | | | | | | | | | | | | | * No, Per Advance Directive | | | | | | |
| Total # of Shocks | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_** | | | | | | | | * Unknown/Not Documented | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | |
| Energy (Joules) | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | |
| **Details of Each Shock (maximum of 4):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | **Date/Time** | **Energy (joules)** | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Not Documented | \_\_\_\_\_\_\_\_\_\_ ❑ Not Documented | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Not Documented | \_\_\_\_\_\_\_\_\_\_ ❑ Not Documented | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Not Documented | \_\_\_\_\_\_\_\_\_\_ ❑ Not Documented | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ ❑ Not Documented | \_\_\_\_\_\_\_\_\_\_ ❑ Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Documented reason (s) (patient, medical, hospital related or other) for not providing defibrillation shock for Ventricular Fibrillation (VF) or Pulseless Ventricular Tachycardia (VT) in first two minutes? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | * No |
| Patient Reason(s): | * Initial Refusal (e.g. family refused) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Reason(s) | * ICD in place which shocked patient within first 2 minutes of identification of VF or Pulseless VT * LVAD or BIVAD in place * Rhythm change to non-shockable rhythm within 2 minutes of identification of VF or Pulseless VT * Spontaneous Return of Circulation within first 2 minutes of identification of VF or Pulseless VT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hospital Related or Other Reason(s) | * Equipment related delay (e.g., defibrillator not available, pad not attached) * In-hospital time delay (e.g. code team delays, personnel not familiar with protocol or equipment, unable to locate hospital defibrillator) * Other 🡪 (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CPA 4.3 Ventilation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Initial Condition/Defibrillation/Ventilation Tab*** | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | |
| Date/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: | | | | | | | | | | | | | | | | | | | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_:\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | | | | | | | | | | |
| Method(s) of confirmation used to ensure 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 | | | | | | | | | | | | | | | |
| **CPA 5.1 Epinephrine** | | | | | | | | | | | | | | | | | | | | ***Other Interventions Tab*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was IV/IO Epinephrine BOLUS administered? | | * Yes | | | | | | | | | | | | | | | | | | | | * No | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | | |
| Date/Time | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | | | | | | | | | | |
| Total Number of Doses | | **\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Unknown/Not Documented | | | | | | | | | | | | | | | |
| If IV/IO Epinephrine was not administered within the first five minutes of the event, was there a documented patient, medical, hospital related or other reason for not providing Epinephrine bolus? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | * No |
| Patient Reason(s) | | * Initial Refusal (e.g. family refused) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Reason(s) | | * Patient already receiving vasopressor (e.g. Epinephrine) as a continuous IV infusion prior to and during arrest * Spontaneous Return of Circulation within first 5 minutes of the date/time pulselessness was first identified (or the need for chest compressions was first recognized (pediatric only)) * Medication allergy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hospital Related or Other Reason(s) | | * In-hospital time delay (e.g., delay in locating medication) * No route to deliver medication (e.g. no IV/IO access) * Other 🡪 (Please Specify) \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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) * **Antiarrhythmic medication(s):**   + Adenosine/Adenocard   + Amiodarone/Cordarone   + Lidocaine   + Procainamide   + Other antiarrhythmics: \_\_\_\_\_ | | * **Vasopressor(s) other than epinephrine bolus:**   + Dobutamine   + Dopamine > 3mcg/kg/min   + Epinephrine, IV/IO continuous infusion   + Norepinephrine   + Phenylephrine   + Other Vasopressors: \_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Atropine * Calcium Chloride/Calcium Gluconate * Dextrose Bolus * Magnesium Sulfate * 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) * Cardiopulmonary bypass / extracorporeal CPR (ECPR) * Chest tube(s) inserted * Needle thoracostomy | | | | | | | | | | | | | | | * Pacemaker, transcutaneous * Pacemaker, transvenous or epicardial * 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 and time sustained ROC ***began lasting > 20 min*** OR resuscitation efforts were terminated (End of event) | | | | | | | | | | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | | | | | | | |
| **CPA 6.2 Post-Roc Care** | | | | | | | | | | | | | | | | | | | | | ***Event Outcome Tab*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Highest patient temperatures during first 24 hrs. after ROC**: Temperature | | | | | * **\_\_\_\_\_\_\_ C** | | | | | | | | | | | | | | | | | | | | | * **\_\_\_\_\_\_\_ F** | | | | | | | | | | | | | | | | | * Temperature Not Documented | | | | | | | | | | | |
| Site | | | | | * Axillary * Bladder | | | | | * Blood * Brain | | | | | | | | | | | | | | | | * Oral * Rectal | | | | | | | | * Surface (skin, temporal) * Other | | | | | | | | | | | | | | | | | | | * Unknown * Tympanic | |
| Date/Time Recorded: | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | | | | | | | | | | | | | | | |
| **CPA 7.1 CPR Quality** | | | | | | | | | | | | | | | | | | | | | ***CPR Quality Tab*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was performance of CPR monitored or guided using any of the following? (Check all that apply) | | | | | | * None * Waveform Capnography/End Tidal CO2 (ETCO2) * Arterial Wave Form/Diastolic Pressure * CPR mechanics device (e.g. accelerometer, force transducer, TFI device) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * CPR Quality Coach * Metronome * Other, Specify: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **If CPR mechanics device (e.g. accelerometer, force transducer, TFI device) used:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Average Compression Rate | | | | | | \_\_\_\_\_\_\_\_\_\_\_ (Per Minute) | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | | | | | | | | | |
| Average Compression Depth | | | | | | * \_\_\_\_\_\_\_\_\_\_\_ mm | | | | | | | | | | | * \_\_\_\_\_\_\_\_ cm | | | | | | | | | | | | | | | * \_\_\_\_\_\_\_ inches | | | | | | | | | | | | | * Not Documented | | | | | | | | | |
| Compression Fraction | | | | | | \_\_\_\_\_\_\_\_\_\_\_ (Enter number between 0 and 1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | |
| Percent of chest compressions with complete release | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_ (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | |
| Average Ventilation Rate | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_ (Per Minute) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | |
| Longest Pre-shock pause | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_ (Seconds) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | |
| Was a team debriefing on the quality of CPR provided completed after the event? | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | | | * No | | | | | | | | | | | | | * 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 * Initial ECG rhythm not documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Medication route(s) not documented * Incomplete documentation * Other (specify in comments section) | | | | | | | | | | | | | | | | | | |
| Alerting Hospital-Wide Resuscitation Response | | | | * Delay * Pager Issues | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * 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) | | | | | | | | | | | | | | | | | | |
| Defibrillations | | | | * Energy level lower/higher than recommended * Initial delay, personnel not available to operate defibrillator * Initial delay, issues with defibrillator access to patient | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Initial delay, issue with paddle placement * Equipment Malfunction * Given, not indicated * Indicated, not given * 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 Derivation | | | | * ACLS/PALS | | | | | | | | | | | | | | | | | | | | * NRP | | | | | | | | | | | | * Other (specify in comments section) | | | | | | | | | | | | | | | | | | |
| Equipment | | | | * Availability | | | | | | | | | | | | | | | | | | | | * Function | | | | | | | | | | | | * Other (specify in comments section) | | | | | | | | | | | | | | | | | | |
| Comments | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was this cardiac arrest event the patient's index (first) event? | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * No | | | | | | | | | |
| **Comments & Optional Fields**: *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 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Maternal In-Hospital Cardiac Arrest** | | | | | | | | | | | | | | | | | | | | | | | ***Research Tab*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Recently delivered or currently pregnant was selected under Pre-existing conditions, please select one of the following: | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | |
| * Patient recently delivered fetus | | | If patient recently delivered a fetus, select delivery date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_ (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | |
| * Patient is currently pregnant | | | If patient is currently pregnant, enter EDC/Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | Gestational Age \_\_\_ | | | | |
| Select Number of Fetuses (Single Select) | | | * Single * Multiple | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Unknown * Not Documented | | | | | | | | | | | | | | | | | | |
| The patient had the following delivery or pregnancy complications | | | * Not Documented * None * Alcohol Use * Chorioamnionitis * Cocaine/Crack use * Gestational Diabetes * Diabetes * Eclampsia * GHTN (Pregnancy induced/gestational hypertension) * Hypertensive Disease * Magnesium Exposure * Major Trauma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Maternal Group B Strep (Positive) * Maternal Infection * Methamphetamine/ICE use * Narcotic given to mother within 4 hours of delivery * Narcotics addiction and/or on methadone maintenance * Obstetrical hemorrhage * Pre-eclampsia * Prior Cesarean * Urinary Tract Infection (UTI) * Other (specify) \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| Total # of pregnancies (gravida) | | | \_\_\_\_\_\_\_\_\_\_\_ (Integer Field) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Unknown/Not Documented | | | | | | | | | | | | | | | | | | |
| Total # of deliveries (parity) | | | \_\_\_\_\_\_\_\_\_\_\_ (Integer Field) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Unknown/Not Documented | | | | | | | | | | | | | | | | | | |
| Delivery Mode (Single Select): | | | * Vaginal/Spontaneous * Vaginal/Operative | | | | | | | | | | | | | | | | | | | | | | * VBAC * C-Section/Scheduled | | | | | | | | | | | | | | | | * C-Section/Emergent * Unknown/Not Documented | | | | | | | | | | | | | |
| Left Lateral Uterine Displacement: | | | * Yes * Unknown/Not Documented   Time recognized \_\_\_:\_\_\_ | | | | | | | | | | | | | | | | | | | | | | Select Method(s) (select all that apply) | | | | | | | | | | | | | | | | * Manual Uterine Displacement * Left Lateral Tilt * Unknown/Not Documented | | | | | | | | | | | | | |
| Neonatal Outcome (Single Select) | | | * Delivered (**If delivered, enter Apgar Scores**): * Enter 1 min. Apgar score (integer field range: 0-10) \_\_\_\_\_\_\_\_\_ * Enter 5 min Apgar score (integer field range: 0-10) \_\_\_\_\_\_\_\_\_\_ * Unknown/Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Undelivered * IUFD (intrauterine fetal death) * Viable * Unknown/Not Documented | | | | | | |
| **Was a CPA event completed for the newborn?** | | | * Yes | | | | | | | | | | | | | | | | | | | * No | | | | | | | | | | | | | | | | * Unknown/ Not Documented | | | | | | | | | | | | | | | | |
| **End of Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |