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