## Resuscitation Patient Management Tool

### Cardiopulmonary Arrest (CPA) EVENT

**NOT FOR USE WITHOUT PERMISSION. ©2021 American Heart Association**

### CPA 2.1 Pre-Event

#### Pre-Event Tab

**OPTIONAL**

- **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:**
  - [ ] Time Not Documented

#### 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?
- Myocardial ischemia/infarction (prior to admit)
- Pneumonia
- Recently delivered or currently pregnant (if selected, maternal in-hospital cardiac arrest section is required)
- Renal Insufficiency
- 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
<table>
<thead>
<tr>
<th>Hypotension/Hypoperfusion</th>
<th>Other Emerging Infectious Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major trauma</td>
<td>Influenza</td>
</tr>
<tr>
<td>Metastatic or hematologic malignancy</td>
<td>Seasonal cold</td>
</tr>
<tr>
<td>Metabolic/electrolyte abnormality</td>
<td>Other Viral Infection</td>
</tr>
<tr>
<td>Myocardial ischemia/infarction (this admission)</td>
<td></td>
</tr>
</tbody>
</table>

**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:
- **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**
- **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):**

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
<th>Weeks</th>
<th>Days</th>
<th>Hours</th>
<th>Minutes</th>
</tr>
</thead>
</table>

**Subject Type**

<table>
<thead>
<tr>
<th>Ambulatory/Outpatient</th>
<th>Emergency Department</th>
<th>Hospital Inpatient – (rehab, skilled nursing, mental health wards)</th>
<th>Rehab Facility Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical-Cardiac</td>
<td>Surgical-Cardiac</td>
<td>Obstetric</td>
<td>Skilled Nursing Facility Inpatient</td>
</tr>
<tr>
<td>Other (Visitor/Employee)</td>
<td></td>
<td></td>
<td>Mental Health Facility Inpatient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Visitor or Employee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medical-Noncardiac</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Surgical-Noncardiac</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Trauma</td>
</tr>
</tbody>
</table>

**Illness Category**

<table>
<thead>
<tr>
<th>Ambulatory/Outpatient Area</th>
<th>Adult Coronary Care Unit (CCU)</th>
<th>Adult ICU</th>
<th>Cardiac Catheterization Lab</th>
<th>Delivery Suite</th>
<th>Diagnostic/Intervention Area (excludes Cath Lab)</th>
<th>Emergency Department (ED)</th>
<th>General Inpatient Area</th>
<th>Neonatal ICU (NICU)</th>
<th>Newborn Nursery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Operating Room (OR)</td>
<td>Pediatric ICU (PICU)</td>
<td>Pediatric Cardiac Intensive Care</td>
<td>Post-Anesthesia Recovery Room (PACU)</td>
<td>Rehab, Skilled Nursing, or Mental Health Unit/Facility</td>
<td>Same-Day Surgical Area</td>
<td>Telemetry Unit or Step-Down Unit</td>
<td>Other</td>
<td>Unknown/Not Documented</td>
</tr>
</tbody>
</table>
### CPA 4.1 INITIAL CONDITION

**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 patient 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**

**If compressions provided while pulse present:**
- 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:**

**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

**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?**

**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?**

**Was Defibrillation shock provided for Ventricular Fibrillation (VF) OR Pulseless Ventricular Tachycardia?**
- Yes
- No/Not Documented
- No, Per Advance Directive

**Total # of Shocks**

**Date/Time**

**Energy (Joules)**

**Details of Each Shock (maximum of 4):**
### CPA 4.3 Ventilation

#### 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)
- [ ] Supraglottic Airway
- [ ] 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

### CPA 5.1 Epinephrine

#### Was IV/IO Epinephrine BOLUS administered?
- [ ] Yes
- [ ] No
- [ ] Not Documented

#### Date/Time
- [ ] __/__/_______ ____:____
- [ ] 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?

<table>
<thead>
<tr>
<th>Reason(s)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Refusal (e.g. family refused)</td>
<td></td>
<td></td>
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</tbody>
</table>

Patient Reason(s)

<table>
<thead>
<tr>
<th>Reason(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient already receiving vasopressor (e.g. Epinephrine) as a continuous IV infusion prior to and during arrest</td>
<td></td>
</tr>
<tr>
<td>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))</td>
<td></td>
</tr>
<tr>
<td>Medication allergy</td>
<td></td>
</tr>
</tbody>
</table>

Medical Reason(s)

<table>
<thead>
<tr>
<th>Reason(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In-hospital time delay (e.g., delay in locating medication)</td>
<td></td>
</tr>
<tr>
<td>No route to deliver medication (e.g. no IV/IO access)</td>
<td></td>
</tr>
<tr>
<td>Other → (Please Specify)</td>
<td></td>
</tr>
</tbody>
</table>

Hospital Related or Other Reason(s)

<table>
<thead>
<tr>
<th>Reason(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient already receiving vasopressor (e.g. Epinephrine) as a continuous IV infusion prior to and during arrest</td>
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<td>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))</td>
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</tr>
<tr>
<td>Medication allergy</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Interventions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vasopressor(s) other than epinephrine bolus:</td>
<td></td>
</tr>
<tr>
<td>Dobutamine</td>
<td></td>
</tr>
<tr>
<td>Dopamine &gt; 3mcg/kg/min</td>
<td></td>
</tr>
<tr>
<td>Epinephrine, IV/IO continuous infusion</td>
<td></td>
</tr>
<tr>
<td>Norepinephrine</td>
<td></td>
</tr>
<tr>
<td>Phenylephrine</td>
<td></td>
</tr>
<tr>
<td>Other Vaspressors: ______</td>
<td></td>
</tr>
<tr>
<td>Atropine</td>
<td></td>
</tr>
<tr>
<td>Calcium Chloride/Calcium Gluconate</td>
<td></td>
</tr>
<tr>
<td>Dextrose Bolus</td>
<td></td>
</tr>
<tr>
<td>Magnesium Sulfate</td>
<td></td>
</tr>
<tr>
<td>Reversal agent (e.g., naloxone/Narcan, flumazenil/Romazicon, neostigmine/Prostigim)</td>
<td></td>
</tr>
<tr>
<td>Sodium Bicarbonate</td>
<td></td>
</tr>
<tr>
<td>Other Drug Interventions:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Drug Interventions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacemaker, transcutaneous</td>
<td></td>
</tr>
<tr>
<td>Pacemaker, transvenous or epicardial</td>
<td></td>
</tr>
<tr>
<td>Pericardiocentesis</td>
<td></td>
</tr>
<tr>
<td>Other non-drug interventions:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event Outcome Tab</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No/Not Documented</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time of FIRST adequate return of circulation (ROC):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / YYYY : HH:MM</td>
<td></td>
</tr>
</tbody>
</table>

Reason resuscitation ended

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Survived – ROC</td>
<td></td>
</tr>
<tr>
<td>Died – Efforts terminated, no sustained ROC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date and time sustained ROC began lasting &gt; 20 min OR resuscitation efforts were terminated (End of event):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / YYYY : HH:MM</td>
<td></td>
</tr>
</tbody>
</table>

Highest patient temperatures during first 24 hrs. after ROC:

<table>
<thead>
<tr>
<th>Temperature</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>°C</td>
<td></td>
</tr>
<tr>
<td>°F</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Site</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Axillary</td>
<td></td>
</tr>
<tr>
<td>Bladder</td>
<td></td>
</tr>
<tr>
<td>Blood</td>
<td></td>
</tr>
<tr>
<td>Brain</td>
<td></td>
</tr>
<tr>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td>Rectal</td>
<td></td>
</tr>
<tr>
<td>Surface (skin, temporal)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Tympamic</td>
<td></td>
</tr>
</tbody>
</table>
Date/Time Recorded: __/____/________ __:___ (MM/DD/YYYY HH:MM) □ Time Not Documented

### CPA 7.1 CPR Quality

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)

If CPR mechanics device (e.g. accelerometer, force transducer, TFI device) used:

<table>
<thead>
<tr>
<th>Average Compression Rate</th>
<th>(Per Minute)</th>
<th>□ Not Documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Compression Depth</td>
<td>mm</td>
<td>cm</td>
</tr>
<tr>
<td>Compression Fraction</td>
<td></td>
<td>inches</td>
</tr>
<tr>
<td>Percent of chest compressions with complete release</td>
<td>(%)</td>
<td>□ Not Documented</td>
</tr>
<tr>
<td>Average Ventilation Rate</td>
<td>(Per Minute)</td>
<td>□ Not Documented</td>
</tr>
<tr>
<td>Longest Pre-shock pause</td>
<td>(Seconds)</td>
<td>□ Not Documented</td>
</tr>
</tbody>
</table>

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

#### 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

**Alerting Hospital-Wide Resuscitation Response**
- □ Delay
- □ Pager Issues

**Airway**
- □ Aspiration related to provision of airway
- □ Delay
- □ Delayed recognition of airway misplacement/displacement
- □ Intubation attempted, not achieved

**Vascular Access**
- □ Delay
- □ Inadvertent arterial cannulation

**Chest Compression**
- □ Delay
- □ No back board

**Defibrillations**
- □ Energy level lower/higher than recommended
- □ Initial delay, personnel not available to operate defibrillator
- □ Initial delay, issues with defibrillator access to patient

**Medications**
- □ Delay
- □ Route
- □ Dose

**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)
Resuscitation Patient Management Tool
Cardiopulmonary Arrest (CPA) EVENT

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.

<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>

MATERNAL IN-HOSPITAL CARDIAC ARREST

If Recently delivered or currently pregnant was selected under Pre-existing conditions, please select one of the following:

- Patient recently delivered fetus
- Patient is currently pregnant

If patient recently delivered a fetus, select delivery date: ___/___/_______ __:____ (MM/DD/YYYY HH:MM) □ Not Documented

If patient is currently pregnant, enter EDC/Due Date: ___/___/_______ __:____ (MM/DD/YYYY) □ Not Documented □ Not Documented

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
- Narcoths 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:

- No
- Unknown/Not Documented
- Yes
- Manual Uterine Displacement
- Unknown/Not Documented

Select Method(s) (select all that apply):

-时间认可
- 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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Was a CPA event completed for the newborn?</strong></td>
<td>○ Yes</td>
</tr>
</tbody>
</table>