

# **GWTC-Resuscitation Data Elements**

**October 2012**

## **Admission/Discharge Form:**

1. System Entry Time (Date/Time of admission to area where event occurred or of event if visitor)
2. Age
3. Born this Admission (Date/Time)
4. Gender
5. Race
6. Hispanic Ethnicity
7. Weight
8. Residence Prior to System Entry
9. Admission Adult and Pediatric Cerebral Performance Category
10. Newborn/Neonate Specific Data
  - a. Prenatal Care Received
  - b. Maternal Conditions
  - c. Delivery Details
    - i. Fetal Monitoring
    - ii. Delivery Mode
    - iii. Presentation
    - iv. Apgar Scores
    - v. Cord pH
    - vi. Gestational Age
  - d. Special Circumstances Recognized at Birth
11. Discharge Data
  - a. Discharge Disposition
  - b. Date/Time of Discharge/Death
  - c. Do Not Attempt Resuscitation Order During this Admission (Date/Time)
  - d. Life Support Withdrawn
  - e. Organs Recovered
  - f. Discharge Destination
  - g. Adult and Pediatric Cerebral Performance Category at Discharge

## **Cardiopulmonary Arrest Form:**

1. Date/Time Need for Chest Compression and/or Defibrillation Recognized
2. Pre-event Data (Optional data element)
  - a. Patient Status Prior to Event
  - b. Pre-event Vital Signs
3. Pre-Existing Conditions
4. Interventions Already in Place at Time of Event
  - a. Monitoring
  - b. Vascular Access
  - c. Vasoactive Agent
  - d. Other Interventions (Optional data element)

5. Event data
  - a. Subject Type and Illness Category
  - b. Event Location
  - c. Witnessed
  - d. House-wide Resuscitation Response Activated
6. Initial Condition Data
  - a. Patient Status at Onset of Event
  - b. Cardiac Rhythm
  - c. Chest Compression Data
7. Defibrillation Data
  - a. Automated External Defibrillator or Manual Defibrillator in Advisory Mode Data
  - b. Date/Time of Ventricular Fibrillation(VF) or Pulseless Ventricular Tachycardia
  - c. Number of Shocks
  - d. Details of each Shock
    - i. Date/Time
    - ii. Energy (joules)
8. Types of Ventilation/Airways Used
  - a. Non-Invasive Devices
  - b. Invasive Devices and Confirmation Methods Used
  - c. Date/Time of Invasive Device Insertion
9. Epinephrine /Vasopressin Bolus Data
  - a. Date/Time
  - b. Route
  - c. Number of Doses
10. Other Drug Interventions
  - a. Antiarrhythmic Medications
  - b. Vasopressors
  - c. Atropine
  - d. Others
11. Non drug Interventions
12. Event Outcome data
  - a. Date/Time of First Return of Circulation
  - b. Reason Event Ended
  - c. Date/ Time of Event End
13. Post Return of Circulation Data
  - a. Induced Hypothermia (yes/no)
  - b. Highest Temperature in First 24 Hours.
14. CPR Quality
  - a. End Title CO<sub>2</sub> Data
  - b. Arterial Line Data
  - c. Quality of Compression Data
15. Resuscitation Related Events and Issues (Optional data element)
  - a. Documentation
  - b. Team Response
    - i. Protocols
    - ii. Leadership

- c. Intervention Issues
  - i. Airway
  - ii. Vascular access
  - iii. Chest compression
  - iv. Defibrillation
  - v. Medications
- d. Equipment Issues

**Acute Respiratory Compromise Event Form:**

1. Date/Time Need for Emergency Assisted Ventilation Recognized
2. Pre-Event Data (Optional data element)
  - a. Patient Status Prior to Event
  - b. Pre-Event Vital Signs
3. Pre-Existing Conditions (Optional data element)
4. Interventions Already in Place at Time of Event
  - a. Monitoring
  - b. Vascular Access
  - c. Invasive Airway
  - d. Other Interventions (Optional data element)
5. Event data
  - a. Subject Type and Illness Category
  - b. Event Location
  - c. Witnessed
  - d. House-wide Resuscitation Response Activation data
  - e. Initial Condition Data
    - i. Patient status at onset of event
    - ii. Cardiac Rhythm
  - f. Date/Time Patient became Apneic or Respirations Agonal
6. Immediate Cause Data
7. Ventilation Data
  - a. Non-Invasive Devices
  - b. Invasive Devices and Confirmation Methods Used
  - c. Date/Time of Invasive Device Insertion
8. Other Interventions
  - a. Drug
  - b. Non-Drug
9. Event Outcome data
  - a. Reason Event Ended
  - b. Date /Time of Event End
  - c. Progression to Cardiopulmonary Arrest (yes/no)
10. Resuscitation Related Events and Issues
  - a. Documentation
  - b. Team Response
    - i. Protocols
    - ii. Leadership

- c. Intervention Issues
  - i. Airway
  - ii. Vascular access
  - iii. Chest compression
  - iv. Defibrillation
  - v. Medications

**Medical Emergency Team Event Form:**

1. Date/Time of Team Activation
2. Pre-Event Data
  - a. Patient Status Prior to Event
  - b. Pre-Event Vital Signs
3. Event data
  - a. Team Arrival and Departure Date/Time
  - b. Subject type and Illness Category
  - c. Event Location
  - d. Vital Signs at the Time of Event
4. Team Activation Triggers
5. Drug Interventions
6. Non Drug Interventions (diagnostic and therapeutic)
7. Event Outcome
  - a. Reason Event Ended
  - b. Transfer Location
8. Review of MET Response
  - a. Response Delays
  - b. Equipment or Medication Delays
  - c. Communication Issues