|  |  |
| --- | --- |
| **OPTIONAL:** Local Event ID: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Neonatal Delivery Event? | * Yes
 | * No/Not Documented (Does NOT meet inclusion criteria)
 |
| Did pt. 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) | * Time Not Documented
 |
| System Entry Date | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** | (MM/DD/YYYY HH:MM) |
| **CPA 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:** | * 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
 |
| Monitoring | * ECG
 | * Pulse Oximetry
 |
| Vascular Access | * Yes
 | * No/Not Documented
 |
| If Vascular Access in place, type: | * Umbilical Venous Catheter
 | * Peripheral IV
 |
| Any Vasoactive Agent in place? | * Yes
 | * No/Not Documented
 |
| **CPA 3.1 Event**  | ***Event Tab*** |
| Date/Time of Birth | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** (MM/DD/YYYY HH:MM) |
| Age at Event | **\_\_\_\_\_\_\_\_** Age in: | * 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
* Medical-Noncardiac
* Surgical-Cardiac
* Surgical-Noncardiac
 | * Obstetric
* Trauma
* Other (Visitor/Employee)
 |
| 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 Cardiac Intensive Care
* Pediatric ICU (PICU)
* 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
 |
| If team activated, date/time of resuscitation team arrival: | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** | * Time Not Documented
 |
| **CPA 4.1 Initial Condition**  | ***Initial Condition/Defibrillation/Ventilation Tab*** |
| Did patient have a detectable Heart Rate? | * Yes
 | * No
 | * Not Documented
 |
| If there is a detectable heart rate, what was the heart rate? | * ≥ 60 BPM
 | * <60BPM
 | * Heart Rate Not Documented
 |
| First documented monitored rhythm: | * Bradycardia
* Asystole
 | * Pulseless Electrical Activity (PEA)
* Other
 | * Unknown – not placed on cardiac monitor
* Not Documented
 |
| Did patient receive chest compressions (includes open cardiac massage)? | * Yes
 | * No/Not Documented
 | * No, Per Advance Directive
 |
| Compression Method used (check all that apply): | * Two Thumb encircling hands
 | * Two Finger Technique
 | * Not Documented
 |
| Compression to ventilation ratio used (check all that apply): | * 3:1
 | * 15:2
 | * Asynchronous
 | * Not Documented
 |
| Date/Time compressions started:  | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** (MM/DD/YYYY) | * Time Not Documented
 |
| **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
 |
| If Yes, enter Date and Time | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** | * Time Not Documented
 |
| Was Bag-Valve-Mask ventilation initiated during the event?  | * Yes
 | * No
 | * Not Documented
 |
| If Yes, enter Date and Time | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** | * Time Not Documented
 |
| Was Laryngeal Mask Airway (LMA) inserted/re-inserted initiated during the event?  | * Yes
 | * No
 | * Not Documented
 |
| If Yes, enter Date and Time | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** | * Time Not Documented
 |
| Was any Endotracheal Tube (ET) or Tracheostomy Tube inserted/re-inserted during event? | Yes | No | * Not Documented
 |
| If Yes, enter Date and Time | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** | * Time Not Documented
 |
| Was any Pulse Oximetry initiated during the event?  | * Yes
 | * No
 | * Not Documented
 |
| If Yes, enter Date and Time | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** | * Time Not Documented
 |
| Method(s) of confirmation used to ensure correct placement of Endotracheal Tube (ET) or Tracheostomy Tube (check all that apply): | * Waveform capnography (waveform ETCO2)
* Capnometry (numeric ETCO2)
* Exhaled CO2 colorimetric monitor (ETCO2 by color change)
 | * Esophageal Detection Services
* Revisualization with direct Laryngoscopy
* None of the above
* Not Documented
 |
| **END OF FORM** |