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| **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** | | | | | | | | | | | | | | | | | | | | | | | |