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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OPTIONAL:** Local Event ID: | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did pt. receive chest compressions and/or defibrillation during this event? | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | * No/Not Documented (Does NOT meet inclusion criteria) | | | | | | | | | | | | | | | | | | |
| Where did the event occur? | | | | | | | | | | | | | | | | | | | | * Out of Hospital | | | | | | | | | | | | | | | | | | | | | | | | * In-Hospital | | | | | | | | |
| Did patient have subsequent cardiac arrest event(s) during the course of this hospitalization? | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | | | * No/Not Documented | | | | | | | | |
| 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 | | | | | | | | |
| System Entry Date: | | | | | | | | | | | | | | | | | | | | **\_\_\_/\_\_\_/\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | | | |
| **PCAC 2.1 Pre-Existing Conditions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Pre-Event Tab*** | | | | | | | | | | | | | | |
| **Pre-existing Conditions at Time of Event** (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * None * Acute Stroke * Acute CNS non-stroke event * Baseline depression in CNS function * Cardiac malformation/abnormality - cyanotic (pediatric and newborn/neonate only) * Cardiac malformation/abnormality - acyanotic (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 * Hypotension/hypoperfusion * Major Trauma * Metabolic/Electrolyte Abnormality * Myocardial ischemia/infarction (this admission) * Myocardial ischemia/infarction (prior to this admit) * Metastatic or hematologic malignancy * Pneumonia * Renal Insufficiency * Respiratory insufficiency * Sepsis * Prior CPR Event | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PCAC 3.1 Cardiac Arrest Event** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Event Tab*** | | | | | | | | | | | | | | |
| Gender | | | | * Male | | | | | | | | | | | | | | | * Female | | | | | | | | | | | | | | | | | | | | | | | | | | * Unknown | | | | | | | |
| 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 | | |
| Event Witnessed? | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | | | * No/Not Documented | | | | | | | | | | | | | | | | | | | | | | | | |
| Did patient receive chest compressions (includes open cardiac massage)? | | | | * Yes | | | | | | | | | | | | | | | * No/Not Documented | | | | | | | | | | | | | | | | | | | | | | | * No, Per Advance Directive | | | | | | | | | | |
| Date/Time compressions started: | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | |
| Was out of Hospital CPR performed? | | | | * Yes | | | | | | | | | | | | | | | * No | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | |
| If yes, out of hospital CPR performed first by: | | | | * Healthcare provider/ EMS | | | | | | | | | | | | | | | * Layperson | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If pulseless at ANY time during event:  Date/Time pulselessness was first identified: | | | | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | | | | | | | | | | | | |
| First documented pulseless rhythm: | | | | * Asystole * Pulseless Electrical Activity (PEA) * Pulseless Ventricular Tachycardia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Ventricular Fibrillation (VF) * Unknown/Not Documented | | | | | | | | | | | | | | | | | |
| Total time patient without a pulse prior to CPR (in minutes): | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | |
| Duration of CPR (in minutes): | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | |
| Sustained Return of Spontaneous Circulation (ROSC) achieved? | | | | | | | | | | | | | * Yes | | | | | | | | | | | | * No | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | |
| For out-of-hospital events, ROSC attained? | | | | | | | | | | | | | * At scene * En-route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * After arrival to hospital * Not Documented | | | | | | | | | |
| Date/Time sustained **ROSC began (lasting > 20 min)** OR resuscitation efforts were terminated (End of event): | | | | | | | | | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented * Time Estimated | | | | | | | | | |
| **PCAC 4.1 Arrival Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Arrival Tab*** | | | | | | | | | | | | | | |
| Arrival Date/Time | | | | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | | | | | | | | | | | |
| Was patient transferred from another hospital? | | | | | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | * No | | | | | | | | | | | | | | | | |
| Neurological assessment performed within 1-hr of ROSC? | | | | | | | | * Yes * No/Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Neurological Assessment obtained at transferring facility | | | | | | | | | | | | | | | | |
| Date/Time initial neurological assessment: | | | | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented * Time Estimated | | | | | | | | | | | | | | | | |
| Neurological Assessment Findings: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pupils equal? | | | | | | | | * Yes | | | | | | | | | | | | | * No | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | |
| Are pupils fixed and dilated? | | | | | | | | * Yes | | | | | | | | | | | | | * No | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | |
| Right pupil reaction? | | | | | | | | * Yes | | | | | | | | | | | | | * No | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | |
| Left pupil reaction? | | | | | | | | * Yes | | | | | | | | | | | | | * No | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | |
| Follows commands at time of initial assessment? | | | | | | | | * Yes | | | | | | | | | | | | | * No | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | |
| Glasgow Coma Scale (GCS) within 1-hr of ROSC: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | * Unknown/Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Intubated | | | | | | | | | | | | | |
| Motor: | | | | | | | | **\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | * Sedation/Paralytic | | | | | | | | | | | | | | | | | | | | * Unknown/Not Documented | | | | | | | | | | | | | |
| Eye: | | | | | | | | **\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | * Sedation/Paralytic | | | | | | | | | | | | | | | | | | | | * Unknown/Not Documented | | | | | | | | | | | | | |
| Verbal: | | | | | | | | **\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | * Sedation/Paralytic | | | | | | | | | | | | | | | | | | | | * Unknown/Not Documented | | | | | | | | | | | | | |
| Total GCS: | | | | | | | | **\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | * Sedation/Paralytic | | | | | | | | | | | | | | | | | | | | * Unknown/Not Documented | | | | | | | | | | | | | |
| **PCAC 4.2 Targeted Temperature Management** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Arrival Tab*** | | | | | | | | | | | | | | |
| Did you utilize targeted temperature management? | | | | | | | * Yes | | | | | | | | | | | | * No | | | | | | | | | | | | | | | | * Unknown/Not Documented | | | | | | | | | | | | | | | | | |
| If yes, what was the targeted temperature (choose one)? | | | | | | | * <= 38.0 degrees Celsius * <= 37.0 degrees Celsius * <= 36.0 degrees Celsius * <= 35.0 degrees Celsius | | | | | | | | | | | | | | | | | | | | | | | | | | | | * <= 34.0 degrees Celsius * <= 33.0 degrees Celsius * <= 32.0 degrees Celsius * <= 31.0 degrees Celsius | | | | | | | | | | | | | | | | | |
| Temperature control method (select all that apply): | | | | | | | * Surface Cooling * Intravascular device or catheter (continuous) * Antipyretics | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Cold IV Saline Bolus * Intranasal * Other * None | | | | | | | | | | | | | | | | | |
| Where was targeted temperature management initiated? | | | | | | | * In-hospital (either at another hospital prior to transfer or in my hospital) | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Pre-hospital (by EMS) * Unknown/Undocumented | | | | | | | | | | | | | | | | | |
| Date/Time targeted temperature management initiated: | | | | | | | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_:\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented * Unknown/Not Documented | | | | | | | | | | | | | | | | | |
| **If targeted temperature was <= 36.0 degrees Celsius:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was goal temperature met? | | | | | | * Yes | | | | | | | | | | * No | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | | | | |
| If yes, Date/Time goal temperature met: | | | | | | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_:\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented * Unknown/Not Documented | | | | | | | | | | | | | | | | | |
| Date/Time re-warming started? | | | | | | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_:\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented * Unknown/Not Documented | | | | | | | | | | | | | | | | | |
| Date/Time re-warming completed? | | | | | | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_:\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented * Unknown/Not Documented | | | | | | | | | | | | | | | | | |
| Was there a documented temperature of <= 31.0 degrees Celsius 6 hours after the initiation of the temperature-controlled period? | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | * No | | | | | | | | | | | | | | * Not Documented | | | |
| Did patient receive a paralytic drug during induction? | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | * No | | | | | | | | | | | | | | * Not Documented | | | |
| **For patients that are not treated with targeted temperature management:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical rationale documented by medical team why targeted temperature management was not initiated (check all that apply): | | | | | | * DNAR with limitation on technologic support * Awake, alert, following commands * Increased risk of bleeding * Pregnancy * Hemodynamic instability * Limited life expectancy | | | | | | | | | | | | | | | | | | | | | | | * Poor functional status pre-arrest (including dementia) * Facility does not routinely treat patients with targeted temperature management * Clinician preference * Other * Unknown/Not Documented * If other, specify: **\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | |
| **For All Patients:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was there ever a documented temperature of >= 38 degrees Celsius? | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | | | | | | * No | | | | | | | | | | | |
| If yes, when was a temperature of >= 38 degrees Celsius documented? (check all that apply) | | | | | | * Day 1 - Was patient following commands at time of fever? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes * No | | | | | | | | | | | |
| * Day 2 - Was patient following commands at time of fever? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes * No | | | | | | | | | | | |
| * Day 3 - Was patient following commands at time of fever? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes * No | | | | | | | | | | | |
| Documented Adverse Events (check all that apply) | | | | | | * None * Bleeding requiring blood product transfusion * Hemodynamically significant bradycardia, heart block, and/or pacemaker requirement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Skin Breakdown * Other   If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_   * Not Documented | | | | | | | | | | | |
| **PCAC 5.1 Measurements And Medications** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Measurements & Medications Tab*** | | | | | | | | | | | | | | | |
| If patient was transferred to your hospital, vital signs prior to transfer? | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | | | | | * No | | | | | | | | | | | | | | |
| If yes, Date/Time of vital signs prior to transfer: | | | | | | | | | | | | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_:\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented * Unknown/Not Documented | | | | | | | | | | | | | | |
| Vital signs prior to transfer: | | Temperature | | | | | | | | | | \_\_\_\_ 🔾C 🔾F | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | |
| Site: | | | | | | | | | | * Axillary * Bladder * Blood * Brain * Oral | | | | | | | | | | | | | | | | | | | | | | | | | | * Rectal * Surface (skin, temporal) * Tympanic * Other * Unknown/Not Documented | | | | | | | | | | | | | | |
| Heart Rate | | | | | | | | | | \_\_\_\_\_ bpm | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | |
| Systolic BP | | | | | | | | | | \_\_\_\_\_ mmHg | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | |
| Diastolic BP | | | | | | | | | | \_\_\_\_\_ mmHg | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | |
| Respiratory Rate | | | | | | | | | | \_\_\_\_\_ breaths/min | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | |
|  | | Intubated or on mechanical ventilator? | | | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | * No | | | | | | | | | | | | | | |
| Pulse Oximetry Saturation (SpO2): | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_ % | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | |
| **Initial Measurements** – Initial Vital Signs | | Date/Time of initial vital sign measurements: | | | | | | | | | | **\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_ \_\_:\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented * Unknown/Not Documented | | | | | | | | | | | | | | |
| Temperature | | | | | | | | | | \_\_\_\_ 🔾C 🔾F | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | |
| Site: | | | | | | | | | | * Axillary * Bladder * Blood * Brain | | | | | | | | | | | | | | * Oral * Rectal * Surface (skin, temporal) | | | | | | | | | | | | | | | | | | | | | | | * Tympanic * Other * Unknown/Not Documented | | | |
| Heart Rate | | | | | | | | | | \_\_\_\_\_ bpm | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | |
| Systolic BP | | | | | | | | | | \_\_\_\_\_ mmHg | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | |
| Diastolic BP | | | | | | | | | | \_\_\_\_\_ mmHg | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | |
| MAP | | | | | | | | | | \_\_\_\_\_ mmHg | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | |
| Respiratory Rate | | | | | | | | | | \_\_\_\_\_ breaths/min | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | |
|  | | Intubated or on mechanical ventilator? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | * No | | | |
| Pulse Oximetry Saturation (SpO2): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_ % | | | | | | | | | * Not Documented | | | |
| FiO2 at time SpO2 assessed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_ % | | | | | | | | | * Not Documented | | | |
| Initial Electrolytes (Post ROSC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time of initial electrolyte & lab measurements: | | | | | | | | | | | **\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_ \_\_:\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented * Unknown/Not Documented | | | | | | | | | | | | |
| Serum Creatinine: | | | | | | | | | | | **\_\_\_\_\_\_** mg/dL **|** micromol/L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | |
| Bicarbonate/CO2: | | | | | | | | | | | **\_\_\_\_\_\_** mmol/L **|** mEq/L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | |
| Glucose: | | | | | | | | | | | **\_\_\_\_\_\_** mg/dL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | |
| Date/Time of initial Lactate: | | | | | | | | | | | **\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_ \_\_:\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented * Unknown/Not Documented | | | | | | | | | | | | |
| Lactate: | | | | | | | | | | | **\_\_\_\_\_\_** mmol/L **|** mg/dL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | |
| Date/Time of initial Troponin: | | | | | | | | | | | **\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_ \_\_:\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented * Unknown/Not Documented | | | | | | | | | | | | |
| Troponin: | | | | | | | | | | | **\_\_\_\_\_\_** ng/dL **|** mcg/L | | | | | | | | | | | | | | | | | | | | 🔾 T | | | | | | | | | 🔾 I | | | | | * Not Documented | | | | | | | |
| Date/Time of initial Blood Gas measurements: | | | | | | | | | | | **\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_ \_\_:\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented * Unknown/Not Documented | | | | | | | | | | | | |
| pH: | | | | | | | | | | | **\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | |
| pCO2: | | | | | | | | | | | **\_\_\_\_\_\_** mmHg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | |
| Was there a PaO2 in the first 24 hours of >300 mmHg? | | | | | | | | | | | * Yes | | | | | | | | | | | | * No | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | |
| If yes, FiO2 at time PaO2 assessed: | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was there a PaO2 in the first 24 hours of <60 mmHg? | | | | | | | | | | | * Yes | | | | | | | | | | | | * No | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | |
| If yes, FiO2 at time PaO2 assessed: | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there documentation that Central Venous Saturation (ScvO2) or mixed venous saturation was tracked within the first 24 hours? | | | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | | | * No | | | | | | | | * Not Documented | | | | |
| **Serial Measurements:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6hr post ROSC:  Date/Time: | | | | | | | | | | **\_\_\_/\_\_/\_\_\_\_\_\_\_ \_\_\_:\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | * Patient did not survive 6hr post ROSC * Not Documented (6hr post ROSC measurements Not Documented) | | | | | | | | | | | | | | | | | | | |
| Lactate: | | | | | | | | | | **\_\_\_\_\_\_** mmol/L **|** mg/dL | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | | | | | | |
| Glucose: | | | | | | | | | | **\_\_\_\_\_\_** mg/dL | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | | | | | | |
| Did patient receive any sedatives in the 0-6-hour time period post ROSC? | | | | | | | | | | * Yes * No | | | | | | | | | | | | | | | | | | | | | | | * Not Documented * None-Contraindicated | | | | | | | | | | | | | | | | | | | |
| Did patient receive any paralytics in the 0-6-hour time period post ROSC? | | | | | | | | | | * Yes * No | | | | | | | | | | | | | | | | | | | | | | | * Not Documented * None-Contraindicated | | | | | | | | | | | | | | | | | | | |
| 24hr post ROSC:  Date/Time: | | | | | | | | | | **\_\_\_/\_\_/\_\_\_\_\_\_\_ \_\_\_:\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | * Patient did not survive 6hr post ROSC * Not Documented (6hr post ROSC measurements Not Documented) | | | | | | | | | | | | | | | | | | | |
| Lactate: | | | | | | | | | | **\_\_\_\_\_\_** mmol/L **|** mg/dL | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | | | | | | |
| Glucose: | | | | | | | | | | **\_\_\_\_\_\_** mg/dL | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | | | | | | |
| Did patient receive any sedatives in the 6-24-hour time period post ROSC? | | | | | | | | | | * Yes * No | | | | | | | | | | | | | | | | | | | | | | | * Not Documented * None-Contraindicated | | | | | | | | | | | | | | | | | | | |
| Did patient receive any paralytics in the 6-24-hour time period post ROSC? | | | | | | | | | | * Yes * No | | | | | | | | | | | | | | | | | | | | | | | * Not Documented * None-Contraindicated | | | | | | | | | | | | | | | | | | | |
| Did patient receive any sedatives in the 24-48-hour time period post ROSC? | | | | | | | | | | * Yes * No | | | | | | | | | | | | | | | | | | | | | | | * Not Documented * None-Contraindicated | | | | | | | | | | | | | | | | | | | |
| Did patient receive any paralytics in the 24-48-hour time period post ROSC? | | | | | | | | | | * Yes * No | | | | | | | | | | | | | | | | | | | | | | | * Not Documented * None-Contraindicated | | | | | | | | | | | | | | | | | | | |
| Did patient receive any sedatives in the 48-72-hour time period post ROSC? | | | | | | | | | | * Yes * No | | | | | | | | | | | | | | | | | | | | | | | * Not Documented * None-Contraindicated | | | | | | | | | | | | | | | | | | | |
| Did patient receive any paralytics in the 48-72-hour time period post ROSC? | | | | | | | | | | * Yes * No | | | | | | | | | | | | | | | | | | | | | | | * Not Documented * None-Contraindicated | | | | | | | | | | | | | | | | | | | |
| **Serial Blood Pressure Measurements**  Enter lowest Systolic BP for each of the following time periods: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hours 0-6 post ROSC:  **Date/Time**: | **\_\_\_/\_\_/\_\_\_\_\_\_\_ \_\_\_:\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | **Date/Time:** | | | | | | | **\_\_\_/\_\_/\_\_\_\_\_\_\_ \_\_\_:\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | * Patient did not survive 6hr post ROSC | | | | | | | | | | | | |
| Systolic BP: | | | | | **\_\_\_\_\_\_** mmHg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | |
| Were there at least two consecutive systolic blood pressure readings of <90mmHg separated by at least one hour in the first 0-6 hours post ROSC? | | | | | | | | | | | | | | | | | | | | | | | | * Yes * No | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | |
| MAP: | | | | | **\_\_\_\_\_\_** mmHg | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Select all vasopressors/inotropes patient was on during the first 0-6 hours post ROSC: | | | | | * None * Isoproterenol (Isuprel) * Vasopressin (Pitressin) * Dobutamine (Dobutrex) * Milrinone (Primacor) | | | | | | | | | | | | | | | | | | | * Dopamine * Noradrenaline (norepinephrine (Levophed)) * Adrenaline (epinephrine) * Phenylephrine (NeoSynephrine) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hours 6-24 post ROSC:  **Date/Time**: | **\_\_\_/\_\_/\_\_\_\_\_\_\_ \_\_\_:\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | **Date/Time:** | | | | | | | **\_\_\_/\_\_/\_\_\_\_\_\_\_ \_\_\_:\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | * Patient did not survive 24hr post ROSC | | | | | | | | | | | | |
| Systolic BP: | | | | | **\_\_\_\_\_\_** mmHg | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Were there at least two consecutive systolic blood pressure readings of <90mmHg separated by at least one hour in the 6-24 hours post ROSC? | | | | | | | | | | | | | | | | | | | | | | | | * Yes * No | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | |
| MAP: | | | | | **\_\_\_\_\_\_** mmHg | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Select all vasopressors/inotropes patient was on during hours 6-24 post ROSC: | | | | | * None * Isoproterenol (Isuprel) * Vasopressin (Pitressin) * Dobutamine (Dobutrex) * Milrinone (Primacor) | | | | | | | | | | | | | | | | | | | * Dopamine * Noradrenaline (norepinephrine (Levophed)) * Adrenaline (epinephrine) * Phenylephrine (NeoSynephrine) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hours 24-48 post ROSC:  **Date/Time**: | **\_\_\_/\_\_/\_\_\_\_\_\_\_ \_\_\_:\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | **Date/Time**: | | | | | | | **\_\_\_/\_\_/\_\_\_\_\_\_\_ \_\_\_:\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | * Patient did not survive 48hr post ROSC | | | | | | | | | | | | |
| Systolic BP: | | | | | **\_\_\_\_\_\_** mmHg | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Select all vasopressors/inotropes patient was on during hours 24-48 post ROSC: | | | | | * None * Isoproterenol (Isuprel) * Vasopressin (Pitressin) * Dobutamine (Dobutrex) * Milrinone (Primacor) | | | | | | | | | | | | | | | | | | | * Dopamine * Noradrenaline (norepinephrine (Levophed)) * Adrenaline (epinephrine) * Phenylephrine (NeoSynephrine) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hours 48-72 post ROSC:  **Date/Time**: | **\_\_\_/\_\_/\_\_\_\_\_\_\_ \_\_\_:\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | **Date/Time**: | | | | | | | **\_\_\_/\_\_/\_\_\_\_\_\_\_ \_\_\_:\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | * Patient did not survive 72hr post ROSC | | | | | | | | | | | | |
| Systolic BP: | | | | | **\_\_\_\_\_\_** mmHg | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Select all vasopressors/inotropes patient was on during hours 48-72 post ROSC: | | | | | * None * Isoproterenol (Isuprel) * Vasopressin (Pitressin) * Dobutamine (Dobutrex) * Milrinone (Primacor) | | | | | | | | | | | | | | | | | | | * Dopamine * Noradrenaline (norepinephrine (Levophed)) * Adrenaline (epinephrine) * Phenylephrine (NeoSynephrine) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did patient receive any anticonvulsants in the 0-72-hour time period post ROSC? | | | | | * Yes | | | | | | | | | | | | | | | | | | | * No | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | |
| **PCAC 5.2 Clinical Study Data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Clinical Study Data Tab*** | | | | | | | | | | | | | | | |
| Was a 12-lead ECG performed? | | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | | | | * No/Not Documented | | | | | | | | | | | | | | | | | | | | | | |
| ECG Interpretation: | | | | | * STEMI * Ischemic changes (not a STEMI) * Other | | | | | | | | | | | | | | | | | | | | | | | | | * New Left Bundle Branch Block (BBB) * Unknown/Not Documented   If Other, Specify: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| Did patient go to the Cath lab at any time during this admission? | | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | | | | * No/Not Documented | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time at Cath lab: | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | | | | | | | | | | | | | | | | | |
| Reason went to Cath lab: | | | | | * ST Elevation * Elevated cardiac enzymes * Cardiogenic Shock * Routine Cath post-arrest * VF arrest * New BBB | | | | | | | | | | | | | | | | | | | | | | | | | * Unknown/Not Documented * Abnormal ECG (not including STEMI) * Focal wall motion abnormality on echocardiogram * Other   If Other, Specify: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| Cath Lab Interventions: | | | | | * Stent/PCI * Balloon Pump * LVAD | | | | | | | | | | | | | | | | | | | | | | | | | * No Intervention * Unknown/Not Documented | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time of Cath lab intervention: | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | | | | | | | | | | | | | | | | | |
| ICD placed during this admission? | | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | | | | * No | | | | | | | | | | | | | | | | | | | | | | |
| Was an Echo performed? | | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | | | | * No/Not Documented | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time of FIRST Echo: | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | | | | | | | | | | | | | | | | | |
| FIRST Echo Findings: | | | | | LVEF: **\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | * LVEF Not Documented | | | | | | | | | | | | | | | | | | | | | | |
| Head CT performed? | | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | | | | * No/Not Documented | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time of initial head CT: | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | | | | | | | | | | | | | | | | | |
| Head CT Findings: | | | | | * Normal * Cerebral edema * Intracranial hemorrhage * Herniation | | | | | | | | | | | | | | | | | | | | | | | | | * Unknown/Not Documented * Other   If Other, Specify: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| Cerebral MRI performed? | | | | | * Yes | | | | | | | | | | | | | | | | | | | | | | | | | * No/Not Documented | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time of initial MRI: | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | | | | | | | | | | | | | | | | | |
| EEG performed within the first 24 hours post ROSC? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | | | | * No/Not Documented | | | | | |
| If EEG performed, was there evidence of any seizure activity? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | | | | * No/Not Documented | | | | | |
| If evidence of seizure activity, was there evidence of Status Epilepticus (sustained seizures)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | | | | * No/Not Documented | | | | | |
| If yes, was an anticonvulsant administered? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | | | | * No | | | | | |
| **PCAC 6.1 Outcome Data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Outcome Data Tab*** | | | | | | | | | | | | | | | |
| Did patient survive to hospital discharge? | | | | | * Yes, patient lived | | | | | | | | | | | | | | | | | | | | | | | | | | | * No, patient died | | | | | | | | | | | | | | | | | | | | |
| Date/Time of discharge from ICU: | | | | | **\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_ \_\_:\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented * Patient was not discharged from ICU | | | | | | | | | | | | | | | | | | | | |
| Did patient ever follow commands? | | | | | * Yes | | | | | | | | | | * No | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | | | | | | | |
| Date/Time of first documented following of commands: | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | * Time Not Documented | | | | | | | | | | | | | | | | | | | | |
| Discharge Modified Rankin Scale: | | | | | **\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | * Not Documented | | | | | | | | | | | | | | | | | | | | |
| Discharge Modified Rankin Scale: | | | | | * 0 - No symptoms at all * 1 - No significant disability despite symptoms: ability to carry out all usual activities * 2 - Slight disability * 3 - Moderate disability: Requiring some help but able to walk without assistance * 4 - Moderate to severe disability: Unable to walk without assistance and unable to attend to own bodily needs without assistance * 5 - Severe disability: Bedridden, incontinent and requiring constant nursing care and attention * 6 – Death | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: Please do not enter any patient identifiable information in these optional fields. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Comments:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| |  |  |  |  | | --- | --- | --- | --- | | PCAC Optional 1 |  | PCAC Optional 2 |  | | PCAC Optional 3 |  | PCAC Optional 4 |  | | PCAC Optional 5 |  | PCAC Optional 6 |  | | PCAC Optional 7 |  | PCAC Optional 8 |  | | PCAC Optional 9 |  | PCAC Optional 10 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **END OF PCAC FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |