|  |  |
| --- | --- |
| **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** |