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				
<u>If pulseless at ANY time during event:</u> 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)		❑ Cold IV Saline Bolus ❑ Intranasal ❑ Other

	❑ Antipyretics	❑ 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	○ Rectal

		○ Bladder ○ Blood ○ Brain ○ Oral	○ 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