

ARC Event

Note: Optional data elements appear in the Get With The Guidelines® - Resuscitation PMT as dark grey shaded areas.

OPTIONAL: Local Event ID: _____

Date/Time need for emergency assisted ventilation first recognized ____/____/____ : ____ Time Not Documented

ARC 2.1 Pre-Event

Pre-Event Tab

OPTIONAL: Was patient discharged from an Intensive Care Unit (ICU) prior to this ARC event? Yes No

OPTIONAL: If yes, date admitted to non-ICU unit (after ICU discharge): ____ / ____ / ____

OPTIONAL: Was patient discharged from a Post Anesthesia Care Unit (PACU) within 24 hrs prior to this ARC event?

- Yes
- No

OPTIONAL: Was patient in the ED within 24 hours prior to this ARC event?

- Yes
- No

OPTIONAL: Did pt receive conscious/procedural sedation or general anesthesia within 24 hrs prior to this ARC event?

- Yes
- No

OPTIONAL: Enter all vital signs taken in the 4 hours prior to the ARC event (up to 4 sets).

Pre-Event VS Unknown/Not Documented

<u>Date/Time</u>	<u>Heart Rate</u>	<u>Systolic BP</u>	<u>Diastolic BP</u>	<u>Respiratory Rate</u>	<u>SpO2</u>	<u>Temp</u>	<u>Units</u>
	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	C F <input type="checkbox"/> ND
	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	C F <input type="checkbox"/> ND
	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	C F <input type="checkbox"/> ND
	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	C F <input type="checkbox"/> ND

ARC 2.2 Pre-Existing Conditions

Pre-Event Tab

OPTIONAL: Pre-existing Conditions at Time of Event (check all that apply):

- None
- Acute CNS non-stroke event
- Acute stroke
- Cardiac malformation/abnormality – acyanotic (pediatric and newborn/neonate only)
- Cardiac malformation/abnormality – cyanotic (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)
- Hypotension/hypoperfusion
- Major trauma
- Pneumonia
- Septicemia

ARC Event

Note: Optional data elements appear in the Get With The Guidelines® - Resuscitation PMT as dark grey shaded areas.

ARC 2.3 Interventions Already in Place

Pre-Event Tab

Interventions ALREADY IN PLACE when need for emergency assisted ventilation was first recognized (check all that apply):

Part A:

- None
- Invasive airway
- Assisted or mechanical ventilation (includes CPAP/BiPAP)
- Nebulized therapies within 4 hours of event

Monitoring:

- ECG
- Apnea
- Apnea/bradycardia
- Pulse oximetry

Vascular access: Yes No/Not Documented

OPTIONAL: Part B:

- None
- Chest tube(s)
- Inhaled nitric oxide therapy (newborn/neonate)
- Prostaglandins – cont. infusion (newborn/neonate)
- Supplemental oxygen (cannula, mask, hood, or tent)
- Other prior interventions in place: (specify)

ARC 3.1 Event

Event Tab

Date/Time of Birth: ____/____/____:____

Age at Event: _____ in years | months | weeks | days | hours | minutes Estimated? Age Unknown/Not Documented

Subject Type:

- Ambulatory/Outpatient
- Emergency Department
- Hospital Inpatient
- 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)

ARC Event

Note: Optional data elements appear in the Get With The Guidelines® - Resuscitation PMT as dark grey shaded areas.

Event Location (area):

- Ambulatory/Outpatient Area
- Cardiac Catheterization Lab
- Emergency Department (ED)
- Newborn Nursery
- Pediatric Cardiac Intensive Care
- Same-day surgical area
- Unknown/Not Documented
- Adult Coronary Care Unit (CCU)
- Delivery Suite
- General Inpatient Area
- Operating Room (OR)
- Post-Anesthesia Recovery Room (PACU)
- Telemetry unit or Step-down unit
- Adult ICU
- Diagnostic/Intervention. Area (excludes Cath Lab)
- Neonatal ICU (NICU)
- Pediatric ICU (PICU)
- Rehab, Skilled Nursing, or Mental Health Unit/Facility
- Other

Event Location (name): _____

Event Witnessed?

- Yes
- No/Not Documented

Was the patient conscious when the need for emergency assisted ventilation was first identified?

- Yes
- No
- Unknown/Not Documented

Was the patient breathing when the need for emergency assisted ventilation was first identified?

- Yes
- No
- Agonal
- Assisted Ventilation
- Unknown/Not Documented

Rhythm when the need for emergency assisted ventilation was first identified:

- Accelerated idioventricular rhythm (AIVR)
- Bradycardia
- Pacemaker
- Sinus (including sinus tachycardia)
- Supraventricular tachyarrhythmia (SVTarryh)
- Ventricular Tachycardia (VT) with a pulse
- Unknown/Not Documented

Was a hospital-wide resuscitation response activated?

- Yes
- No/Not Documented

Did patient become apneic or respirations agonal ANY time during ARC event?

- Yes
- No/Not Documented

Date/time patient became apneic or respirations agonal: ____/____/____ : ____ Time Not Documented

Note: Optional data elements appear in the Get With The Guidelines® - Resuscitation PMT as dark grey shaded areas.

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
- Other Non-Invasive Ventilation: (specify) _____
- Laryngeal Mask Airway (LMA)
- Endotracheal Tube (ET)
- Tracheostomy Tube

Date/Time first emergency assisted ventilation during the event: ____/____/____:____ Time Not Documented

Was any Endotracheal Tube (ET) or Tracheostomy Tube inserted/re-inserted during event?

- Yes
- No

Date/Time Endotracheal Tube (ET) or Tracheostomy Tube inserted if not already in place and/or re-inserted during event:

____/____/____:____ 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 devices
- Revisualization with direct laryngoscopy
- None of the above
- Not Documented

Select each intervention that was employed during the ARC event

Drug Interventions (check all that apply)

- None (review options below carefully)
- Bronchodilator: Inhaled
- Bronchodilator: Sub Q or IV/IO
- Calcium chloride/Calcium gluconate
- Dextrose bolus
- Fluid bolus for volume expansion
- Magnesium sulfate
- Neuromuscular blocker/muscle relaxant
- Prostaglandin E1 (PGE)
- Reversal agent
- Sedative/induction agent
- Sodium bicarbonate
- Other drug interventions:

Non-Drug Interventions (check all that apply)

- None (review options below carefully)
- Central venous catheter inserted
- Chest tube(s) inserted
- Needle thoracostomy
- Nasogastric (NG)/ Orogastic (OG) Tube
- Thoracentesis
- Tracheostomy/Cricothyrotomy (placed during event)
- Tracheostomy change/replacement
- Other non-drug interventions:

ARC 6.1 Event Outcome

*Event Outcome
Tab*

Note: Optional data elements appear in the Get With The Guidelines® - Resuscitation PMT as dark grey shaded areas.

Was ANY return of **spontaneous** respiration documented during event (excluding agonal/gasping)?
 Yes
 No/Not Documented

Date/time FIRST return of spontaneous respiration (ROSV): ____/____/____:____ Time Not Documented

Reason ARC event ended:
 Return of spontaneous ventilation (ROSV) (no further need for assisted ventilation) that was sustained for > 20 minutes
 Control of ventilation with assisted ventilation that was sustained for > 20 minutes either: minutes (<= 20 minutes if transferred quickly out of unit)
 a. non-invasively (includes mask/nasal CPAP/BiPAP, negative pressure ventilation; excludes manual bag-valve-mask ventilation); **OR**
 b. via an invasive airway (includes assisted ventilation via endotracheal/tracheostomy tube, assist control, IMV, pressure support, high freq. mech vent.)
 Transfer of newborn out of delivery room prior to 20 min of spontaneous/controlled vent.
 Progressed to Cardiopulmonary Arrest; or ARC interventions terminated because of advance directive.

If progressed to CPA, does CPA portion of event meet GWTG-R inclusion criteria?
 Yes
 No, not being entered (e.g., DNAR)

Enter Date/Time of the **BEGINNING** of sustained ROSV or control of ventilation or need for chest compression and/or defibrillation (CPA) first identified: ____/____/____:____ Time Not Documented

ARC 7.1 Events and Issues *Events and Issues Tab*

No/Not Documented

Universal Precautions
 Not followed by all team members (specify in comments section)

Documentation
 Signature of code team leader not on code sheet
 Missing other signatures
 Initial ECG rhythm not documented
 Medication route(s) not documented
 Incomplete documentation
 Other (specify in comments section)

Airway
 Aspiration related to provision of airway
 Delay
 Delayed recognition of airway misplacement/displacement
 Intubation attempted, not achieved
 Multiple intubation attempts → Number of attempts: _____ Unknown/Not Documented
 Other (specify in comments section)

Vascular Access
 Delay
 Inadvertent arterial cannulation
 Infiltration/Disconnection
 Other (specify in comments section)

Medications
 Delay
 Route
 Dose
 Selection
 Other (specify in comments section)

Leadership
 Delay in identifying leader
 Knowledge of equipment
 Knowledge of medications/protocols
 Knowledge of roles

Note: Optional data elements appear in the Get With The Guidelines® - Resuscitation PMT as dark grey shaded areas.

- Team oversight
 - Too many team members
 - Other (specify in comments section)
- Continue to next page

Protocol Deviation

- ALS/PALS
- NRP
- Other (specify in comments section)

Equipment:

- Availability
- Function
- Other (specify in comments section)

Comments

Do not enter any Personal Health Information/Protected Health Information into this section.

Field 1	Field 2
Field 3	Field 4
Field 5	Field 6
Field 7	Field 8
Field 9	Field 10
Field 11	Field 12
Field 13 ____/____/____:____	Field 14 ____/____/____:____