

PCAC Event

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

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:
 ____/____/____ ____:____ Time Not Documented

System Entry Date: ____/____/____ ____:____ Time Not Documented

PCAC 2.1 Pre-Existing Conditions	<i>Pre-Event Tab</i>
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Pre-existing Conditions at Time of Event (check all that apply):

- None (review options below carefully)
- Acute CNS non-stroke event
- Acute stroke
- Baseline depression in CNS function
- 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)
- Diabetes mellitus
- Hepatic insufficiency
- Hypotension/hypoperfusion
- Major trauma
- Metastatic or hematologic malignancy
- Metabolic/electrolyte abnormality
- Myocardial ischemia/infarction (this admission)
- Myocardial ischemia/infarction (prior to admit)
- Pneumonia
- Renal insufficiency
- Respiratory insufficiency
- Septicemia
- Prior CPR Event

PCAC 3.1 Cardiac Arrest Event	<i>Event Tab</i>
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Gender:

- Male
- Female
- Unknown

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

Age at Event: _____ in 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 : ____/____/____ ____:____ Time Not Documented

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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: ___/___/____ __:___ 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): ___/___/____ __:___

Time Not Documented Time Estimated

PCAC 4.1 Arrival Information

Arrival Tab

Arrival Date/Time ___/___/____ __:___ 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 of neurological assessment: ___/___/____ __:___ Time Not Documented Unknown/Not Documented

Neurological Assessment Findings:

- | | | | |
|-------------------------------|------------------------------|-----------------------------|---|
| Pupils equal | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Documented |
| Are pupils fixed and dilated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Documented |
| Right pupil reaction | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Documented |
| Left pupil reaction | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Documented |

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Follows commands at time of initial assessment? Yes No Not Documented

Glasgow Coma Scale (GCS) within 1-hr of ROSC: Unknown/Not Documented

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

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
- Cold IV Saline Bolus
- Intravascular device or catheter (continuous)
- Intranasal
- Antipyretics
- Other
- None

Where was targeted temperature management initiated?

- Pre-hospital (by EMS)
- In-hospital (either at another hospital prior to transfer or in my hospital)
- Unknown/Not documented

Date/Time targeted temperature management initiated: ____/____/____ ____:____ 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: ____/____/____ ____:____ Time Not Documented Unknown/Not Documented

Date/Time re-warming started? ____/____/____ ____:____ Time Not Documented Unknown/Not Documented

Date/Time re-warming completed? ____/____/____ ____:____ 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

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
- Skin breakdown
- Hemodynamically significant bradycardia, heart block, and/or pacemaker requirement
- Other: _____
- Not Documented

PCAC 5.1 Measurements & Medications

If patient was transferred to your hospital, vital signs prior to transfer? Yes No/ Not Documented

If yes, Date/Time of vital signs prior to transfer: ____/____/____ ____:____ 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? Y

Pulse Oximetry Saturation (SpO2): _____ % Not Documented

Initial Measurements:

Initial Vital Signs

Date/Time of initial vital sign measurements : ___/___/___ :___

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

Respiratory Rate: _____ breaths/min Not Documented
Intubated or on mechanical ventilator? Y

Systolic BP: _____ mmHg Not Documented

Diastolic BP: _____ mmHg Not Documented

MAP: _____ mmHg Not Documented

Pulse Oximetry Saturation (SpO2): _____ % Not Documented
FiO2 at time SpO2 assessed: _____ %

Initial Electrolytes (Post ROSC)

Date/Time of initial electrolyte & lab measurements: ___/___/___ :___

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: ___/___/___ :___ Time Not Documented Unknown/Not Documented
Lactate: _____ mmol/L | mg/dL Not documented

Date/Time of initial Troponin: ___/___/___ :___ Time Not Documented Unknown/Not Documented
Troponin: _____ ng/dL | mcg/L T I Not documented

Date/Time of initial arterial blood gas measurements: ___/___/___ :___
 Time Not Documented Unknown/Not Documented

pH: _____ Not documented

pCO2: _____ mmHg Not documented
Was there a pCO2 in the first 24 hours of <30 or >50mmHg? Yes No Not Documented 24hr <auto-pop> ___/___/___ :___

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paO2: _____ mmHg Not documented

Was there a PaO2 in the first 24 hours of >300mmHg? Yes No Not Documented 24hr <auto-pop> ____/____/____
If yes, FiO2 at time PaO2 assessed: _____%

Was there a PaO2 in the first 24 hours of <60mmHg? Yes No Not Documented 24hr <auto-pop> ____/____/____
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: <auto-pop> ____/____/____ ____:____

- 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

MAP: _____ mmHg 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: <auto-pop> ____/____/____ ____:____

- Patient did not survive 24hr post ROSC
- Not Documented (24hr post ROSC measurements Not Documented)

Lactate: _____ mmol/L | mg/dL Not Documented
Glucose: _____ mg/dL Not Documented

MAP: _____ mmHg 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

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Date/Time: <auto-pop time: 0hr> ___/___/___:___ Date/Time: <auto-pop time: 6hr> ___/___/___:___

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

- Epinephrine (adrenaline) dobutamine (Dobutrex) dopamine
- isoproterenol (Isuprel) milrinone (Primacor) noradrenaline (norepinephrine (Levophed))
- phenylephrine (NeoSynephrine) vasopressin (Pitressin)

Hours 6-24 post ROSC

Date/Time: <auto-pop time: 6hr> ___/___/___:___ Date/Time: <auto-pop time: 24hr> ___/___/___:___

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

- Epinephrine (adrenaline) dobutamine (Dobutrex) dopamine
- isoproterenol (Isuprel) milrinone (Primacor) noradrenaline (norepinephrine (Levophed))
- phenylephrine (NeoSynephrine) vasopressin (Pitressin)

Hours 24-48 post ROSC

Date/Time: <auto-pop time: 24hr> ___/___/___:___ Date/Time: <auto-pop time: 48hr> ___/___/___:___

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

- Epinephrine (adrenaline) dobutamine (Dobutrex) dopamine
- isoproterenol (Isuprel) milrinone (Primacor) noradrenaline (norepinephrine (Levophed))
- phenylephrine (NeoSynephrine) vasopressin (Pitressin)

Hours 48-72 post ROSC

Date/Time: <auto-pop time: 48hr> ___/___/___:___ Date/Time: <auto-pop time: 72hr> ___/___/___:___

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

- Epinephrine (adrenaline) dobutamine (Dobutrex) dopamine
- isoproterenol (Isuprel) milrinone (Primacor) noradrenaline (norepinephrine (Levophed))
- phenylephrine (NeoSynephrine) vasopressin (Pitressin)

Did patient receive any anticonvulsants in the 0-72 hour time period post ROSC? Yes No Not Documented

PCAC 5.2 Clinical Study Data

PCAC Event

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Was a 12-lead ECG performed? Yes No/Not documented

ECG interpretation (check all that apply):

- STEMI
- Ischemic changes (not a STEMI)
- New Left Bundle Branch Block (BBB)
- Other: _____
- Unknown/Not Documented

Did patient go to the cath lab at any time during this admission?

- Yes
- No/Not Documented

Date/Time at cath lab: ____/____/____ ____:____ Time Not Documented

Reason went to cath lab:

- ST elevation
- Cardiogenic shock
- VF arrest
- Abnormal ECG (not including STEMI)
- Elevated cardiac enzymes
- Routine cath post arrest
- New BBB
- Focal wall motion abnormality on echocardiogram
- Other: _____
- Unknown/Not Documented

Cath lab interventions:

- Stent/PCI
- Balloon pump
- LVAD
- No intervention
- Other
- Unknown/Not Documented

Date/Time of cath lab intervention: ____/____/____ ____:____ Time Not Documented

ICD placed during this admission? Yes No/Not Documented

Was an Echo performed? Yes No/Not Documented

Date/Time of FIRST Echo: ____/____/____ ____:____ Time Not Documented

FIRST Echo Findings: LVEF: _____ LVEF Not Documented

Head CT performed? Yes No/Not Documented

Date/Time of initial head CT: ____/____/____ ____:____ Time Not Documented

Head CT findings:

- Normal
- Cerebral edema
- Intracranial hemorrhage
- Herniation
- Other: _____
- Unknown/Not Documented

Cerebral MRI performed? Yes No/Not Documented

Date/Time of initial MRI: ____/____/____ ____:____ 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/Not documented

PCAC Event

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PCAC 6.1 Outcome Data

Did patient survive to hospital discharge?

- Yes, patient lived
- No, patient died

Date/Time of discharge from ICU: ____/____/____ ____:____ 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: ____/____/____ ____:____ Time Not Documented

Discharge Modified Rankin Scale: _____ Not Documented

- 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

Comments

Field 1	Field 2
Field 3	Field 4
Field 5	Field 6
Field 7	Field 8
Field 9	Field 10