

# Cardiac Arrest Registry to Enhance Survival



## Part 5: Basic Information

### 1 - Street Address (Where Arrest Occurred)

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### 2 - City 3 - State 4a - Zip Code 4b - County

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### 5 - First Name 6 - Last Name

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<b>7 - Age</b>	<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years	<b>9 - Date of Birth</b>	<b>10 - Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>11 - Race/Ethnicity</b> <input type="checkbox"/> American-Indian/Alaska <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> White
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## Part 6: Field Information

<b>14 - Date of Arrest</b>	<b>15 - Incident #</b>
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## First Responding Agency

<b>16 - Fire/First Responder</b>	<b>17 - Destination Hospital</b>
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## Part C: Arrest Information

<b>18 - Location Type</b> <input type="checkbox"/> Home/Residence <input type="checkbox"/> Public/Commercial Building <input type="checkbox"/> Street/Highway <input type="checkbox"/> Nursing Home <input type="checkbox"/> Healthcare Facility <input type="checkbox"/> Place of Recreation <input type="checkbox"/> Industrial Place <input type="checkbox"/> Transport Center <input type="checkbox"/> Other _____	<b>19 - Arrest Witnessed</b> <input type="checkbox"/> Witnessed Arrest <input type="checkbox"/> Unwitnessed Arrest	<b>20 - Arrest After Arrival of 911 Responder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>21 - Presumed Cardiac Arrest Etiology</b> <input type="checkbox"/> Presumed Cardiac Etiology <input type="checkbox"/> Trauma <input type="checkbox"/> Respiratory/Asphyxia <input type="checkbox"/> Drowning/Submersion <input type="checkbox"/> Electrocution <input type="checkbox"/> Exsanguination/Hemorrhage <input type="checkbox"/> Drug Overdose <input type="checkbox"/> Other _____
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## Resuscitation Information

<b>22 - Resuscitation attempted by 911 Responder (or AED shock given prior to EMS arrival)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>23 - Who Initiated CPR</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Lay Person <input type="checkbox"/> Lay Person Family Member <input type="checkbox"/> Lay Person Medical Provider <input type="checkbox"/> First Responder (non-transport provider) <input type="checkbox"/> Responding EMS Personnel	<b>28 - Who First Defibrillated the Patient</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Lay Person <input type="checkbox"/> Lay Person Family Member <input type="checkbox"/> Lay Person Medical Provider <input type="checkbox"/> First Responder (non-transport provider) If yes, did the Police defibrillate the patient: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Responding EMS Personnel
<b>26 - Was an AED applied prior to EMS arrival</b> <input type="checkbox"/> Yes, with defibrillation <input type="checkbox"/> Yes, without defibrillation <input type="checkbox"/> No	<b>27 - Who First Applied the AED</b> <input type="checkbox"/> Lay Person <input type="checkbox"/> Lay Person Family Member <input type="checkbox"/> Lay Person Medical Provider <input type="checkbox"/> First Responder (non-transport provider) If yes, was it applied by Police: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## First Cardiac Arrest Rhythm of Patient and ROSC Information

<b>30 - First Arrest Rhythm of Patient</b> <input type="checkbox"/> Ventricular Fibrillation <input type="checkbox"/> Ventricular Tachycardia <input type="checkbox"/> Asystole <input type="checkbox"/> Idioventricular/PEA <input type="checkbox"/> Unknown Shockable Rhythm <input type="checkbox"/> Unknown Unshockable Rhythm	<b>31 - Sustained ROSC (20 consecutive minutes) or present at end of EMS care</b> <input type="checkbox"/> Yes, but pulseless at end of EMS care (or ED arrival) <input type="checkbox"/> Yes, pulse at end of EMS care (or ED arrival) <input type="checkbox"/> No	<b>32 - Was hypothermia care provided in the field</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>33 - End of Event</b> <input type="checkbox"/> Pronounced in the Field <input type="checkbox"/> Pronounced in the ED <input type="checkbox"/> Effort ceased due to DNR <input type="checkbox"/> Ongoing Resuscitation in ED
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## Part E: Hospital Section

<b>46 - ER Outcome</b> <input type="checkbox"/> Resuscitation terminated in ED <input type="checkbox"/> Admitted to hospital <input type="checkbox"/> Transferred to another acute care facility from the ED	<b>48 - Hospital Outcome</b> <input type="checkbox"/> Died in the hospital <input type="checkbox"/> Discharged alive <input type="checkbox"/> Patient made DNR If yes, choose one of the following: <input type="checkbox"/> Died in the hospital <input type="checkbox"/> Discharged alive <input type="checkbox"/> Transferred to another acute care hospital <input type="checkbox"/> Not yet determined <input type="checkbox"/> Transferred to another acute care hospital <input type="checkbox"/> Not yet determined	<b>49 - Discharge from the Hospital</b> <input type="checkbox"/> Home/Residence <input type="checkbox"/> Rehabilitation Facility <input type="checkbox"/> Skilled Nursing Facility/Hospice  <b>50 - Neurological Outcome At Discharge From Hospital</b> <input type="checkbox"/> Good Cerebral Performance (CPC 1) <input type="checkbox"/> Moderate Cerebral Disability (CPC 2) <input type="checkbox"/> Severe Cerebral Disability (CPC 3) <input type="checkbox"/> Coma, Vegetative State (CPC 4)
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## General Comments