Cardiac Arrest Registry

Part A : Demographic Information

1 - Street Address (Where Arrest Occurred)

2 - City | 3 - State | 4 - Zip Code

5 - First Name | 6 - Last Name

7 - Age ☐ Days ☐ Months ☐ Years

9 - Date of Birth

10 - Gender
☐ Male
☐ Female

11 - Race/Ethnicity
☐ American-Indian/Alaska ☐ Hispanic/Latino ☐ Unknown
☐ Asian ☐ Native Hawaiian/Pacific Islander
☐ Black/African-American ☐ White

Part B : Run Information

14 - Date of Arrest ___ / ___ / ___

15 - Incident #

First Responding Agency

16 - Fire/First Responder

17 - Destination Hospital

Part C: Arrest Information

18 - Location Type
☐ Home/Residence
☐ Public/Commercial Bldg
☐ Street/Hwy
☐ Nursing Home
☐ Other: Specify
☐ Healthcare Facility
☐ Place of Recreation
☐ Industrial Place
☐ Transport Center

19 - Arrest Witnessed
☐ Witnessed Arrest
☐ Unwitnessed Arrest

20 - Arrest After Arrival of 911 Responder
☐ Yes
☐ No

21 - Presumed Cardiac Arrest Etiology
☐ Presumed Cardiac Etiology
☐ Trauma
☐ Respiratory
☐ Drowning
☐ Electrocution
☐ Other

Resuscitation Information

22 - Resuscitation attempted by 911 Responder (or AED shock given prior to EMS arrival)
☐ Yes
☐ No

23 - Who Initiated CPR
☐ Not Applicable
☐ Lay Person
☐ Lay Person Family Member
☐ Lay Person Medical Provider
☐ First Responder (non-EMS)
☐ Responding EMS Personnel

24 - Type of Bystander CPR Provided
☐ Compressions and ventilations
☐ Compressions Only
☐ Ventilations Only

25 - Were Dispatcher CPR instructions provided:
☐ Yes
☐ No
☐ Unknown

26 - Was an AED applied prior to EMS arrival
☐ Yes, with defibrillation
☐ Yes, without defibrillation
☐ No

27 - Who First Applied the AED
☐ Lay Person
☐ Lay Person Family Member
☐ Lay Person Medical Provider
☐ First Responder (non-EMS)
If yes, was it applied by Police:
☐ Yes
☐ No

28 - Who First Defibrillated the Patient
☐ Not Applicable
☐ Lay Person
☐ Lay Person Family Member
☐ Lay Person Medical Provider
☐ First Responder (non-EMS)
If yes, did the Police defibrillate the patient:
☐ Yes
☐ No
☐ Responding EMS Personnel

First Cardiac Arrest Rhythm of Patient and ROSC Information

30 - First Arrest Rhythm of Patient
☐ Ventricular Fibrillation
☐ Ventricular Tachycardia
☐ Asystole
☐ Idioventricular/PEA
☐ Unknown Shockable Rhythm
☐ Unknown Unshockable Rhythm

31 - Sustained ROSC (20 consecutive minutes) or present at end of EMS Care
☐ Yes, but pulseless at end of EMS care(or ED arrival)
☐ Yes, pulse at end of EMS care (or ED arrival)
☐ No

32 - Was hypothermia care provided in the field
☐ Yes
☐ No

33 - End of Event
☐ Pronounced in the Field
☐ Pronounced in the ED
☐ Effort ceased due to DNR
☐ Ongoing Resuscitation in ED

Part E: Hospital Section

46 - ER Outcome
☐ Resuscitation terminated in ED
☐ Admitted to hospital
☐ Transferred to another acute care facility from the ED

47 - Was hypothermia care initiated or continued in the hospital
☐ Yes
☐ No

48 - Hospital Outcome
☐ Died in the hospital
☐ Discharged alive
☐ Patient made DNR
If yes, choose one of the following:
☐ Died in the hospital
☐ Discharged alive
☐ Transferred to another acute care hospital
☐ Not yet determined
☐ Transferred to another acute care hospital
☐ Not yet determined

49 - Discharge from the Hospital
☐ Home/Residence
☐ Rehabilitation Facility
☐ Skilled Nursing Facility/Hospice

50 - Neurological Outcome At Discharge From Hospital
☐ Good Cerebral Performance (CPC 1)
☐ Moderate Cerebral Disability (CPC 2)
☐ Severe Cerebral Disability (CPC 3)
☐ Coma, Vegetative State (CPC 4)

General Comments

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