Cardiac Arrest Registry

Part A : Demographic Information

1 - Street Address (Where Arrest Occurred)

2 - City

3 - State

4a - Zip Code

4b - County

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
- ☐ Asian
- ☐ Black/African-American
- ☐ Hispanic/Latino
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Unknown

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/Asphyxia
- ☐ Drowning/Submersion
- ☐ Electrocution
- ☐ Exsanguination/Hemorrhage
- ☐ Drug Overdose
- ☐ 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

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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