



Part D: EMS Interventions (check all that apply)

38 - Mechanical CPR device used:

- Yes No
If 'Yes', please specify:
Load-Distributing Band (AutoPulse)
Active Compression Decompression (LUCAS Device)
Mechanical Piston
Other

41 - ITD used:

- Yes No
If 'Yes', select how:
Bag valve mask Endotracheal tube Combitube
King Airway LMA Oral/Nasal ET
Other

43 - Vascular access:

- No IV IV IO

44 - 12 Lead:

- Yes No

39 - Automated CPR feedback device used:

- Yes No

40 - Advanced airway successfully placed in the field:

- Yes No
If 'Yes', please specify:
Combitube King Airway LMA
Oral/Nasal ET Other

42 - Were drugs administered:

- Yes No
If 'Yes', select drugs given:
Epinephrine Atropine Amiodarone
Bicarbonate Dextrose Lidocaine
Other

45 - STEMI:

- Yes No Unknown
If 'Yes', select location:
Anterior Inferior

Part E: Hospital Section

46 - ER Outcome

- Resuscitation terminated in ED
Admitted to hospital
Transferred to another acute care facility from the ED

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

47 - Was hypothermia care initiated or continued in the hospital

- Yes
No

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)

Hospital procedures

47b - Why was hypothermia care not initiated or continued in the hospital?

- Awake/Following commands Unshockable rhythm
DNR/Family request No TH program in place
Unwitnessed cardiac arrest Other

51 - Was the final diagnosis acute myocardial infarction:

- Yes No Unknown

52 - Coronary Angiography Performed:

- Yes No Unknown

If 'Yes', provide date and time:

Grid for date and time input (MM/DD/YYYY HH:MM)

53 - Was a cardiac stent placed:

- Yes No Unknown

54 - CABG performed:

- Yes No Unknown

55 - Was an ICD placed and/or scheduled:

- Yes No Unknown

Hospital Medical Record Number

Grid for Hospital Medical Record Number (11 digits)

Response and Treatment Times

56 - No First Responder dispatched

57 - Time call received at dispatch center

58 - Time First Responder dispatched

59 - Time of First Responder en route

62 - Time First Responder arrived at scene

Time input grids for 57, 58, 59, 62 (Hour, Minute, Second)

60 - Time Ambulance dispatched

61 - Time for Ambulance en route

63 - Time Ambulance arrived at scene

64 - Time EMS arrived at patient side

65 - Time Ambulance left scene

66 - Time Ambulance arrived at ED

Time input grids for 60, 61, 63, 64, 65, 66 (Hour, Minute, Second)

General Comments

Large text area for General Comments