Cardiac Arrest Registry to Enhance Survival



Part A. Demographic Information 1. Street Address (Where Arrest Occurred)		
2. City 6. First Name	3. State 4. Zi	ip Code 5. County
8. Age 9. Date of Birth Days Months DOB Unknown	│ Male │ Female-to-Male, Transgender Male │ ☐ Female │ Male-to-Female, Transgender Female │	1. Race/Ethnicity 1. American-Indian/Alaska Native ☐ Hispanic/Latino ☐ Unknown 1. Asian ☐ Native Hawaiian/Pacific Islander 1. Black/African American ☐ White
Part B. Run Information 14. Date of Arrest 16. Fire/First Responder No First Responder dispatched	15. Incident # 17. Destination Hospital	
Part C. Arrest Information 18. Location Type Home/Residence Public/Commercial Building Street/Highway Nursing Home Healthcare Facility Place of Recreation Industrial Place Transport Center Other	19. Arrest Witness Status Unwitnessed Witnessed by Bystander Witnessed by 911 Responder	20. Presumed Cardiac Arrest Etiology Presumed Cardiac Etiology Trauma Respiratory/Asphyxia Drowning/Submersion Electrocution Exsanguination/Hemorrhage Drug Overdose Other
Resuscitation Information 21. Resuscitation Attempted by 911 Responder (or AED shock given prior to EMS arrival) Yes No	22. Who Initiated CPR Not Applicable Bystander Family Member Healthcare Provider (non-911 Responder) First Responder Did Law Enforcement initiate CPR? Yes No EMS Responder (transport EMS)	
25. Was an AED Applied Prior to EMS Arrival ☐ Yes, with defibrillation ☐ Yes, without defibrillation ☐ No	26. Who First Applied the AED Bystander Family Member Healthcare Provider (non-911 Responder) Law Enforcement First Responder Non-Law Enforcement First Responder	27. Who First Defibrillated the Patient Not Applicable Bystander Family Member Healthcare Provider (non-911 Responder) Law Enforcement First Responder Non-Law Enforcement First Responder EMS Responder (transport EMS)
✓ Ventricular Fibrillation or present at ✓ Ventricular Tachycardia Yes, but p ✓ Asystole (or ED arri	I ROSC (20 consecutive minutes) end of EMS care ulseless at end of EMS care 31. Was H Care Prov	ypothermia ided in the Field Effort ceased due to DNR Pronounced in the Field Pronounced in the ED Ongoing Resuscitation in ED
□ Died in the ED □ Admitted to hospital □ Transferred to another acute care facility from the ED 48. Was hypothermia care/TTM initiated or continued in the hospital □ Yes □ No	Hospital Outcome Died in the hospital Discharged alive Patient made DNR 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	50. Discharge from the Hospital ☐ Home/Residence ☐ Rehabilitation Facility ☐ Skilled Nursing Facility/Hospice 51. 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)