



# Cardiac Arrest Care Summary

This form is to provide feedback for cardiac arrest runs for the purpose of continuous quality improvement. These metrics have been identified as core measures for maximizing neurologic outcomes and is not meant to be punitive. Thank you for your hard work and dedication to providing excellent care to our patients! [Please contact us](#) with any questions!

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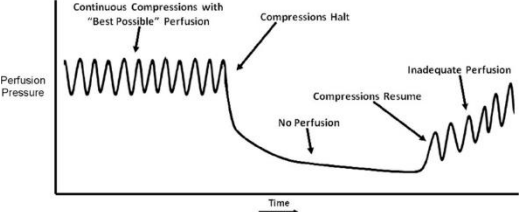
**Date of Run:** January 1, 2023  
**Run Number:** 21-123456  
**Patient Disposition:** Patient Expired in the Field



## ABC EMS Agency

## Dane County High Performance CPR Metrics: 3 of 3 Achieved

While no single metric is necessarily more important than another, keep in mind it is the cumulative benefit hitting **all** of these metrics that give each patient the best chance at survival with good neurological outcomes.

<b>METRIC #1 - Number of Pauses &gt; 10 Seconds</b>	<b>(Goal: 0)</b>
<p>Coronary artery perfusion is directly associated with continuous CPR. It takes approximately 1 minute of compressions to build up effective pressure. Any pause results in an immediate drop of perfusion pressure resulting in longer times of inadequate perfusion.</p> 	<p style="text-align: center;">✓</p> <p style="text-align: center;">Great Work!</p>
<b>METRIC #2 - Chest Compression Fraction</b>	<b>(Goal &gt;90%)</b>
<p>CCF is a metric used to look at the percentage of time chest compressions are happening. An increased CCF is independently associated with improved survival. Our goal is &gt;90% of resuscitation with effective compressions.</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">96.52%</p>
<b>METRIC #3 - Average Chest Compression Rate</b>	<b>(Goal: 100 – 120/min)</b>
<p>Excess rate have been shown to decrease depth and consistency, which is essential in high quality CPR. Some providers find it helpful to utilize a metronome and/or QCPR feedback during resuscitation.</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">Average: 110cpm</p>
<b>METRIC #4 - Post ROSC EKG Obtained?</b>	<b>(Goal: Yes)</b>
<p>One of the most common etiologies of cardiac arrests includes myocardial infarction. Quick recognition of STEMI can lead to emergent intervention, which leads to improved morbidity and mortality. "Time is heart." This metric applies for ROSC lasting at least 5 minutes without documented conflicting priorities (i.e. optimizing hemodynamics &amp; oxygenation).</p>	<p style="text-align: center; font-size: 2em;">N/A</p> <p style="text-align: center;">Pt. Expired in the Field</p>

**CARES (Cardiac Arrest Registry to Enhance Survival):** Unwitnessed Arrest, Initial Rhythm Asystole, Compressions Started by EMS, Patient Expired in the Field.

**Feedback:** This was an unwitnessed arrest with a bystander starting CPR. EMS arrived to find the initial cardiac rhythm was asystole, which remained the cardiac rhythm for the duration of the event. Efforts were ultimately terminated in the field. The CCF is excellent, with zero pauses lasting longer than 10 seconds. Well done prioritizing time on the chest! Also well done charging the monitor before every rhythm check. This is an excellent practice to continue moving forward. Manual compressions were delivered throughout the event with stellar rate and depth control. Well done delivering consistently high-quality compressions! The documentation is also thorough with a clear and detailed narrative, which helped provide context to the monitor information. Overall this case is an excellent example of how high-performance CPR should look. Each metric was hit with good context in the ePCR supporting the resuscitation efforts displayed by the monitor. Keep up the great work and your efforts will be the difference for a future patient!

# Incident Timeline



A bystander started CPR **2 minutes & 25 seconds** after 911 was dialed.

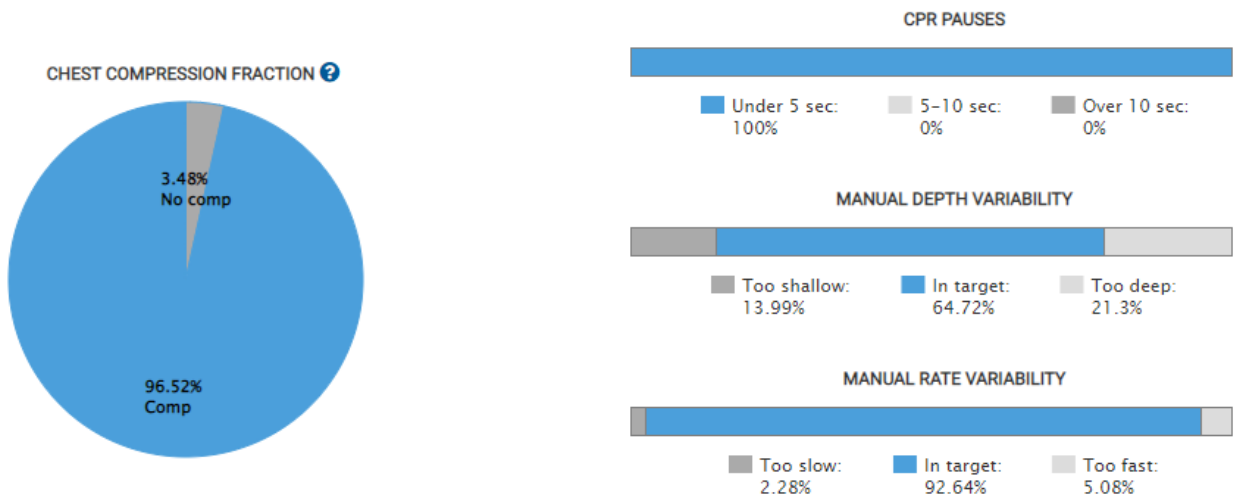


The initial cardiac rhythm was not shockable.

## CPR Performance Summary



### CPR Summary



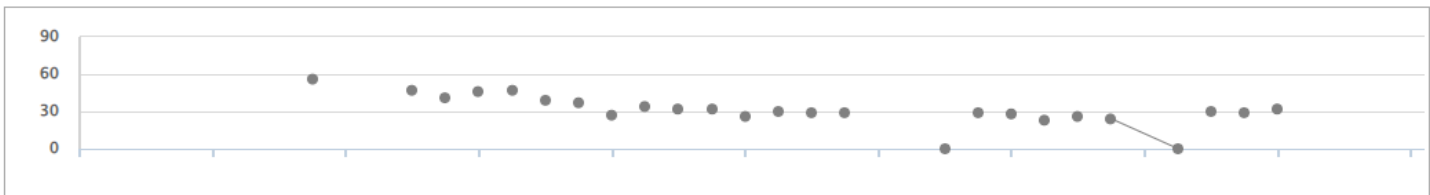
CPR TIMES		
Power on time:	Power off time:	Time to first shock: 00:00
Pads on time:	Time to first compression: 01:30	Total time in CPR: 18:40

### CPR Pauses

DURATION (SECS) ▼ ▲	TIME ▼ ▲
4.95	
4.87	
4.71	
4.07	
3.63	
3.45	
2.99	
2.87	
2.86	
2.56	

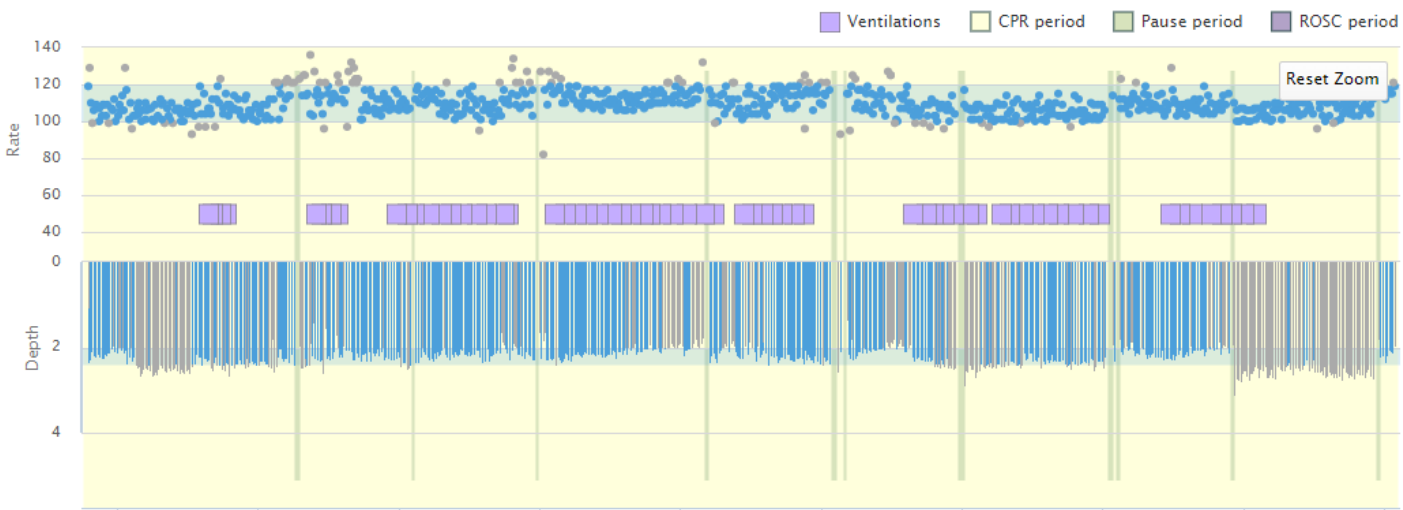
There are no shocks in this case.

### ETCO2 Trend



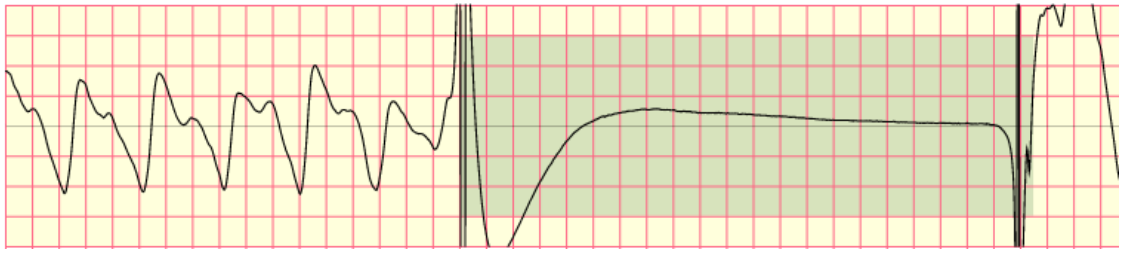
### Detailed CPR Quality Review

There are zero pauses lasting longer than 10 seconds, great work prioritizing time on the chest. Both the CPR rate and depth are excellent and consistent throughout the incident. Great work achieving a high chest compression fraction!



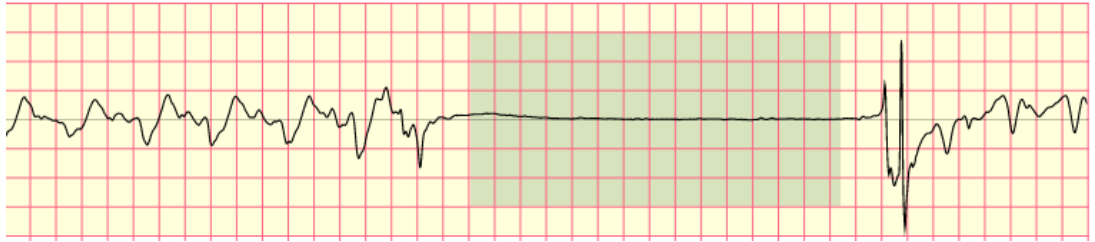
### First Rhythm Check – Asystole

Monitor Pre-Charged?



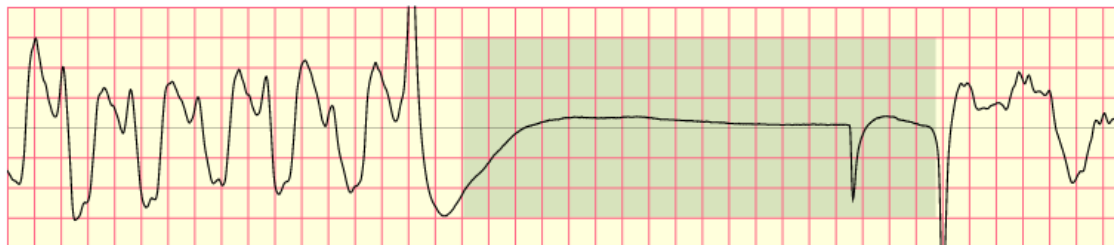
### Second Rhythm Check – Asystole

Monitor Pre-Charged?



### Third Rhythm Check – Asystole

Monitor Pre-Charged?



### End of Incident Rhythm

