



05-0309

Cardiac Arrest Reporting Form

Nor-Cal EMS Policy & Procedure Manual

FORMS

Effective Date: 1/01/2021

Next Revision: 1/01/2024

Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR

SIGNATURE ON FILE

Email this completed form immediately after the incident to mail@norcalems.org then fax to Nor-Cal EMS within 24 hours

Part A: Demographic Information

Street Address (Where Arrest Occurred):

Grid for street address

City, State, Zip Code, County

First Name, Last Name

Age, Date of Birth, Gender, Race/Ethnicity

Part B: Run Information

Date of Arrest, Incident #

First Responding Agency, Fire/First Responder, Destination Hospital

Part C: Arrest Information

Location Type, Arrest Witnessed, Arrest After Arrival of 911 Responder, Presumed Cardiac Arrest Etiology

Resuscitation Information

Resuscitation Attempted by 911 Responder, Who Initiated CPR, Was an AED Applied Prior to EMS Arrival, Who First Defibrillated the Patient, Who First Applied the AED

First Cardiac Arrest Rhythm of Patient and ROSC Information

First Arrest Rhythm of Patient, Sustained ROSC (20 consecutive minutes) or Present at End of EMS Care, Was Hypothermia Care Provided in the Field, End of Event

Part E: Hospital Section

ER Outcome, Discharge from the Hospital, Hospital Outcome, Was hypothermia care initiated or continued in the hospital, Neurological Discharge Outcome at Discharge from Hospital

General Comments

General Comments text area