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# Cardiac Arrest Reporting Form

Nor-Cal EMS Policy & Procedure Manual

Treatment Guidelines

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 spooore@norcalems.org then fax to Nor-Cal EMS within 24 hours

### Part A: Demographic Information

Street Address (Where Arrest Occurred):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Male  Female Race/Ethnicity:  American-Indian/Alaska  Hispanic/Latino Native  Unknown  Asian  Hawaiian/Pacific Islander  Black/African-American  White

### Part B: Run Information

Date of Arrest: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Incident #: \_\_\_\_\_

First Responding Agency

Fire/First Responder: \_\_\_\_\_ Destination Hospital: \_\_\_\_\_

### Part C: Arrest Information

Location Type:  Home/Residence  Healthcare Facility  Arrest Witnessed:  Witnessed Arrest  Arrest After Arrival of 911 Responder:  Yes  No  Public/Commercial Bldg.  Place of Recreation  Unwitnessed Arrest  Presumed Cardiac Arrest Etiology:  Presumed Cardiac  Respiratory Etiology  Drowning  Street/Hwy  Industrial Place  Trauma  Electrocutation  Nursing Home  Transport Center  Other - Specify: \_\_\_\_\_

### Resuscitation Information

Resuscitation Attempted by 911 Responder (or AED shock given prior to EMS arrival):  Yes  No Who Initiated CPR:  Not Applicable  Lay Person  Lay Person Family Member  Lay Person Medical Provider  First Responder (non-EMS)  Responding EMS Personnel Was an AED Applied Prior to EMS Arrival:  Yes, with defibrillation  Yes, without defibrillation  No 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 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

### First Cardiac Arrest Rhythm of Patient and ROSC Information

First Arrest Rhythm of Patient:  Ventricular Fibrillation  Ventricular Tachycardia  Asystole  Idioventricular/PEA  Unknown Shockable Rhythm  Unknown Unshockable Rhythm 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 Was Hypothermia Care Provided in the Field:  Yes  No End of Event:  Pronounced in the Field  Pronounced in the ED  Effort ceased due to DNR  Ongoing Resuscitation in ED

### Part E: Hospital Section

ER Outcome:  Resuscitation terminated in ED  Admitted to hospital  Transferred to another acute care facility from the ED Discharge from the Hospital:  Home/Residence  Rehabilitation Facility  Skilled Nursing Facility/Hospice 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 Was hypothermia care initiated or continued in the hospital:  Yes  No Neurological Discharge 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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