36809

Complete this form for:

- **EMS dispatched for presumed OOH-CA**
- **PAD volunteer system activation for Presumed cardiac arrest:**
  - **any CPR was attempted (includes moving patient)**
  - **the AED was turned on or pads applied**
- **Any shock delivered**
- **Patient found dead, but EMS not notified**

Data Resources: Dispatch Center, Volunteer, EMS

Episode Log

patid31 **Patient ID:** (Site) patsit31 – (Patient) patnum31 – (Chk) patchk31

Entity Name: _____

Time dispatch call received (if EMS called)

1. **Date of Episode:** date31 (month) / (day) / 2 0 (year)

Time of Episode (24 hour clock) : tmepsd31

Entity ID: entid31 (Site) entsit31 – (Unit) entunt31 – (Entity) entnum31 – (Chk) entchk31

2. **Did this episode involve an Adverse Situation?** advsit31

○ Yes 1 ○ Don't know yet 0

3. **Was a PAD or non-EMS AED applied?** padaed31

1 ○ Yes, PAD AED → **AED ID:** aedid31 (Site) aedsit31 – (AED) aednum31 – (Chk) aedchk31

0 ○ No

2 ○ Yes, Other AED

4. **Nature of Call: How was the call reported to the dispatcher?** *(check one only)* nature31

1 ○ Found down (sudden collapse, presumed CA, unconscious)
2 ○ Seizure
3 ○ SOB/CP
4 ○ Sick/weak
5 ○ "Help" - NOS
6 ○ Other

5. **Disposition:** *(check one only)* disp31

1 ○ Patient alive, not transported to ED/hospital
2 ○ DOA, No resuscitation attempted
3 ○ Died in field, DNAR
4 ○ Died in field, resuscitation attempted
5 ○ Died in ED
6 ○ Alive, Transported to ED/hospital

carout31 6. **a) Was cardiac arrest ruled out by EMS at the scene?**

○ Yes 1 ○ No 0

cprprf31 **b) Was CPR performed?**

○ Yes 1 ○ No 0

7. **Information obtained from: (check all that apply)**

disctr31 ○ Dispatch Center

volntr31 ○ Volunteer → **ID:** volidi31 (Site) vlsiti31 – (Unit) vlunti31 – (Volunteer) vlnumi31 – (Chk) vlchki31 – (Acrostic) volaci31

othinf31 ○ Other: spinfo31 (40) _____

8. **Volunteer(s) Involved:**

volidp31 *(primary)* (Site) vlsitp31 – (Unit) vluntp31 – (Volunteer) vlnump31 – (Chk) vlchkp31 – (Acrostic) volacp31

volido31 *(other)* vlsito31 – vlunto31 – vlnumo31 – vlchko31 – volaco31

For CTC Use Only

code31 _____ – _____ **Code Number**

○ Yes ○ No 1 3 1 0 3 0 0

Signature of person filling out this form

WEB / FAX (1-888-437-4767)