44352

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

PAD

Episode Log
page 1 of 1

patid31
Patient ID:

(Site) (Patient) (Chk)
patsit31   patnum31   patchk31

Entity Name: _____

1. Date of Episode:

/ /
(month) (day) (year)
date31

Time dispatch call received (estimate if EMS not called)
Time of Episode
:
(24 hour clock)
tmepsd31

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

advsit31 **2. Did this episode involve an Adverse Situation?** ○ Yes   ○ Don't know yet
1   0

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

padaed31
1 ○ Yes, PAD AED → **AED ID:**
aedid31
0 ○ No
2 ○ Yes, Other AED

– –
(Site) (AED) (Chk)
aedsit31 aednum31 aedchk31

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

6.
1   0
carout3 **a) Was cardiac arrest ruled out by EMS at the scene?** ○ Yes ○ No
heim31 **b) Was the Heimlich performed by a PAD volunteer?** ○ Yes ○ No
vent31 **c) Were ventilations performed (by anyone)?** ○ Yes ○ No
comp31 **d) Were compressions performed (by anyone)?** ○ Yes ○ No

Note: CPRPRF31 is obsolete in this version.

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

volidi31
disctr31 ○ Dispatch Center
volntr31 ○ Volunteer → **ID:**
emsinf31 ○ EMS
othinf31 ○ Other: spinfo31 (40) _____

(Site) (Unit) (Volunteer) (Chk) (Acrostic)
– – –
vlsiti31 vlunti31 vlnumi31 vlchki31 volaci31

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

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

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

For CTC Use Only
○ Yes
○ No

code31

Signature of person filling out this form
WEB / FAX (1-888-437-4767)

Code Number

EPILOG   version 04.00   06/12/03