



37226



Date of Episode: **date33**

(month)		(day)		(year)			

Patient ID: **patid33**

(site)		(patient)		(chk)	

patsit33 patnum33 patchk33

7. Demographics: (from EMS Incident Report)

sex33
Gender

- 1** Male
- 0** Female

hispan33

Hispanic Origin

- 1** Yes
- 0** No
- 2** Unknown

Race (check all that apply)

- white33** White
- black33** Black
- asian33** Asian/Pacific Islander
- native33** Native American
- othrac33** Other
- unkrac33** Unknown

Age **age33**

--	--	--

or Unknown **unkage33**

locat33 8. Location of Collapse:

- 0** Outside
- 1** Inside →
 - 1** Enclosed (elevator / bathroom)
 - 2** Public (hallway / lobby)
 - 3** Private (home / office)
 - 4** Other:

sploc33

locins33

9. Activity (pre-episode): (check one only)

- 0** Sleeping
- 1** Awake, lying/sitting
- 2** Limited exercise, e.g., walking, driving
- 3** Moderate exercise, e.g., jogging, climbing stairs
- 4** Heavy exercise
- 5** Unknown

activ33

10. Collapse: (from EMS Incident Report):

- 1** Witnessed
- 2** Discovered within 5 minutes since last seen or heard
- 3** Discovered ≥ 5 minutes since last seen or heard
- 4** Unknown

colaps33

11. Was EMS (911) called?

- 0** No → Skip to item 15. Do not complete the **Presumed CA** form.
- 1** Yes → **Were any EMS therapies administered?** (from EMS Incident Report)

emscal33

1 Yes → **Check all:**

emstx33

- actcpr33** CPR by EMS personnel
- actdef33** EMS Defibrillator applied (AED or manual) → **defshk33** Shock No shock
- othdef33** EMS Defibrillation performed (using non-EMS AED)
- noact33** Other therapies

0 No → **Did patient die at scene?**

- 1** Yes → Do not complete the **Presumed CA** form.
- 0** No

ptdie33

Was EMS run cancelled before/upon arrival?

- 1** Yes → Skip to item 15.
- 0** No

cancel33



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		/			/				
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Patient ID:

		-				-	
(site)			(patient)				(chk)

Use information from the EMS Incident Report only for this page

12. EMS Incident Report Forms Available: *(check all available)*

Report Numbers
(optional, for site use only)

blsrep33 EMS Responder (BLS) *(tier 1)* _____

alsrep33 Advanced EMS Responder (ALS) *(tier 2)* _____

othrep33 Other Report, specify: **sprpt33 (30)** _____
(e.g., combined ALS/BLS reports, 2nd ALS unit, etc)

13. a) Who provided EMS emergency care first? *(check one only)*

- whocar33** **1** Fire department
- 2** Police department
- 3** Private ambulance
- 4** Public ambulance (non-fire)

b) Level of Capability of First Responding unit: *(check one only)*

- 1** BLS only
- level33 2** BLS/EMT-D
- 3** ALS

14. CPR Performed Before EMS Arrival by: *(check all that apply)*

- bystnd33** Bystander (includes PAD volunteer)
- dspcpr33** Dispatch-assisted CPR
- nocpr33** No CPR
- cprunk33** Unknown



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(site) (patient) (chk)

15. Was a PAD or non-EMS AED used? **aedsit33** **aednum33** **aedchk33**

usepad33 Yes, PAD AED → AED ID: - -

aedid33 (Site) (AED) (Chk)

useoth33 Yes, Other Non-EMS AED: →

noaedu33 No

(description of Non-EMS AED) **spaed33**

padplc33 16. Were PAD AED or non-EMS AED pads placed?

No Yes → Complete the **Electrode Pad Placement** form

0 **1**

17. Was PAD or non-EMS AED turned on?

paedon33 Yes, PAD AED → Retrieve and transmit data **every** time that the AED is turned on for **any** reason.

Was downloaded AED data synchronized to your computer (atomic clock) time prior to CTC transmission?

aedsyn33 Yes No *If no, must download data again. Sync to computer clock and resend to CTC.*

1 **0**

Date Data Transmitted to CTC: / /

(month) (day) (year)

Was transmission confirmed by CTC?

tranok33 Yes No *If no, do not return device to service until CTC confirms receipt of data.*

1 **0**

If suspected malfunction, call CTC within 24 hours: 1-888-836-5977

oaedon33 Yes, Other AED → An attempt *must* be made to retrieve a hard copy or electronic copy of the AED report.

naedon33 No

18. Was a cardiac arrest ruled out by EMS, ED personnel, or other medical authority?

1 Yes → Specify Probable Cause of Event: (check all that apply) → Note: Do **not** complete Presumed CA form.

hypogl33 Hypoglycemia Acute intoxication-alcohol **alcohol33**

seizur33 Seizure Acute intoxication-other drug **drug33**

rulout33 **syncop33** Syncope Diabetic ketoacidosis **diabet33**

cva33 CVA Major hemorrhage (including internal) **hemor33**

hypthm33 Hypothermia Asthma **asthma33**

othcs33 Other:

spcaus33

0 No → First Observed Rhythm Noted on EMS Report: (check one only) → Complete the Presumed CA form (unless patient died at scene without EMS therapies).

- 0** None available
- 1** Supraventricular
- 2** VF
- 3** VT
- 4** Asystole
- 5** Third degree AV block
- 6** PEA

rhythm33 **7** Other:

sprhy33



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		/			/				
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19. Outcome: (check one only)

- | | | |
|--|--|---------------------|
| 1 <input type="radio"/> Patient alive, not transported to ED/hospital | 3 <input type="radio"/> Died in field, DNAR | } → Skip to Item 22 |
| 2 <input type="radio"/> DOA, No resuscitation attempted | 4 <input type="radio"/> Died in field, resuscitation attempted | |
| 5 <input type="radio"/> Transported to ED / hospital → Complete Items 20 through end of page | | |

20. Status as Patient Left Scene: (check one only)

- | | | |
|--|---|--|
| 1 <input type="radio"/> Patient dead, no ongoing resuscitation | 3 <input type="radio"/> ROSC, unconscious, ventilated | 5 <input type="radio"/> Awake (includes semiconscious, assisted or unassisted breathing) |
| 2 <input type="radio"/> Resuscitation ongoing | 4 <input type="radio"/> ROSC, unconscious, breathing | |

21. Arrival Time at ED / Hospital: : (24 hour clock)
tmhosp33

22. Please answer each of the questions a), b), and c). If any filled bubble is contained in a square, item 23 (Disposition) is required if patient was transported to ED/Hospital; otherwise, disposition is optional (complete it only if easily obtainable).
- | | | |
|---|-----------------------------|----------------------------|
| carout33 a) Was cardiac arrest ruled out by EMS at the scene? | 1 <input type="radio"/> Yes | 0 <input type="radio"/> No |
| cprprf33 b) Was CPR performed? | <input type="radio"/> Yes | <input type="radio"/> No |
| aedapp33 c) Was PAD or non-EMS AED applied? | <input type="radio"/> Yes | <input type="radio"/> No |

23. Disposition (complete only if patient was transported by EMS): (check one only)

- 1 Died en route / pronounced dead on arrival
- 2 Died in ED → Date of Death: / / Time of Death: : (24 hour clock)
dtdth33 tmdth33
- 3 Admitted to Hospital → Complete the Notification of Hospitalization & Notification of Hospital Discharge Forms if Item #22 has any filled bubble contained in a square.
- 4 Discharged alive from ED
- 5 Other: spdisp33

24. Did an adverse event occur from volunteer-related activities (either from CPR or AED use)?

a) ... to the patient? [Source: EMS and ED reports] (e.g., rib fractures, hemothorax, pneumothorax, head trauma, etc)

- 1 Yes → Complete the Adverse Situation Notification Form and Hospitalization Form
- 0 None noted on EMS and/or ED reports

b) ... to the volunteer? [Source: Volunteer Debriefing form] (e.g., back injury, emotional stress, etc)

- 1 Yes → Complete the Adverse Situation Notification Form
- 0 No

If this episode is determined to be a presumed Cardiac Arrest (i.e., a Cardiac Arrest could not be ruled out) where the patient 1) died but EMS provided treatment or 2) was admitted to the hospital, complete the Presumed CA form and send the following items to the CTC with the form:

- EMS reports (run reports, patient care records, etc)
- First documented rhythm strip
- Other rhythm strips / ECG (if available)
- ED Notes
- PAD / EMS / Other AED Data

code33

		-		
Code Number				

For CTC Use Only

<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EPISODE Version 4.00 12/14/01					

Signature of person filling out this form