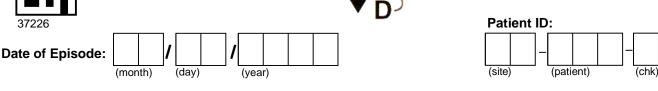
| | | | | | | | | | | | pa | age 2 | 2 of 5 |
|--|---|---|------------------------------------|--|-------------------|--------|-------|----------|------------|---------|-------------|-------|--------------------|
| | 37226 | | | | ַ ט | | | | Pa | tient l | D:patid3 | 3 | |
| Date | of Episode: date33 (mor | nth) (day) | (year) | | | | | | (site | • | (patient) | 22 | (chk) patchk33 |
| 7. | Demographics: sex33 Gender 1 | (from EMS Inchispan33 Hispanic Or 1 O Yes O O No O Unknown | igin white3 black3 asian3 | Race (4 3 O Whit 3 O Blac 3 O Asia 3 O Nativ | e k n/Pacif | ic Isl | ander | • / | Age a | ge33 | or | οl | Jnknown nkage33 |
| | | | othrac | Othe | r | iicai | | | | | | | |
| ocat33 8. | Location of Coll | lapse: | unkrac | <mark>33</mark> ○ Unkr | nown | | | | | | | | |
| | 1 ○ Inside —▶1 ○ Enclosed (elevator / bathroom) | | | | | | | | | | | | |
| | locins33 | 2 O Public (hallway / lobby) 3 O Private (home / office) | | | | | | | | | | | |
| | | 4 O Other: | | | | | | | | | splo | oc33 | |
| 9. | Activity (pre-epi | isode): (check | one only | ·) | | | | | | | | | |
| activ3 | O Sleeping Awake, ly | , . | | • | 4 🔾 | Hea | | ercise | ise, e.g., | joggii | ng, climbi | ing s | tairs |
| 10. | | d ed within 5 minuled \geq 5 minutes | ites since | | | ard | | | | | | | |
| 11. emscal33 | Was EMS (911) O ○ No → S O Yes → N | Skip to item 15. | | • | | | | | | eport) | | | |
| | emstx33 | ○ Yes → C actcpr33 actdef33 othdef33 noact33 | O CPR O EMS O EMS | by EMS ր Defibrillat | or app | lied (| | or mar | | - O S | hock C 0 | | shock |
| O No → Did patient die at scene? Did patient die at scene? O Yes → Do not complete the Presumed CA form. | | | | | | | | | | | | | |
| © No Was EMS run cancelled before/upon arrival? | | | | | | | | | | | | | |
| | | 1 | | run canc → Skip | | | e/upo | on arriv | vai? | | | | |
| | | | | | | | | | EPISO | DE Ve | rsion 4.00 | 12/ | 14/01 |

Episode





Episode page 3 of 5



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) |
|--|---|
| olsrep33 O EMS Responder (BLS) (tier 1) | |
| alsrep33 O Advanced EMS Responder (ALS) (tier 2) | |
| othrep33 O 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 O Fire department

- 2 O Police department
- 3 O Private ambulance
- 4 Public ambulance (non-fire)
- b) Level of Capability of First Responding unit: (check one only)
 - 1 O BLS only

level33 2 O BLS/EMT-D

3 O ALS

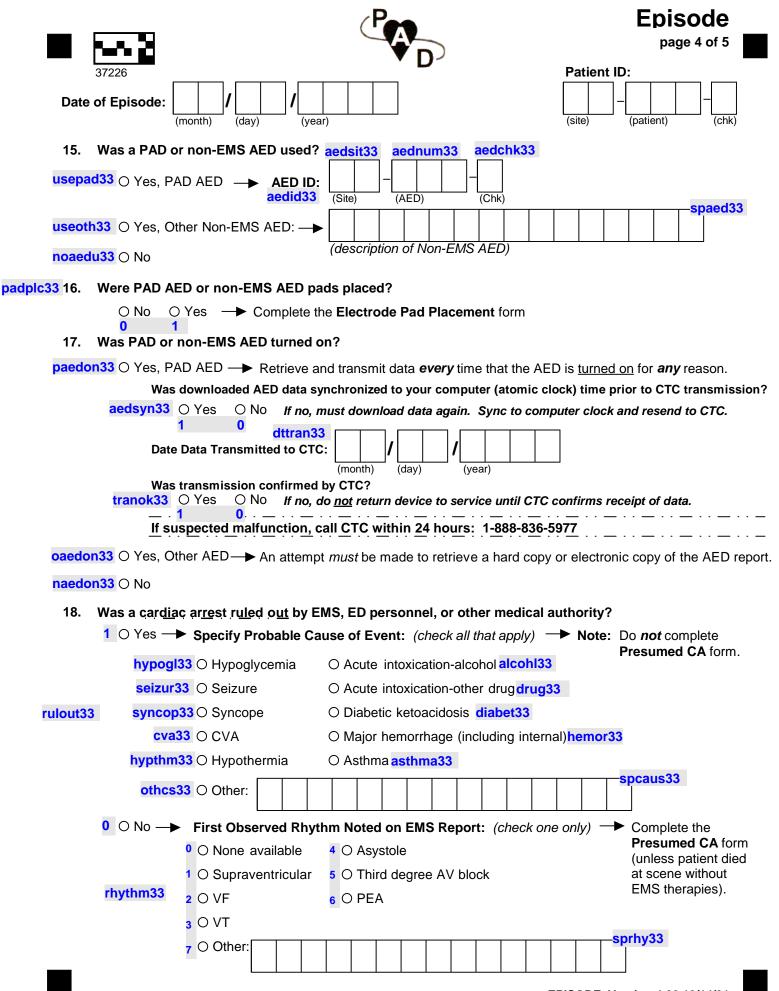
14. CPR Performed Before EMS Arrival by: (check all that apply)

bystnd33 O Bystander (includes PAD volunteer)

dspcpr33 O Dispatch-assisted CPR

nocpr33 O No CPR

cprunk33 O Unknown



| | (Pee | Episode |
|-------------|--|------------------------|
| | | page 5 of 5 |
| | 37226 Patient ID |): |
| Date o | of Episode: (month) / (day) / (year) (site) | (patient) (chk) |
| outcom3319. | Outcome: (check one only) Outcome: (check one only) Patient alive, not transported to ED/hospital Outcome: Outcome: (check one only) | 1 |
| | 2 O DOA, No resuscitation attempted 4 O Died in field, resuscitation attempt | → Skip to Item 22 |
| | 5 ○ Transported to ED / hospital → Complete Items 20 through end of page | |
| 20 | | |
| 20. | Status as Patient Left Scene: (check one only) | |
| ptstat33 | 1 O Patient dead, no ongoing resuscitation 2 O Resuscitation ongoing 3 O ROSC, unconscious, ventilated 5 O Awak 4 O ROSC, unconscious, breathing | assisted or unassisted |
| | - O Needschaller drigoling | breathing) |
| 21. | Arrival Time at ED / Hospital: (24 hour clock) | |
| 22. | Please answer each of the questions carout33 a) Was cardiac arrest ruled a), b), and c). If any filled bubble is contained out by EMS at the scene? | 1 |
| | in a square, item 23 (Disposition) is required if patient was transported to ED/Hospital; cprprf33 b) Was CPR performed? | OYes O No |
| | otherwise, disposition is optional (complete it aedapp33 c) was PAD or non-EMS AED applied? | |
| 23. | Disposition (complete only if patient was transported by EMS): (check one only) | |
| | 1 O Died en route / pronounced dead on arrival | |
| | 2 ○ Died in ED → Date of Death: dtdth33 Time of Death: tmdth3 | 3 |
| disp33 | (month) (day) (year) (24 hour clock) | |
| | 3 ○ Admitted to Hospital → Complete the Notification of Hospitalization & Notification of Forms if Item #22 has any filled bubble contained in a square. | Hospital Discharge |
| | 4 ○ Discharged alive from ED | |
| | 5 Other: spdisp33 | |
| 24. | Did an adverse event occur from volunteer-related activities (either from CPR or AE | Dusa)? |
| 27. | a) to the patient? [Source: EMS and ED reports] (e.g., rib fractures, hemothorax, pneumon | • |
| | 1 ○ Yes — Complete the Adverse Situation Notification Form and Hospitalization | • |
| advpt33 | o None noted on EMS and/or ED reports | |
| | b) to the volunteer? [Source: Volunteer Debriefing form] (e.g., back injury, emotional s | tress, etc) |
| advvol33 | 1 ○ Yes — Complete the Adverse Situation Notification Form | |
| auvvoiss | 0 O No | |
| patier | episode is determined to be a presumed Cardiac Arrest (i.e., a Cardiac Arrest could not be not 1) died but EMS provided treatment or 2) was admitted to the hospital, complete the Prest 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 For CTC Use Only | |
| | O Yes O No | |
| | Signature of person filling out this form Code Number EPISODE Ver | sion 4.00 12/14/01 |