49081

Complete this form:

- **For each episode determined to be a presumed Cariac Arrest (i.e., a Cardiac Arrest could not be ruled out) where patient:**
  - **Died but EMS provided treatment**
  - **Was admitted to the hospital**

Data Resources: EMS Medical Incident Reports, Dispatch Center, AED

Presumed CA

Patient ID: patid35

(site) patsit35 – (patient) patnum35 – (chk) patchk35

Entity Name:_____

1. Date of Episode: date35 (month) / (day) / 2 0 (year)

2. Episode Times:

	From EMS Report (24 hour clock - hh:mm)	From Dispatch Center (24 hour clock - hh:mm:ss)
Time first call received at EMS dispatch:	tmcall35	tmcldc35
Time first unit dispatched:	tmdisp35	tmdsdc35
Time first unit at scene:	tmscen35	tmscdc35
Time first unit at scene with defibrillator:	tmdefb35	tmdfdc35
Time of first patient assessment of vital signs:	tmvitl35	
Time of first EMS shock:	tmshk35	or noshk35 ○ No shock delivered
Time EMS left scene with patient:	tmleft35	or ptleft35 ○ Patient was left at scene

3. EMS Therapies Administered: *(check all applicable)*

txnone35 ○ None
cpr35 ○ CPR
emsshk35 ○ EMS Shocks → numshk35 **Number:**
tube35 ○ Endotracheal tube
ivac35 ○ IV Access
ivfl35 ○ IV Fluids
airway35 ○ Oral airway
oxygen35 ○ Oxygen
pacing35 ○ Pacing

amio35 ○ Amiodarone
txasa35 ○ ASA
atrop35 ○ Atropine
bicarb35 ○ Bicarb
bretyl35 ○ Bretylium
dopam35 ○ Dopamine
epinph35 ○ Epinephrine
lidoc35 ○ Lidocaine
magnes35 ○ Magnesium
nitro35 ○ Nitroglycerine
norep35 ○ Norepinephrine
paraly35 ○ Paralytic
procan35 ○ Procainamide
sedat35 ○ Sedative

othtx35 ○ Other: sptx35

4. Prior Cardiac Procedures (*prior* to the arrest) Noted on the Incident Report Only: *(check all applicable)*

nopri35 ○ None noted
hxptca35 ○ PTCA/atherectomy/stent
hxpace35 ○ Pacemaker implant
hxcabg35 ○ CABG
hxvalv35 ○ Valve repair/replacement
hxicd35 ○ ICD implant

othpri35 ○ Other: sppri35

Patient ID: ___ - ___ - ___
(site) (patient) (chk)

Date of Episode: ___ / ___ / 2 0 ___ ___
(month) (day) (year)

5. Clinical History Noted on the Incident Report Only:

nohx35 ○ None of the below are noted

	Yes 1	Not Noted 0			Yes 1	Not Noted 0	
hxhdis35	○	○	Known heart disease	hxdiab35	○	○	Diabetes
hxvf35	○	○	Prior VF	hxcig35	○	○	Present smoker
hxvt35	○	○	Prior VT	hxsync35	○	○	Unexplained syncope
hxafib35	○	○	A fib/ A flutter	hx1or335	○	○	Use of class I or III antiarrhythmic drugs
hxbrad35	○	○	Bradycardia or AV blcok requiring treatm	hxvasc35	○	○	Peripheral vascular disease
hxcad35	○	○	Coronary Artery Disease	hxcerb35	○	○	Cerebrovascular disease
hxmi35	○	○	MI	hxren35	○	○	Renal disease
hxang35	○	○	Angina	hxpul35	○	○	Chronic pulmonary disease
hxdcm35	○	○	Dilated Cardiomyopathy	hxseiz35	○	○	Seizure disorder
hxhcm35	○	○	Hypertrophic Cardiomyopathy	hxhept35	○	○	Hepatic disease
hxvdis35	○	○	Valvular Disease	hxneop35	○	○	Neoplasm
hxchf35	○	○	CHF	hxalc35	○	○	Treatment for alcohol/drug dependence
hxhypr35	○	○	Hypertension				
othdis35	○	○	Other significant disease: ___ spdis35				

6. Chronic Medications Noted on the Incident Report Only:

nomed35 ○ None of the below are noted

	Yes	Not Noted			Yes	Not Noted	
ace35	○	○	ACE inhibitor or Angiotensin II block	diuret35	○	○	Diuretic
class135	○	○	Class I Antiarrhythmics	hypogl35	○	○	Hypoglycemics/antidiabetic agents
class335	○	○	Class III Antiarrhythmics	nitrat35	○	○	Nitrates
asa35	○	○	Aspirin or antiplatelet	othvas35	○	○	Other vasodilator or afterload reducing agent
betabk35	○	○	Beta blocker	othhyp35	○	○	Other antihypertensives
bronch35	○	○	Bronchodilators	potas35	○	○	Potassium
cabk35	○	○	Calcium channel blocker	warf35	○	○	Warfarin
dig35	○	○	Digitalis				
othmed35	○	○	Other Cardiac: ___ spmed35				

Patient ID: ___ – ___ – ___
(site) (patient) (chk)

Date of Episode: __ / __ / 2 0 __ __
(month) (day) (year)

7. Acute Factors Possible Contributing to the Arrest Noted on the Incident Report Only:

Cardiac

nocard35 ○ None noted

chstpn35 ○ Chest Pain sob35 ○ SOB acutmi35 ○ Suspected Acute MI

othcrd35 ○ Other Cardiac: _____ spcard35

Non Cardiac

nononc35 ○ None noted

illnes35 ○ Acute illness elabn35 ○ Electrolyte abnormalit pulemb35 ○ Pulmonary embolism

ceracc35 ○ Cerebrovascular accide electr35 ○ Electrocution renal35 ○ Renal Dialysis

diabun35 ○ Diabetes, uncontrolled gibld35 ○ GI bleed trauma35 ○ Trauma

drown35 ○ Drowning pneumo35 ○ Pneumothorax trmtyp35 → 1 ○ Penetrating; 2 ○ Blunt; 3 ○ Other/Unknown

drgrec35 ○ Drug Related: Recreatio rsparr35 ○ Primary respiratory arrest

drgmed35 ○ Drug Related: Medical

othnc35 ○ Other: _____ spnonc35

8. Available Reports: ***(Attach copy of all available reports and electrocardiograms)***

	Yes (1)	No (0)	
emsrep35	○	○	EMS Reports *(incident reports, patient care records, etc)*
rhstrp35	○	○	First Documented Rhythm Strip *(required)*
othrs35	○	○	Other Rhythm Strips *(if available)*
ednote35	○	○	ED Notes
aed35	○	○	AED Data transmission *(required if PAD AED used)*
emsaed35	○	○	EMS/Other AED Data *(paper printout or electronic transmission)*
ekg35	○	○	Electrocardiogram

Signature of person filling out this form

code35 ___ – ___
Code Number

For CTC Use Only
○ Yes ○ No 1 3 5 0 3 0 0