



25333

Complete this form:  
 • For each episode sent for review  
 Committee member must sign



# Cardiac Arrest Review (c)

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Patient ID: patid46

(site)	(patient)	(chk)		

patsit46 patnum46 patchk46

1. Date of collapse (Episode):  /  /   
 (month) (day) (year)

dnar46 2. Did patient have a "Do Not Attempt Resuscitation [DNAR]" order (i.e., identification bracelet, papers in residence, etc.)?

- 1  Yes  
 0  No or not noted

ptdead46 3. Was the patient found dead, with no resuscitation attempts (i.e., no ventilation or chest compressions), and no rhythm recorded?

- 1  Yes → Go to end of form; sign and date.  
 0  No → Complete rest of form.

4. Initial findings by EMS (first responders on the scene) at first assessment:

	Yes	No	Not noted
pulse46 Pulse	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>
respir46 Respiration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
respon46 Responsive (follows commands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ccems46 5. Were chest compressions performed by the EMS at any time before patient was taken from the unit (i.e., the patient had not yet crossed the unit boundary)?

- Yes  No  
 1  0

defib46 6. Was defibrillation delivered (either by bystanders, volunteers, or EMS) before patient was taken from the unit?

- Yes  No  
 1  0

peaemd46 7. Was PEA (pulseless electrical activity or electromechanical dissociation [EMD]) documented at any time before patient was taken from the unit?

- Yes  No  
 1  0

ptdie46 8. Did patient die before admission to the hospital?

- 1  Yes → If "Yes", was it:  In the field  En route  In the Emergency Department  
 0  No dthplc46 1  2  3   
 2  Unknown

admit46 9. Was the patient admitted to a hospital? (note: "hospital" does not include Emergency Department)

- 1  Yes  
 0  No  
 2  Unknown

For CTC Use Only:





