



Episode-Streamlined



57363

Complete this form if the following are true:

- Cardiac Arrest ruled out
- No ventilations or compressions done
- No Heimlich by PAD volunteer
- No PAD AED or non-EMS AED use
- No known Adverse Event

Data Resources:
Dispatch Center, Volunteer, EMS

Patient ID:

patid49 - -

(Site) (Patient) (Chk)

patsit49 patnum49 patchk49

Entity Name: _____

1. Date of Episode: / /

date49 (month) (day) (year)

volsys49 2. Was the volunteer system activated? (even if no PAD volunteers were available)

Yes No

1 0

padvol49 3. Any PAD volunteer(s) involved in this episode? ("Involved" includes even minimal participation)

0 No

1 Yes

Primary Volunteer ID(s): (write in)

visit149	volunt149	vlnum149	vlchk149	volac149
valid149	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
valid249	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
visit249	vlunt249	vlnum249	vlchk249	volac249

Stress Caused by Episode:

(0 = None; 5 = Severe)

stres149 **Note:** Stress of 4 or 5 should be evaluated for Adverse Situation

stres249

emscal49 4. Was EMS (911) called? Yes No

1 0

5. Demographics: (from EMS Incident Report)

Gender	Hispanic Origin	Race (check all that apply)
1 <input type="radio"/> Male	1 <input type="radio"/> Yes	white49 <input type="radio"/> White
0 <input type="radio"/> Female	0 <input type="radio"/> No	native49 <input type="radio"/> Native American
	2 <input type="radio"/> Unknown	black49 <input type="radio"/> Black
	hispan49 <input type="radio"/> Hispanic	othrac49 <input type="radio"/> Other
		asian49 <input type="radio"/> Asian/unkrac49 <input type="radio"/> Unknown
		Pac Islander

Age age49

unkage49 or Unknown

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

0 No → Stop: (this is the wrong form - call the CTC for instructions)

1 Yes → Specify Probable Cause of Event: (check all that apply)

hypogl49 <input type="radio"/> Hypoglycemia	<input type="radio"/> Acute intoxication-alcohol	alcohol49
seizur49 <input type="radio"/> Seizure	<input type="radio"/> Acute intoxication-other drug	drug49
syncop49 <input type="radio"/> Syncope	<input type="radio"/> Diabetic ketoacidosis	diabet49
cva49 <input type="radio"/> CVA	<input type="radio"/> Major hemorrhage (including internal)	hemor49
hypthm49 <input type="radio"/> Hypothermia	<input type="radio"/> Asthma	asthma49
othcs49 <input type="radio"/> Other:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

sppaus49

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

advpt49 a) ... to the patient? [Source: EMS and ED reports] (e.g., rib fractures, hemothorax, pneumothorax, head trauma, etc)

Yes None noted on EMS and/or ED reports

1 0

advvol49 b) ... to the volunteer? [Source: Volunteer] (e.g., back injury, emotional stress, etc)

Yes No

1 0

note: if either of the above is Yes, you need to complete the entire forms packet.

code49 -

Code Number

For CTC Use Only

Yes No

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