OPTIONAL: Local Event ID: ______________________

Did pt. receive chest compressions and/or defibrillation during this event?  Yes No/Not Documented (does NOT meet inclusion criteria)

Date/Time the need for chest compressions (or defibrillation when initial rhythm was VF or Pulseless VT) was FIRST recognized:

OPTIONAL: Was patient discharged from an Intensive Care Unit (ICU) within 24 hours prior to this CPA event?  Yes No

OPTIONAL: If yes, date admitted to non-ICU unit (after ICU discharge): _____/____/_____

OPTIONAL: Was patient discharged from a Post Anesthesia Care Unit (PACU) within 24 hrs prior to this CPA event?

Yes No

OPTIONAL: Was patient in the ED within 24 hours prior to this CPA event?

Yes No

OPTIONAL: Did patient receive conscious/procedural sedation or general anesthesia within 24 hrs prior to this CPA event?

Yes No

OPTIONAL: Enter vital signs taken in the 4 hours prior to the CPA event (up to 4 sets)

Date/Time Heart Rate Systolic BP Diastolic BP Respiratory Rate SpO2 Temp Units

ND ND ND ND ND C | F ND

ND ND ND ND ND C | F ND

ND ND ND ND ND C | F ND

ND ND ND ND ND C | F ND

ND ND ND ND ND C | F ND

ND ND ND ND ND C | F ND

ND ND ND ND ND C | F ND

OPTIONAL: Pre-Existing Conditions

Did patient have an out-of-hospital arrest leading to this admission?  Yes No/Not documented

Pre-existing Conditions at Time of Event (check all that apply):

- None (review options below carefully)
- Acute CNS non-stroke event
- Acute stroke
- Baseline depression in CNS function
- Cardiac malformation/abnormality – acyanotic (pediatric and newborn/neonate only)
- Cardiac malformation/abnormality – cyanotic (pediatric and newborn/neonate only)
- Congenital malformation/abnormality (Non-Cardiac) (pediatric and newborn/neonate only)
- Congestive heart failure (this admission)
- Congestive heart failure (prior to this admission)
- Diabetes mellitus
- Hepatic insufficiency
- Hypotension/hypoperfusion
- Major trauma
- Metastatic or hematologic malignancy
- Metabolic/electrolyte abnormality
- Myocardial ischemia/infarction (this admission)
- Myocardial ischemia/infarction (prior to admit)
- Pneumonia
- Renal insufficiency
- Respiratory insufficiency
- Septicemia
### CPA 2.3 Interventions Already in Place

**Pre-Event Tab**

Interventions ALREADY IN PLACE when need for chest compressions and/or defibrillation was first recognized (check all that apply):

**Part A:**  
- None
- Assisted or mechanical ventilation (includes CPAP/BiPAP)
- Intra-arterial catheter
- Invasive airway

**Monitoring (Specify):**  
- ECG
- Pulse oximetry

Vascular access:  
- Yes
- No/Not Documented

Any vasoactive agent in place?  
- Yes
- No/Not Documented

**OPTIONAL:**  
- Part B: None
- IV/IO continuous infusion of antiarrhythmic(s)
- Conscious/procedural sedation
- Dialysis/extracorporeal filtration therapy (ongoing)
- Implantable cardiac defibrillator (ICD)
- End Tidal CO2 (ETCO2) Monitoring
- Supplemental oxygen
- Extracorporeal membrane oxygenation (ECMO)

### CPA 3.1 Event

**Event Tab**

Date/Time of Birth: ____/____/_______ ____:____

Age at Event:_______ in years | months | weeks | days | hours | minutes  
- Estimated?
- Age Unknown/Not Documented

**Subject Type**  
- Ambulatory/Outpatient
- Emergency Department
- Hospital Inpatient – (rehab, skilled nursing, mental health wards)
- Rehab Facility Inpatient
- Skilled Nursing Facility Inpatient
- Mental Health Facility Inpatient
- Visitor or Employee

**Illness Category**  
- Medical-Cardiac
- Medical-Noncardiac
- Surgical-Cardiac
- Surgical-Noncardiac
- Newborn
- Obstetric
- Trauma
- Other (Visitor/Employee)

**Event Location (area)**  
- Ambulatory/Outpatient Area
- Adult Coronary Care Unit (CCU)
- Adult ICU
- Cardiac Catheterization Lab
- Delivery Suite
- Diagnostic/Intervention. Area (excludes Cath Lab)
- Emergency Department (ED)
- General Inpatient Area
- Neonatal ICU (NICU)
- Newborn Nursery
- Operating Room (OR)
- Pediatric ICU (PICU)
- Pediatric Cardiac Intensive Care
- Post-Anesthesia Recovery Room (PACU)
- Pediatric, Skilled Nursing, or Mental Health Unit/Facility
- Same-day surgical area
- Telemetry unit or Step-down unit
- Other
- Unknown/Not Documented
Event Location (name): ____________________________________________

Event Witnessed?
- Yes
- No/Not Documented

Was a hospital-wide resuscitation response activated?
- Yes
- No/Not Documented

CPA 4.1 Initial Condition

Initial Condition/Defibrillation/Ventilation Tab

Condition that best describes this event:
- Patient was PULSELESS when need for chest compressions and/or need for defibrillation of initial rhythm VF/Pulseless VT was first identified
- Patient had a pulse (poor perfusion) requiring chest compressions PRIOR to becoming pulseless
- Patient had a pulse (poor perfusion) requiring chest compressions, but did NOT become pulseless at any time during this event

Did patient receive chest compressions (includes open cardiac massage)?
- Yes
- No/Not Documented
- No, Per Advance Directive

Compression Method(s) used (check all that apply):
- Standard Manual Compression
- IAC-CPR (interposed abdominal compression cardiopulmonary resuscitation)
- Automatic Compressor
- Open chest CPR (direct [internal] cardiac compression)
- Unknown/Not Documented

Date/Time compressions started: ____/____/_______ ____:____

If compressions provided while pulse present:
Rhythm when the patient with a pulse FIRST received chest compressions during event
- Accelerated idioventricular rhythm (AIVR)
- Bradycardia
- Pacemaker
- Sinus (including sinus tachycardia)
- Supraventricular tachyarrhythmia (SVT arrhy)
- Ventricular Tachycardia (VT) with a pulse
- Unknown/Not Documented

Date/Time pulselessness was first identified: ____/____/_______ ____:____

First documented pulseless rhythm:
- Asystole
- Pulseless Electrical Activity (PEA)
- Pulseless Ventricular Tachycardia
- Ventricular Fibrillation (VF)
- Unknown/Not Documented

CPA 4.2 AED and VF/Pulseless VT

Initial Condition/Defibrillation/Ventilation Tab

Was automated external defibrillator (AED) applied or manual defibrillator in AED/Shock Advisory mode applied?
- Yes
- No/Not Documented
- Not Applicable (not used by facility)

Date/Time AED or manual defibrillator in AED/Shock Advisory mode applied: ____/____/_______ ____:____

Did the patient have Ventricular Fibrillation (VF) OR Pulseless Ventricular Tachycardia ANY time during this event?
- Yes
- No/Not Documented
Date/Time of Ventricular Fibrillation (VF) OR Pulseless Ventricular Tachycardia: ____/____/_______ ____:____

Was Defibrillation shock provided for Ventricular Fibrillation (VF) OR Pulseless Ventricular Tachycardia?
- Yes
- No/Not Documented
- No, Per Advance Directive

Total # of shocks: ______________

Details of Each Shock (maximum of 4):

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Energy (joules)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong><strong>/</strong></strong>/_______ <strong><strong>:</strong></strong></td>
<td>Not Documented</td>
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<tr>
<td><strong><strong>/</strong></strong>/_______ <strong><strong>:</strong></strong></td>
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<td><strong><strong>/</strong></strong>/_______ <strong><strong>:</strong></strong></td>
<td>Not Documented</td>
</tr>
</tbody>
</table>

Documented reason(s) (patient, medical, hospital related or other) for not providing defibrillation shock for Ventricular Fibrillation (VF) or Pulseless Ventricular Tachycardia (VT) in first two minutes?
- Yes
- No

Patient Reason(s):
- Initial Refusal (e.g. family refused)

Medical Reason(s):
- ICD in place which shocked patient within first 2 minutes of identification of VF or Pulseless VT
- LVAD or BIVAD in place
- Rhythm change to non-shockable rhythm within 2 minutes of identification of VF or Pulseless VT
- Spontaneous Return of Circulation within first 2 minutes of identification of VF or Pulseless VT

Hospital Related or Other Reason(s):
- Equipment related delay (e.g., defibrillator not available, pad not attached)
- In-hospital time delay (e.g. code team delays, personnel not familiar with protocol or equipment, unable to locate hospital defibrillator)
- Other → Please Specify: _________________________________

CPA  4.3 Ventilation

Types of Ventilation/Airways used
- None
- Unknown/Not Documented

Ventilation/Airways Used (select all that apply):
- Bag-Valve-Mask
- Mask and/or Nasal CPAP/BiPAP
- Mouth-to-Barrier Device
- Mouth-to-Mouth
- Laryngeal Mask Airway (LMA)
### CPA Event

Note: Optional data elements appear in the Get With The Guidelines® - Resuscitation PMT as dark grey shaded areas.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Endotracheal Tube (ET) or Tracheostomy Tube</strong></td>
<td>Yes, No, Not Documented</td>
</tr>
<tr>
<td><strong>Was Bag Mask ventilation initiated during the event?</strong></td>
<td>Yes, No, Not Documented</td>
</tr>
<tr>
<td><strong>Date/Time</strong> Endotracheal Tube (ET) or Tracheostomy Tube inserted if not already in place and/or re-inserted during event:</td>
<td><strong>/</strong>/______ <strong><strong>:</strong></strong> Time Not Documented</td>
</tr>
<tr>
<td><strong>Method(s) of confirmation used to ensure correct placement of Endotracheal Tube (ET) or Tracheostomy Tube (check all that apply):</strong></td>
<td>Waveform capnography (waveform ETCO2), Capnometry (numeric ETCO2), Exhaled CO2 colorimetric monitor (ETCO2 by color change), Esophageal detection devices, Revisionalization with direct laryngoscopy, None of the above, Not Documented</td>
</tr>
<tr>
<td><strong>CPA 5.1 Epinephrine/Vasopressin</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Was IV/IO Epinephrine BOLUS administered?</strong></td>
<td>Yes, No, Not Documented</td>
</tr>
<tr>
<td>**Date/Time of FIRST IV/IO bolus dose: **</td>
<td><strong>/</strong>/______ <strong><strong>:</strong></strong> Time Not Documented</td>
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<tr>
<td>**Total Number of Doses: **</td>
<td>______</td>
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<tr>
<td><strong>Was IV/IO Vasopressin BOLUS administered?</strong></td>
<td>Yes, No, Not Documented</td>
</tr>
<tr>
<td>**Date/Time of FIRST IV/IO bolus dose: **</td>
<td><strong>/</strong>/______ <strong><strong>:</strong></strong> Time Not Documented</td>
</tr>
<tr>
<td>**Total Number of Doses: **</td>
<td>______</td>
</tr>
<tr>
<td><strong>If IV/IO Epinephrine or Vasopressin BOLUS was not administered within the first five minutes of the event, was there a documented patient, medical, hospital related or other reason for not providing Epinephrine or Vasopressin bolus?</strong></td>
<td>Yes, No, Patient Reason(s): Initial Refusal (e.g. family refused), Medical Reason(s): Patient already receiving vasopressor (e.g. Epinephrine or Vasopressin) as a continuous IV infusion prior to and during arrest, Spontaneous Return of Circulation within first 5 minutes of the date/time pulselessness was first identified (or the need for chest compressions was first recognized (pediatric only)), Medication allergy, Hospital Related or Other Reason(s): In-hospital time delay (e.g., delay in locating medication), No route to deliver medication (e.g. no IV/IO access), Other Please Specify:</td>
</tr>
</tbody>
</table>
CPA 5.2 Other Drug Interventions

Select all either initiated, or if already in place immediately prior to, continued during event.

- None (select only after careful review of options below)
- Antiarrhythmic medication(s):
  - Adenosine/Adenocard
  - Amiodarone/Cordarone
  - Lidocaine
  - Procainamide
- Other antiarrhythmics: _________________________________________
- Vasopressor(s) other than epinephrine bolus and vasopressin bolus:
  - Dobutamine
  - Dopamine > 3 mcg/kg/min
  - Epinephrine, IV/IO continuous infusion
  - Norepinephrine
  - Phenylephrine
  - Vasopressin, IV/IO continuous infusion
  - Other vasopressors: __________________________________________
- Atropine
- Calcium chloride/Calcium gluconate
- Dextrose bolus
- Magnesium sulfate
- Reversal agent (e.g., naloxone/Narcan, flumazenil/Romazicon, neostigmine/Prostigim)
- Sodium bicarbonate
- Other drug interventions: _________________________________________

CPA 5.3 Non-Drug Interventions

Select each intervention that was employed during the resuscitation event

- None (review options below carefully)
- Cardiopulmonary bypass / extracorporeal CPR (ECPR)
- Chest tube(s) inserted
- Needle thoracostomy
- Pacemaker, transcutaneous
- Pacemaker, transvenous or epicardial
- Pericardiocentesis
- Other non-drug interventions: _________________________________________

CPA 6.1 Event Outcome

Was ANY documented return of adequate circulation [ROC] (in the absence of ongoing chest compressions return of adequate pulse/heart rate by palpation, auscultation, Doppler, arterial blood pressure waveform, or documented blood pressure) achieved during the event?

- Yes
- No/Not Documented

Date/Time of FIRST adequate return of circulation (ROC): ____/____/_______ ____:____

Reason resuscitation ended:

- Survived – ROC
- Died – Efforts terminated, no sustained ROC

Date/Time sustained ROC began (lasting > 20 min) OR resuscitation efforts were terminated (End of event):

____/____/_______ ____:____

CPA 6.2 Post-ROC Care

Highest patient temperatures during first 24 hrs after ROC

Highest Temperature/Units ______ C | F

- Temperature Not Documented
Resuscitation Patient Management Tool®

CPA Event

March 2016

Site: Axillary | Bladder | Blood | Brain | Oral | Rectal | Surface (skin, temporal) | Tympanic | Other | Unknown/not Documented

Date/Time Recorded: ____/____/_______ ____:____

Time Not Documented

CPA 7.1 CPR Quality

Was performance of CPR monitored or guided using any of the following? (Check all that apply)

- None
- Waveform Capnography /End Tidal CO2 (ETCO2)
- Arterial Wave Form /Diastolic Pressure
- CPR mechanics device (e.g. accelerometer, force transducer, TFI device)
- CPR quality coach
- Metronome
- Other, Specify: ________________

If CPR mechanics device (e.g. accelerometer, force transducer, TFI device) used:

Average compression rate: ___________ (per minute) ❑ Not Documented
Average compression depth: _______ ❑ mm ❑ cm ❑ inches ❑ Not Documented
Compression fraction: ___________ (enter number between 0 and 1) ❑ Not Documented
Percent of Chest Compressions with complete release: ___________% ❑ Not Documented
Average Ventilation Rate: ___________ (per minute) ❑ Not Documented
Longest Pre-shock pause ______ (seconds) ❑ Not Documented

CPA 7.2 Resuscitation-Related Events and Issues (OPTIONAL)

Was a team debriefing on the quality of CPR provided completed after the event? ❑ Yes ❑ No ❑ Not Documented

Universal Precautions

- Not followed by all team members (specify in comments section)

Documentation
- Signature of code team leader not on code sheet
- Missing other signatures
- Initial ECG rhythm not documented
- Medication route(s) not documented
- Incomplete documentation
- Other (specify in comments section)

Alerting Hospital-Wide Resuscitation Response

- Delay
- Pager issue(s)
- Other (specify in comments section)

Airway
- Aspiration related to provision of airway
- Delay
- Delayed recognition of airway misplacement/displacement
- Intubation attempted, not achieved
- Multiple intubation attempts ➔ Number of attempts: ______ ❑ Unknown/Not Documented
- Other (specify in comments section)
Note: Optional data elements appear in the Get With The Guidelines® - Resuscitation PMT as dark grey shaded areas.

Vascular Access
- Delay
- Inadvertent arterial cannulation
- Infiltration/Disconnection
- Other (specify in comments section)

Chest Compression
- Delay
- No back board
- Other (specify in comments section)

Defibrillation(s)
- Energy level lower / higher than recommended
- Initial delay, personnel not available to operate defibrillator
- Initial delay, issue with defibrillator access to patient
- Initial delay, issue with pad or paddle placement
- Equipment malfunction
- Given, not indicated
- Indicated, not given
- Other (specify in comments section)

Medications
- Delay
- Route
- Dose
- Selection
- Other (specify in comments section)

Leadership
- Delay in identifying leader
- Knowledge of equipment
- Knowledge of medications/protocols
- Knowledge of roles
- Team oversight
- Too many team members
- Other (specify in comments section)

Protocol Deviation
- ALS/PALS
- NRP
- Other (specify in comments section)

Equipment
- Availability
- Function
- Other (specify in comments section)

Was this cardiac arrest event the patient's index (first) event?
- Yes
- No/Not Documented

Comments & Optional Fields: Do not enter any Personal Health Information/Protected Health Information into this section.

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