11635

Complete this form for:

- **EMS dispatched for presumed OOH-CA**
- **PAD volunteer system activation for Presumed cardiac arrest:**
  - **any CPR was attempted (includes moving patient)**
  - **the AED was turned on or pads applied**
- **Any shock delivered**
- **Patient found dead, but EMS not notified**

Data Resources: Dispatch Center, Volunteer, EMS

Episode Log

patid31
Patient ID: (Site) patsit31 – (Patient) patnum31 – (Chk) patchk31

Entity Name: _____

Please verify the information on this form and make all necessary corrections; Then FAX if corrections FAX #: 888 437-4767

1. Date of Episode: date31 (month) / (day) / 20 (year)

Time of Episode (Use dispatch time if EMS called) (24 hour clock) tmepsd31

Entity ID: entid31 (Site) entsit31 – (Unit) entunt31 – (Entity) entnum31 – (Chk) entchk31

advsit31 **2. Did this episode involve an Adverse Situation?**
○ Yes (1) ○ Don't know yet (0)

padaed31 **3. Was a PAD or non-EMS AED used?**
1 ○ Yes, PAD AED → **AED ID:** aedid31 (Site) aedsit31 – (AED) aednum31 – (Chk) aedchk31
0 ○ No
2 ○ Yes, Other AED

nature31 **4. Nature of Call: How was the call reported to the dispatcher?** *(check one only)*

1 ○ Found down (sudden collapse, presumed CA, unconscious)
2 ○ Seizure
3 ○ SOB/CP
4 ○ Sick/weak
5 ○ "Help" - NOS
6 ○ Other

disp31 **5. Disposition:** *(check one only)*

1 ○ Patient alive, not transported to ED/hospital
2 ○ DOA, No resus. attempted
3 ○ Died in field, DNAR
4 ○ Died in field, resuscitation attempted
5 ○ Died in ED
6 ○ Alive, Transported to ED/hospital

rulout31 **6. Was cardiac arrest ruled out by EMS at the scene & CPR not performed & PAD AED not applied?**
○ Yes (1) ○ No (0)

7. Information obtained from: *(check all that apply)*

disctr31 ○ Dispatch Center

volntr31 ○ Volunteer → volidi31 **ID:** (Site) vlsiti31 – (Unit) vlunti31 – (Volunteer) vlnumi31 – (Chk) vlchki31 – (Acrostic) volaci31

othinf31 ○ Other: spinfo31 (40) _____

8. Volunteer(s) Involved:

volidp31 *(primary)*: (Site) vlsitp31 – (Unit) vluntp31 – (Volunteer) vlnump31 – (Chk) vlchkp31 – (Acrostic) volacp31

volido31 *(other)*: vlsito31 – vlunto31 – vlnumo31 – vlchko31 – volaco31

For CTC Use Only

○ Yes ○ No

Signature of person filling out this form

Code Number _____