



49081

Complete this form:

- For each episode determined to be a presumed Cardiac 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

page 1 of 3

Patient ID:

(site)		(patient)			(chk)		
patsit35		patnum35					

Entity Name: _____

1. Date of Episode:

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(month) (day) (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:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> :			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> :			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> :			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
Time first unit dispatched:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> :			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> :			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> :			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
Time first unit at scene:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> :			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> :			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> :			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
Time first unit at scene with defibrillator:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> :			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> :			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> :			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
Time of first patient assessment of vital signs:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> :			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
Time of first EMS shock:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> :			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			or <input type="radio"/> No shock delivered								
Time EMS left scene with patient:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> :			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			or <input type="radio"/> Patient was left at scene								

3. EMS Therapies Administered: (check all applicable)

- | | | | | |
|---|-----------------------------------|---|---------------------------------|--------------------------------------|
| <input type="radio"/> None | <input type="radio"/> CPR | <input type="radio"/> EMS Shocks → Number: <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | |
| | | | | |
| <input type="radio"/> Endotracheal tube | <input type="radio"/> IV Access | <input type="radio"/> IV Fluids | | |
| <input type="radio"/> Oral airway | <input type="radio"/> Oxygen | <input type="radio"/> Pacing | | |
| <input type="radio"/> Amiodarone | <input type="radio"/> ASA | <input type="radio"/> Atropine | <input type="radio"/> Bicarb | <input type="radio"/> Bretylium |
| <input type="radio"/> Dopamine | <input type="radio"/> Epinephrine | <input type="radio"/> Lidocaine | <input type="radio"/> Magnesium | <input type="radio"/> Nitroglycerine |
| <input type="radio"/> Norepinephrine | <input type="radio"/> Paralytic | <input type="radio"/> Procainamide | <input type="radio"/> Sedative | |

Other:

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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:

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sppri35

