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

Episode-Streamlined

Patient ID:

patid49 [ ][ ] – [ ][ ][ ] – [ ]
(Site) (Patient) (Chk)
patsit49 patnum49 patchk49

Entity Name: _____

1. **Date of Episode:** date49 [ ][ ] / [ ][ ] / [2][0][ ][ ]
(month) (day) (year)

volsys49 2. **Was the volunteer system activated?** *(even if no PAD volunteers were available)*
○ Yes (1) ○ No (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)*

vlsit149 volunt149 vlnum149 vlchk149 volac149
volid149 [ ][ ] – [ ][ ][ ] – [ ][ ][ ] – [ ] [ ][ ][ ][ ]
volid249 [ ][ ] – [ ][ ][ ] – [ ][ ][ ] – [ ] [ ][ ][ ][ ]
vlsit249 vlunt249 vlnum249 vlchk249 volac249

Stress Caused by Episode:
(0 = None; 5 = Severe)
stres149 [ ]
stres249 [ ]

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

emscal49 4. **Was EMS (911) called?** ○ Yes (1) ○ No (0)

5. **Demographics:** *(from EMS Incident Report)*

Gender (sex49)
1 ○ Male
0 ○ Female

Hispanic Origin (hispan49)
1 ○ Yes
0 ○ No
2 ○ Unknown

Race (check all that apply)
white49 ○ White
black49 ○ Black
asian49 ○ Asian/Pac Islander
native49 ○ Native American
othrac49 ○ Other
unkrac49 ○ Unknown

Age age49 [ ][ ][ ] or unkage49 ○ Unknown

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

rulout49
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	○ Hypoglycemia	○ Acute intoxication-alcohol	alcohl49
seizur49	○ Seizure	○ Acute intoxication-other drug	drug49
syncop49	○ Syncope	○ Diabetic ketoacidosis	diabet49
cva49	○ CVA	○ Major hemorrhage (including internal)	hemor49
hypthm49	○ Hypothermia	○ Asthma	asthma49
othcs49	○ Other: [ ]		spcaus49

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

b) . . . to the volunteer? [Source: Volunteer] *(e.g., back injury, emotional stress, etc)*
○ Yes ○ No

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

For CTC Use Only
[ ][ ] ○ Yes ○ No [1][4][9][0][1][0][0]

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

Code Number [ ][ ] – [ ][ ]