NOR-CAL EMS	05-0309	Cardiac Arrest Reporting Form

Nor-Cal EMS Policy & Procedure Manual	FORMS
Effective Date:1/01/2021	Next Revision: 1/01/2024
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE

Email this completed form immediately after the incident to spoore@norcalems.org then fax to Nor-Cal EMS within 24 hours

Part A: Demographic Information

Street Address (Where Arrest Occurred):

City: **State:** **Zip Code:** **County:**

First Name: **Last Name:**

Age: ☐ Days ☐ Months ☐ Years

Date of Birth: / /

Gender: ☐ Male ☐ Female

Race /Ethnicity: ☐ American-Indian/Alaska ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino Native ☐ Hawaiian/Pacific Islander ☐ White ☐ Unknown

Part B: Run Information

Date of Arrest: / /

Incident #:

First Responding Agency

Fire/First Responder:

Destination Hospital:

Part C: Arrest Information

Location Type:
- ☐ Home/Residence
- ☐ Public/Commercial Bldg.
- ☐ Street/Hwy
- ☐ Nursing Home
- ☐ Other - Specify:
- ☐ Healthcare Facility
- ☐ Place of Recreation
- ☐ Industrial Place
- ☐ Transport Center

Arrest Witnessed:
- ☐ Witnessed Arrest
- ☐ Unwitnessed Arrest

Arrest After Arrival of 911 Responder:
- ☐ Yes
- ☐ No

Presumed Cardiac Arrest Etiology:
- ☐ Presumed Cardiac Etiology
- ☐ Trauma
- ☐ Respiratory
- ☐ Drowning
- ☐ Electrocution
- ☐ Other - Specify:

Resuscitation Information

Resuscitation Attempted by 911 Responder (or AED shock given prior to EMS arrival):
- ☐ Yes
- ☐ No

Who Initiated CPR:
- ☐ Not Applicable
- ☐ Lay Person
- ☐ Lay Person Family Member
- ☐ Lay Person Medical Provider
- ☐ First Responder (non-EMS
- ☐ Responding EMS Personnel

Was an AED Applied Prior to EMS Arrival:
- ☐ Yes, with defibrillation
- ☐ Yes, without defibrillation
- ☐ No

Who First Defibrillated the Patient:
- ☐ Not Applicable
- ☐ Lay Person
- ☐ Lay Person Family Member
- ☐ Lay Person Medical Provider
- ☐ First Responder (non-EMS)
  - If yes, did the Police defibrillate the patient:
  - ☐ Yes
  - ☐ No
- ☐ Responding EMS Personnel

Who First Applied the AED:
- ☐ Lay Person
- ☐ Lay Person Family Member
- ☐ Lay Person Medical Provider
- ☐ First Responder (non-EMS)
  - If yes, was it applied by Police:
  - ☐ Yes
  - ☐ No

First Cardiac Arrest Rhythm of Patient and ROSC Information

First Arrest Rhythm of Patient:
- ☐ Ventricular Fibrillation
- ☐ Ventricular Tachycardia
- ☐ Asystole
- ☐ Idioventricular/PEA
- ☐ Unknown Shockable Rhythm
- ☐ Unknown Unshockable Rhythm

Sustained ROSC (20 consecutive minutes) or Present at End of EMS Care:
- ☐ Yes, but pulseless at end of EMS care (or ED arrival)
- ☐ Yes, pulse at end of EMS care (or ED arrival
- ☐ No

Was Hypothermia Care Provided in the Field:
- ☐ Yes
- ☐ No

End of Event:
- ☐ Pronounced in the Field
- ☐ Pronounced in the ED
- ☐ Effort ceased due to DNR
- ☐ Ongoing Resuscitation in ED

Part E: Hospital Section

ER Outcome:
- ☐ Resuscitation terminated in ED
- ☐ Admitted to hospital
- ☐ Transferred to another acute care facility from the ED

Discharge from the Hospital:
- ☐ Home/Residence
- ☐ Rehabilitation Facility
- ☐ Skilled Nursing Facility/Hospice

Hospital Outcome:
- ☐ Died in the hospital
- ☐ Discharged alive
- ☐ Patient made DNR
  - If yes, choose one of the following:
  - ☐ Died in the hospital
  - ☐ Discharged alive
  - ☐ Transferred to another acute care hospital
  - ☐ Not yet determined
- ☐ Transferred to another acute care hospital
- ☐ Not yet determined

Was hypothermia care initiated or continued in the hospital:
- ☐ Yes
- ☐ No

Neurological Discharge Outcome at Discharge from Hospital:
- ☐ Good Cerebral Performance (CPC 1)
- ☐ Moderate Cerebral Disability (CPC 2)
- ☐ Severe Cerebral Disability (CPC 3)
- ☐ Coma, Vegetative State (CPC 4)

General Comments