# DEATH OR CARDIAC ARREST REVIEW

Patient I.D. ␣␣␣␣␣-␣␣␣-␣ ␣␣␣␣␣

Date of death or cardiac arrest ␣␣␣/␣␣␣/␣␣␣ DATE40
mo dy yr

DTHCA40

2 Event was: ☐1 Death ☐2 Cardiac arrest with resuscitation

3 CAUSE of death or cardiac arrest:

☐1 NON-CARDIAC

CAUSE40 specify: ________________

☐2 CARDIAC

If CARDIAC,

ARRHTH40

4 ☐1 Arrhythmic ☐2 Non-arrhythmic

IF CARDIAC, COMPLETE THE FOLLOWING SECTION:

5 ☐1 Witnessed:

6 ☐1 Asymptomatic instantaneous death (no NEW, ACCELERATING OR PERSISTENT symptoms)

SYMPT40

☐2 Symptomatic
If SYMPTOMATIC, check ONE box below

CARDWT40

SUMMRY40

| | | Time from onset of NEW, ACCELERATING, OR PERSISTENT SYMPTOMS | | | |
|---|---|---|---|---|---|
| | | < 5 min | 5-60 min | 61- min 24 hr | > 24 hr |
| 7 | Ischemic symptoms | ☐1 | ☐2 | ☐3 | ☐4 |
| 8 | Arrhythmic symptoms | ☐5 | ☐6 | ☐7 | ☐8 |
| 9 | Documented VT -> VF, > 60 min | | | ☐9 | ☐10 |
| 10 | Other cardiac | ☐11 | ☐12 | ☐13 | ☐14 |

specify:

11 ________________

| 12 | Severe CHF symptoms | ☐15 | ☐16 | ☐17 | ☐18 |
|---|---|---|---|---|---|

13 ☐2 Unwitnessed (patient not seen or heard for ≥ 5 minutes)

Presumed arrhythmic? ☐1 yes ☐2 no

If NO, specify cause: ________________

DCAREV
CAST 40.01
3/15/88



________________ ␣␣␣␣
Name of person filling out form Code Number