

~~CAST~~

DEATH OR CARDIAC ARREST

Affix Patient I.D. Here

IN GENERAL THE BLIND SHOULD NOT BE BROKEN. IF PATIENT IS RESUSCITATED, AND IT IS ABSOLUTELY NECESSARY TO BREAK THE BLIND, THIS FORM MUST BE COMPLETED BEFORE BLIND IS BROKEN.

The term death or cardiac arrest herein means the spontaneous cessation of respiration and blood circulation (pulse) with loss of consciousness whether or not resuscitation attempts were successful. Transient arrhythmias which convert spontaneously are not included. Arrhythmias which do not require cardiopulmonary resuscitation and defibrillation are not included.

1 Event was:  <sup>DTHCA 23</sup> 1 Death  2 Cardiac arrest with resuscitation  
(RESUSCITATION requires restoration of pulse, respiration and recovery of consciousness)

2 Was event witnessed?  1 yes  2 no WITNES23

3 If UNWITNESSED, enter date and time patient last known to be alive:

Date: / /  DTALIV23  
mo dy yr

Time: :  (24 hr clock) <sup>TMALIV23</sup> or  1 unknown

4 If WITNESSED, enter date and time of onset of new, persistent or accelerating symptoms related to the event (that is, the timing of the onset of symptoms which persist or recur until loss of consciousness).

1 Asymptomatic until collapse ASYMPT23

OR

Date: / /  DTSYMP23 or  1 unknown  
mo dy yr

Time: :  (24 hr clock) <sup>TMSYMP23</sup> or  1 unknown

DATE AND TIME OF CLINICAL DEATH OR CARDIAC ARREST

5 Enter the date and time of initial spontaneous cessation of respiration/pulse/consciousness. If UNWITNESSED, enter the date and time the patient was found.

Date: / /  DRTE23  
mo dy yr

Time: :  (24 hr clock) <sup>TIME23</sup> or  1 unknown

6 Location at time of onset of death or cardiac arrest:

LOCAT23

- 1 Out-of-hospital
- 2 Emergency room
- 3 In-hospital

STUDY DRUG PRIOR TO AND AT TIME OF EVENT

DRCHG-23

Therapy at day 10 prior to event

Any change in therapy during 10 days prior to event

DTP1023  
mo dy yr

change 1  
mo dy yr

change 2  
mo dy yr

change 3  
mo dy yr

Encaainide  1

Flecainide  2

Moricizine  3

CAST-ENC  4

CAST-FLEC  5

CAST-MOR  6

No antiarrhythmic  7

Other antiarrhythmic  8

Specify:

Timeline for specifying therapy changes

Dose (mg/day)

Timeline for specifying drug doses

Documentation of rhythm associated with event:

DOCUM23

- 1 Never monitored
2 Monitored before and during collapse
3 Monitored only after collapse

Approximate time from onset of collapse to monitoring: min Tmmon23

9

If MONITORED, characterize rhythm:

If hospitalized and monitored, use rhythm noted at onset of episode. If not hospitalized or not monitored at onset of event, check rhythm noted at onset of monitoring.

RHYTHM23

CHECK ONLY ONE:

- 1 VF
2 VT/VF
3 VT
4 Idioventricular
5 Severe bradycardia, < 30 bpm
6 Asystole
7 3rd AV block
8 Electromechanical dissociation with NSR or ST
9 Unknown
10 Other (specify)

Timeline for specifying rhythm details



SUMMARY

10 CAUSE of death or cardiac arrest:

<sub>1</sub> NON-CARDIAC  
specify: \_\_\_\_\_

CAUSE23

<sub>2</sub> CARDIAC  
If CARDIAC,  
<sub>1</sub> Arrhythmic <sub>2</sub> Non-arrhythmic

11

ARRATH23

IF CARDIAC, COMPLETE THE FOLLOWING SECTION:

12 <sub>1</sub> Witnessed:

13 <sub>1</sub> Asymptomatic instantaneous death (no NEW, ACCELERATING OR PERSISTENT symptoms)

SYMPT23

<sub>2</sub> Symptomatic  
If SYMPTOMATIC, check ONE box below

CARDWT23

	Time from onset of NEW, ACCELERATING, OR PERSISTENT SYMPTOMS			
	< 5 min	5-60 min	61- 24 min hr	> 24 hr
14 Ischemic symptoms	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
15 Arrhythmic symptoms	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
16 Documented VT -> VF, > 60 min			<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>
17 Other cardiac	<input type="checkbox"/> <sub>11</sub>	<input type="checkbox"/> <sub>12</sub>	<input type="checkbox"/> <sub>13</sub>	<input type="checkbox"/> <sub>14</sub>

SUMMARY23

specify: \_\_\_\_\_

18 \_\_\_\_\_

19 Severe CHF symptoms <sub>15</sub> <sub>16</sub> <sub>17</sub> <sub>18</sub>

20 <sub>2</sub> Unwitnessed (patient not seen or heard for ≥ 5 minutes)

Presumed arrhythmic? <sub>1</sub> yes <sub>2</sub> no PRESAR23

If NO, specify cause: \_\_\_\_\_

21 Time of awakening on day of event: TAWAKE23 (24 hr) or TAUNK23 <sub>1</sub> unknown

Was this patient's usual time of awakening?

<sub>1</sub> yes <sub>2</sub> no <sub>9</sub> unknown

ISCHEM23 (Acute ischemia contributor to death)