



36809

Complete this form for:

- EMS dispatched for presumed OOH-CA
- PAD volunteer system activation for Presumed cardiac arrest:
 - any CPR was attempted (includes moving patient)
 - the AED was turned on or pads applied
- Any shock delivered
- Patient found dead, but EMS not notified

Data Resources: Dispatch Center, Volunteer, EMS



Episode Log

patid31

Patient ID:

(Site)	(Patient)			(Chk)	

patsit31

patnum31

patchk31

Entity Name: _____

1. Date of Episode: **date31**

		/			/				
(month)	(day)		(year)						

Time dispatch call received
(if EMS called)
Time of Episode

		:		
(24 hour clock)				

tmepsd31

Entity ID: **entid31**

(Site)	(Unit)	(Entity)	(Chk)		

entsit31 entunt31 entnum31 entchk31

2. Did this episode involve an Adverse Situation?

- Yes Don't know yet
- 1 0**

3. Was a PAD or non-EMS AED applied?

1 Yes, PAD AED → AED ID:

(Site)	(AED)		(Chk)	

aeadid31 aedsit31 aednum31 aedchk31

0 No

2 Yes, Other AED

4. Nature of Call: How was the call reported to the dispatcher? (check one only)

- | | |
|---|---|
| 1 <input type="radio"/> Found down (sudden collapse, presumed CA, unconscious) | 4 <input type="radio"/> Sick/weak |
| 2 <input type="radio"/> Seizure | 5 <input type="radio"/> "Help" - NOS |
| 3 <input type="radio"/> SOB/CP | 6 <input type="radio"/> Other |

5. Disposition: (check one only)

- | | |
|--|---|
| 1 <input type="radio"/> Patient alive, not transported to ED/hospital | 4 <input type="radio"/> Died in field, resuscitation attempted |
| 2 <input type="radio"/> DOA, No resuscitation attempted | 5 <input type="radio"/> Died in ED |
| 3 <input type="radio"/> Died in field, DNAR | 6 <input type="radio"/> Alive, Transported to ED/hospital |

6. a) Was cardiac arrest ruled out by EMS at the scene?

- Yes No
- 1 0**

b) Was CPR performed?

- Yes No
- 1 0**

7. Information obtained from: (check all that apply)

disctr31 Dispatch Center

(Site)	(Unit)	(Volunteer)	(Chk)	(Acroscopic)
validi31				

volntr31 Volunteer → ID: **vlsiti31 vlunti31 vlnumi31 vlchki31 volaci31**

othinf31 Other: **spinfo31 (40)**

8. Volunteer(s) Involved:

validp31 (primary)	(Site)	(Unit)	(Volunteer)	(Chk)	(Acroscopic)
	vlsitp31	vluntp31	vlnump31	vlchkp31	volacp31
valido31 (other)					
	vlsito31	vlunto31	vlnumo31	vlchko31	volaco31

For CTC Use Only

code31

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Yes No

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Signature of person filling out this form

Code Number

EPILOG version 03.00 12/14/01

WEB / FAX (1-888-437-4767)