



44352

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

page 1 of 1

patid31

Patient ID:

[]	[]	[]	[]	[]	[]
(Site)	(Patient)	(Site)	(Patient)	(Site)	(Chk)

patsit31

patnum31

patchk31

Entity Name:

1. Date of Episode:

[]	[]	/	[]	[]	/	[]	[]	[]	[]	
(month)	(day)		date31							

Time dispatch call received (estimate if EMS not called)

[]	[]	:	[]	[]
(24 hour clock)				

tme-psd31

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:
- 0 No
- 2 Yes, Other AED

aedid31

[]	[]	[]	[]	[]
(Site)	(AED)	(Site)	(AED)	(Chk)

aedsit31

aednum31

aedchk31

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 |

1 0

6. a) Was cardiac arrest ruled out by EMS at the scene? Yes No

b) Was the Heimlich performed by a PAD volunteer? Yes No

c) Were ventilations performed (by anyone)? Yes No

d) Were compressions performed (by anyone)? Yes No

Note: CPRPRF31 is obsolete in this version.

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

disctr31 Dispatch Center

volntr31 Volunteer → ID:

emsinf31 EMS

othinf31 Other: spinfo31 (40)

(Site)	(Unit)	(Volunteer)	(Chk)	(Acrostic)
[]	[]	[]	[]	[]
vlsiti31	vlunti31	vlnumi31	vlchki31	volaci31

8. Volunteer(s) Involved: (primary)

valido31 (other)

(Site)	(Unit)	(Volunteer)	(Chk)	(Acrostic)
[]	[]	[]	[]	[]
validp31	vlstip31	vluntp31	vlnump31	vlchkp31
[]	[]	[]	[]	[]
vlsto31	vlunto31	vlnumo31	vlchko31	volaco31

For CTC Use Only

code31

[]	[]	[]	[]
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Code Number

<input type="radio"/> Yes	[]	[]	[]	[]
<input type="radio"/> No	[]	[]	[]	[]

Signature of person filling out this form

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

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