Persons using assistive technology may not be able to fully access information in this file. For assistance, e-mail biolincc@imsweb.com. Include the Web site and filename in your message.

57363

Complete this form if the following are true:
- Cardiac Arrest ruled out
- No ventilations or compressions done
- No Heimlich by PAD volunteer
- No PAD AED or non-EMS AED use
- No known Adverse Event

Data Resources:
Dispatch Center, Volunteer, EMS

Episode-Streamlined

Patient ID: patid49 [ ][ ] – [ ][ ][ ] – [ ]
(Site) patsit49 (Patient) patnum49 (Chk) patchk49

Entity Name: _____

1. **Date of Episode:** date49 [ ][ ] / [ ][ ] / 2 0 [ ][ ]
(month) (day) (year)

volsys49 2. **Was the volunteer system activated?** *(even if no PAD volunteers were available)*
○ Yes (1) ○ No (0)

padvol49 3. **Any PAD volunteer(s) involved in this episode?** *("Involved" includes even minimal participation)*
0 ○ No
1 ○ Yes → **Primary Volunteer ID(s):** *(write in)*

vlsit149 volunt149 vlnum149 vlchk149 volac149
volid149 [ ][ ] – [ ][ ][ ] – [ ][ ][ ] – [ ] [ ][ ][ ][ ]
volid249 [ ][ ] – [ ][ ][ ] – [ ][ ][ ] – [ ] [ ][ ][ ][ ]
vlsit249 vlunt249 vlnum249 vlchk249 volac249

Stress Caused by Episode:
(0 = None; 5 = Severe)
stres149 [ ]
stres249 [ ]
Note: Stress of 4 or 5 should be evaluated for Adverse Situation

emscal49 4. **Was EMS (911) called?** ○ Yes (1) ○ No (0)

5. **Demographics:** *(from EMS Incident Report)*

sex49
Gender
1 ○ Male
0 ○ Female

Hispanic Origin hispan49
1 ○ Yes
0 ○ No
2 ○ Unknown

Race (check all that apply)
white49 ○ White
black49 ○ Black
asian49 ○ Asian/Pac Islander
native49 ○ Native American
othrac49 ○ Other
unkrac49 ○ Unknown

Age age49 [ ][ ][ ] **or** unkage49 ○ Unknown

6. **Was a cardiac arrest ruled out by EMS, ED personnel, or other medical authority?**

rulout49
0 ○ No → **Stop:** *(this is the wrong form - call the CTC for instructions)*
1 ○ Yes → **Specify Probable Cause of Event:** *(check all that apply)*

hypogl49 ○ Hypoglycemia
seizur49 ○ Seizure
syncop49 ○ Syncope
cva49 ○ CVA
hypthm49 ○ Hypothermia
alcohl49 ○ Acute intoxication-alcohol
drug49 ○ Acute intoxication-other drug
diabet49 ○ Diabetic ketoacidosis
hemor49 ○ Major hemorrhage (including internal)
asthma49 ○ Asthma
othcs49 ○ Other: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] spcaus49

7. **Did an adverse event occur from volunteer-related activities (either from CPR or AED use)?**

advpt49 **a) . . . to the patient? [Source: EMS and ED reports]** *(e.g., rib fractures, hemothorax, pneumothorax, head trauma, etc)*
○ Yes (1) ○ None noted on EMS and/or ED reports (0)

advvol49 **b) . . . to the volunteer? [Source: Volunteer]** *(e.g., back injury, emotional stress, etc)*
○ Yes (1) ○ No (0)

note: If either of the above is Yes, you need to complete the entire forms packet.

_____
Signature of person filling out this form
MAIL / FAX (1-888-437-4767)

code49 [ ][ ] – [ ][ ]
Code Number

For CTC Use Only
[ ][ ] ○ Yes ○ No 1 4 9 0 1 0 0

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