



15893

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: EMS, ED, Volunteer/Bystander



Episode

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Patient ID: **patid32**

[]	[]	[]	[]	[]	[]
(site)		(patient)		(chk)	

Entity Name: _____

patsit32 patnum32 patchk32

1. Date of Episode: **date32**

[]	[]	/	[]	[]	/	[]	[]	[]	[]
(month)			(day)			(year)			

2. Entity ID: **entid32**

[]	[]	[]	[]	[]	[]
(Site)		(Unit)		(Entity)	(Chk)

entsit32 entunt32 entnum32 entchk32

volsys32 3. Was the volunteer system activated? (i.e., 911 called, CPR and/or AED initiated)

1 Yes → **valid32** Primary Volunteer ID: (write in)

[]	[]	[]	[]	[]	[]	[]	[]	[]
(Site)		(Unit)		(Volunteer)		(Chk)	(Acrostic)	

volsit32 volunt32 volnum32 volchk32 volacr32

0 No → Who initiated the response? (check all that apply)

name (if known) - information for site use only

bystnd32 Bystander

skilby32 Skilled bystander:

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
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spskil32

(e.g., police, MD, RN, EMT)

Note: In all cases, complete the **Volunteer Debriefing** Form whether or not system was activated.

bound32 4. Did the episode occur within the Entity boundaries?

1 Yes

0 No → Describe: **spbnd32 (40)**

whyini32 5. Why was the response initiated?

1 Unconsciousness before, during or after volunteer arrival, and EMS called (includes fainting, coma, etc. in addition to CA)

3 Seizure where EMS was called

4 Choking where Heimlich was performed by volunteer

5 Death at scene for any reason (includes trauma and suicide)

6 PAD or non-EMS AED electrodes placed on a conscious person

2 Other (extremely rare): **spyini32 (40)**

dnar32 6. Did patient have a Do Not Attempt Resuscitation order? (check resources available to you: e.g., EMS, physician, hospital, patient's family)

1 Yes

0 No

2 N/A, CA ruled out at scene and CPR not performed and PAD or non-EMS AED not applied

For CTC Use Only

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

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FAX pages 1-5 (1-888-437-4767)

Mail EMS and other supporting documentation