



11635

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

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patid31

Patient ID:

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

patsit31

patnum31

patchk31

Entity Name:

Please verify the information on this form and make all necessary corrections;  
Then FAX if corrections FAX #: 888 437-4767

1. Date of Episode: date31

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

Time of Episode

Use dispatch time if EMS called

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

tmepsd31

Entity ID: entid31

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

entsit31

entunt31

entnum31

entchk31

advsit31 2. Did this episode involve an Adverse Situation?

- Yes  Don't know yet

1 0

padaed31 3. Was a PAD or non-EMS AED used?

1  Yes, PAD AED

0  No

2  Yes, Other AED

AED ID:

aedid31

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

aedsit31

aednum31

aedchk31

nature31 4. Nature of Call: How was the call reported to the dispatcher? (check one only)

- 1  Found down (sudden collapse, presumed CA, unconscious)
- 2  Seizure
- 3  SOB/CP

- 4  Sick/weak
- 5  "Help" - NOS
- 6  Other

disp31 5. Disposition: (check one only)

- 1  Patient alive, not transported to ED/hospital
- 2  DOA, No resus. attempted
- 3  Died in field, DNAR

- 4  Died in field, resuscitation attempted
- 5  Died in ED
- 6  Alive, Transported to ED/hospital

rulout31 6. Was cardiac arrest ruled out by EMS at the scene & CPR not performed & PAD AED not applied?

- Yes  No

1 0

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

disctr31  Dispatch Center (Site) (Unit) (Volunteer) (Chk) (Acroscopic)

volntr31  Volunteer → ID: 

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

othinf31  Other: spinfo31 (40)

8. Volunteer(s) Involved: 

validp31 (primary)	(Site)	(Unit)	(Volunteer)	(Chk)	(Acroscopic)	volacp31
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
valido31 (other)	(Site)	(Unit)	(Volunteer)	(Chk)	(Acroscopic)	volaco31
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

code31

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

Code Number

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

For CTC Use Only

Signature of person filling out this form

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

EPILOG version 02.00 12/21/00