

Complete this form:

- for each non-traumatic cardiac arrest episode meeting the definition in question 3 or ALPS drug kit opened in the presence of a patient

Main Data Source: PCR/Dispatch



Patient Enrollment Form
Form Versions:
ALPS: 1.01.01: 2013-12-17
Cardiac: 2.01.01: 2013-12-17
CCC: 1.00.03: 2012-12-11
Epistry3: 3.00.01: 2011-06-07

Date (yyyy-mm-dd) -- **Time call received at dispatch** (24hr clock) :: (hh:mm:ss)

Incident Number: (optional)

Cardiac ID: To be assigned From PCR/other From dispatch **Site Linking ID:** (optional)

Unable to obtain (Non-ROC agency 1st arrival)

1. Fire/EMS response: (List all vehicles, ROC and non-ROC, in the order they arrived at scene)

Order	Agency name	Vehicle name	No. of personnel	Service level				Time of arrival 24 hours hh:mm:ss	Source			ALPS drug kit					
				BLS	BLS-D	BLS+	ALS		Watch	Dispatch	No Time	Opened*		Given		Drug kit #	
1	---	---	1 2 3 4	<input type="radio"/> RIGNP1	<input type="radio"/> RIGSL1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
2	---	---	1 2 3 4	<input type="radio"/> RIGNP2	<input type="radio"/> RIGSL2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ALPSKITGIVEN2
3	---	---	1 2 3 4	<input type="radio"/> RIGNP3	<input type="radio"/> RIGSL3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ALPSKITGIVEN3
4	---	---	1 2 3 4	<input type="radio"/> RIGNP4	<input type="radio"/> RIGSL4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ALPSKITGIVEN4

*If more than one ALPS drug kit opened or an ALPS drug kit opened but not given, complete **Alert CTC** form.

2. Any indication the patient was enrolled in a clinical trial other than ROC Cardiac?

No
 Yes → ROC Trauma trial, specify: (60)
 Non-ROC clinical trial, specify: (60)

Epistry Enrollment

3. Episode characteristics:

Cardiac arrest - out-of-hospital cardiac arrest (not associated with burn, blunt or penetrating trauma), evaluated by organized fire/EMS personnel and:

Treated by fire/EMS - receives attempts at external defibrillation by lay responders or fire/EMS personnel, or receives chest compressions by organized fire/EMS personnel:
What agency and vehicle (either ROC or non-ROC) was FIRST to initiate chest compressions?

Agency name: or No fire/EMS compressions
Vehicle name: **NOCOMP**

Not treated by fire/EMS - are pulseless but do not receive attempts to defibrillate (by fire/EMS or bystander), or CPR by fire/EMS personnel:

Age: years months days
 Calculated from DOB
 Estimated by fire/EMS

If no age available use categories:
 Infant (If < 1 year) Middle age (40-60 years)
 Child (1-11 years) Older (61-75 years)
 Adolescent (12-17 years) Elderly (> 75 years)
 Adult (18-39 years) Unknown/not noted

Gender: Male Female Unknown/not noted

ALPS only: Not a cardiac arrest - such as when ALPS drug kit opened in presence of this patient and patient is not defined above as 'Treated' or 'Not treated'

CCC Screening: Do not screen for CCC for cases dated 2015-05-29 and later

- Screened - Received at least one compression **and** at least one responding agency participating in CCC
- Not Screened - Received no EMS chest compressions **or** no CCC participating agency arrived on scene

4. Therapy assignment assigned by CTC:

- Continuous compressions with active ventilations
- 30:2 with active ventilations

5. Inclusion criteria:

Yes No

- ≥ 18 years old or local legal age of consent
- Non-traumatic cardiac arrest
- Initial fire/EMS chest compressions provided by CCC participating ROC agency

6. Exclusion criteria: (Yes for any excludes from enrollment in CCC)

Yes No

- Written advance directive to not resuscitate (*ie DNR*)
- Blunt, penetrating, or burn related injury
- Obvious cause of arrest is asphyxia, respiratory (asthma), drowning, strangulation, hanging, foreign body obstruction, or mechanical suffocation
- Exsanguination
- Known prisoner (*if learned in ED/Hospital to be prisoner, initiate Alert form to report*)
- Known pregnancy (*if learned in ED/Hospital to be pregnant, initiate Alert form to report*)
- EMS witnessed arrest
- Non-ROC/non-CCC participating agency first to initiate chest compressions or place pads (whichever is earliest)
- Mechanical compression device used before any manual CPR by ROC personnel
- Advanced airway prior to CCC participating ROC fire/EMS agency arrival
- Pre-existing trach

ALPS Screening:

- Screened - ALPS study kit opened in presence of patient, **or** treated cardiac arrest (as Epistry defined) **and** at least one responding agency participating in ALPS
- Not Screened - No ALPS participating agency arrived on scene, **or** not treated cardiac arrest (as Epistry defined) **and** ALPS kit not opened in presence of patient

7. Inclusion criteria:

- | Yes | No | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 1 <input type="radio"/> ≥ 18 years old or local legal age of consent |
| <input type="radio"/> | <input type="radio"/> | 1 <input type="radio"/> ALPSLEGALCNS
Non-traumatic cardiac arrest |
| <input type="radio"/> | <input type="radio"/> | 1 <input type="radio"/> ALPSNTRAUMCA
Treated by ROC fire/EMS with ALS capability |
| <input type="radio"/> | <input type="radio"/> | 1 <input type="radio"/> TXROCWITHALS
Confirmed VF or pulseless VT after at least 1 externally delivered shock (prior to ALPS dose 1 administration) |
| <input type="radio"/> | <input type="radio"/> | 1 <input type="radio"/> VFPVTPOSTSHK
Select one:
1 <input type="radio"/> Initial rhythm of VF/pulseless VT (includes shock advised by PAD, non-ROC or ROC EMS AED)
2 <input type="radio"/> VFVTINIRHY
Initial rhythm asystole/PEA (includes PAD, non-ROC or ROC EMS advised no shock) and VF/pulseless VT occurred later in episode |
| <input type="radio"/> | <input type="radio"/> | 1 <input type="radio"/> Established vascular or IO access |

8. Exclusion criteria:

- | Yes | No | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 1 <input type="radio"/> Hypersensitivity or allergy to amiodarone or Lidocaine |
| <input type="radio"/> | <input type="radio"/> | 1 <input type="radio"/> ALPSCIAMILID
Written advance directive to not resuscitate (ie DNR) |
| <input type="radio"/> | <input type="radio"/> | 1 <input type="radio"/> ALPSDNR
Blunt, penetrating, or burn related injury |
| <input type="radio"/> | <input type="radio"/> | 1 <input type="radio"/> ALPSTRMINJ
Exsanguination |
| <input type="radio"/> | <input type="radio"/> | 1 <input type="radio"/> ALPSEXSAANG
Known prisoner* (if learned in ED/Hospital to be prisoner, initiate Alert form to report) |
| <input type="radio"/> | <input type="radio"/> | 1 <input type="radio"/> ALPSPRISNOR
Known pregnancy (if learned in ED/Hospital to be pregnant, initiate Alert form to report) |
| <input type="radio"/> | <input type="radio"/> | 1 <input type="radio"/> ALPSPREGNANT
Prior receipt of Amiodarone or Lidocaine during pre-hospital course of care (by bystander or fire/EMS) |
- ALPSPRAMILID**
*For known prisoner, complete only Patient Enrollment form.
If ALPS drug kit opened, also complete Patient/Family Notification form and Alert CTC form.

9. If patient met inclusion/exclusion criteria AND no ALPS drug kit opened in item 1, why not?

- 1 Forgoot/Misunderstood Protocol
- 2 **ALPSYNOKITOP**
NO ALPS drug kit at scene
- 3 Rhythm no longer eligible at time of intended administration
Reason:
 - Delayed IV access
 - Other, specify:
 (200)
- 4 Other, specify:
 (200)

Complete this form:

- for all episodes treated by fire/EMS

Main Data Source: Dispatch, PCR and ECG download
Other Data Source: ROC research forms



Pre-Hospital Time Record Form

Form Versions:

ALPS: 1.01.00: 2012-10-02
Cardiac: 2.01.00: 2012-10-02
CCC: 1.01.00: 2012-10-02
Epistry3: 3.01.00: 2012-10-02

Date (yyyy-mm-dd)
[]

Time call received at dispatch(24hr clock)
[] (hh:mm:ss)

Incident Number: (optional)

- From PCR/other
- From dispatch
- Unable to obtain (Non-ROC agency 1st arrival)

Site Linking ID: (optional) []

Cardiac ID: To be assigned

Enrolled in: ALPS

1. Instructions:

- Events that occurred,
 - For events that are known to have occurred in a given order, enter an **Event Order** (1,2,3, etc). If two events occurred at the same time, assign them the same Event Order.
 - For events with order numbers, enter both **Watch Time** and **Dispatch/defib Time**, if available. If neither time is available, mark **No Doc Time**.
 - Where an event is known to have occurred, but source documents are not adequate to know the sequence, enter '-' (for unknown, UK) for the Event Order. Leave remaining fields blank in that row.
- Events that did not, or may not have occurred,
 - For episodes in which all documentation is available and the events did not occur, enter '0' (for not applicable, NA)
 - Where documentation is missing or inadequate to determine if an event occurred, leave the Event Order blank and submit a Request for the form to be closed out. An example of this circumstance might be where only the BLS chart is on hand, and the ALS chart is missing.
- For Dispatch/defib times entered,
 - Indicate if the Source for the time is either from **Dispatch** (enter '0') or from a **Defibrillator** (enter '1' if from the first defibrillator used, '2' if from the second used, and so on)
 - If the defibrillator sourced for the time entered appears to be synchronized to the atomic clock, check **Synched to Atomic Clock**. If the defibrillator is not synched to the atomic clock, then enter the probable time in the **Aligned Time** field and the **Adj** box will automatically be marked.

Event	Time of Event				Computer to generate (you may adjust)			
	Event Order 0=NA - =UK	Watch (hh:mm)	Dispatch/Defib (hh:mm:ss)	Source Disp Defib	Synched to Atomic Clock	No Doc Time	Aligned Time (hh:mm:ss)	Adj
1st mechanical compression device	COMPDEVORDER				COMPDEVSDD	COMPDEVSDD	COMPDEVSDD	
1st 911 call received at dispatch	CALLDSPORDER				CALLDSPSDD	CALLDSPSDD	CALLDSPSDD	
1st vehicle dispatch	V1DSPORDER				V1DSPSDD	V1DSPSDD	V1DSPSDD	
1st non-fire/EMS shock	NONEMSSHOCKORDER				NONEMSSHOCKSDD	NONEMSSHOCKSDD	NONEMSSHOCKSDD	
1st vehicle arrival at scene	V1ARRORDER				V1ARRSDD	V1ARRSDD	V1ARRSDD	
1st fire/EMS CPR	EMSCPRORDER				EMSCPRSDD	EMSCPRSDD	EMSCPRSDD	
1st ALS arrival at scene	ALSARRORDER				ALSARRSDD	ALSARRSDD	ALSARRSDD	
Arrest witnessed by fire/EMS	EMSWITORDER				EMSWITSDD	EMSWITSDD	EMSWITSDD	
1st fire/EMS AED/defib turned on	EMSAEDORDER				EMSAEDSDD	EMSAEDSDD	EMSAEDSDD	
1st fire/EMS shock	EMSSHOCKORDER				EMSSHOCKSDD	EMSSHOCKSDD	EMSSHOCKSDD	
1st successful fire/EMS IV/IO access	IVIOORDER				IVIOSDD	IVIOSDD	IVIOSDD	
1st epinephrine or vasopressin	EPIVASOORDER				EPIVASOSDD	EPIVASOSDD	EPIVASOSDD	
ALPS only: 1st dose ALPS study drug	ALPSDRUG1ORDER				ALPSDRUG1SDD	ALPSDRUG1SDD	ALPSDRUG1SDD	
ALPS only: 2nd dose ALPS study drug	ALPSDRUG2ORDER				ALPSDRUG2SDD	ALPSDRUG2SDD	ALPSDRUG2SDD	
1st successful fire/EMS advanced airway	AIRWAYORDER				AIRWAYSDD	AIRWAYSDD	AIRWAYSDD	
1st ROSC	ROSCORDER				ROSCSDD	ROSCSDD	ROSCSDD	
Hypothermia started by fire/EMS	HYPOTHERMORDER				HYPOTHERMSDD	HYPOTHERMSDD	HYPOTHERMSDD	
Resus. stopped due to death	RESUSSTOPORDER				RESUSSTOPSDD	RESUSSTOPSDD	RESUSSTOPSDD	
Patient transported from scene	XPORTORDER				XPORTSDD	XPORTSDD	XPORTSDD	
Fire/EMS destination arrival	DESTARRORDER				DESTARRSDD	DESTARRSDD	DESTARRSDD	

Sort Events | Align Times | Original Order | Clear Form

Complete this form:

- for all episodes treated by fire/EMS

Main Data Source: PCR

Other Data Source: Dispatch, ROC research forms



Pre-Hospital Form

Form Versions:

- ALPS: 1.04.00: 2013-05-21
- Cardiac: 2.04.00: 2013-05-21
- CCC: 1.06.00: 2013-05-21
- Epistry3: 3.04.00: 2013-05-21

Date (yyyy-mm-dd)
[]

Time call received at dispatch(24hr clock)
[] (hh:mm:ss)

Incident Number: (optional)

Cardiac ID: To be assigned

Enrolled in: ALPS

- From PCR/other
- From dispatch
- Unable to obtain (Non-ROC agency 1st arrival)

Site Linking ID: (optional) []

1. Location of episode:

a. Location (check one only)

- Census tract:
 - US: State [] County [] Tract [] <https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx>
 - Toronto: CTUID [] (nnnnnnn.nn)
- Lat/long:
 - Latitude [] → Decimal degrees DMS DM
 - Longitude [] → Decimal degrees DMS DM
 - Datum: NAD83 NAD27 WGS84
- UTM:
 - Easting [] → Meters Kilometers
 - Northing [] → Meters Kilometers
 - Zone []
- Unknown/not noted

b. Public or non-public?

- Public (check one only)
 - 1 **LOCPUB** Street/highway
 - 2 **LOCTYP** Public building (schools, government office)
 - 3 Place of recreation (park, stadium, lake)
 - 4 Industrial place (factory, warehouse, construction site)
 - 9 Other public property (sidewalk, store, church, restaurant, bar, hotel)
- Non-public (check one only)
 - 5 Home residence (inside or immediately surrounding)
 - 6 Farm/ranch
 - 7 Healthcare facility
 - 8 Residential institution -1 **RESTYP** Assisted living 2 Nursing home 3 Other
 - 10 Other non-public
- 2 Unknown/Not noted

2. Demographics:

a. Age:

- years months days
- 1 Calculated from DOB
- 2 **AGESRP** Estimated by EMS
- If no age available use categories:**
 - 1 **AGECAT** Infant (If < 1 year)
 - 2 **AGECAT** Child (1 - 11 years)
 - 3 Adolescent (12 - 17 years)
 - 4 Adult (18 - 39 years)
 - 5 Middle age (40 - 60 years)
 - 6 Older (61 - 75 years)
 - 7 Elderly (> 75 years)
 - 8 Unknown/not noted

b. Gender:

- Male Female Unknown/not noted

c. Race/Ethnicity: (check all that apply)

- Hispanic or Latino
- White
- African-American/Black
- American-Indian/Alaska Native
- Asian
- Native Hawaiian/Pacific Islander
- Other
- Unknown/not noted

3. Is weight estimated to be < 100 lbs (45kg)?

- Yes
- No
- Unknown/not noted

4. Cardiac arrest:

Occurred:

1 After fire/EMS arrival (witnessed by fire/EMS) → skip to item 6

0 Before fire/EMS arrival → Witnessed collapse?

- 1 Witnessed (seen or heard) by someone other than fire/EMS personnel
- 0 Not witnessed (seen or heard)
- 2 Unknown/not noted

2 ALPS: Patient was not in cardiac arrest in the presence of fire/EMS

5. Was resuscitation attempted by bystanders (includes police) prior to fire/EMS arrival?

1 Yes → a. Was CPR attempted prior to fire/EMS arrival?

0 No

1 CPRATT Yes → CPR attempted by: (check all that apply)

- Lay person
- Police
- Healthcare
- CPRLAY Other, specify: _____ (30)
- Unknown/not noted

Dispatch instructions given for bystander CPR: Yes No Unknown/not noted

Type of CPR delivered by bystanders: (check all that apply)

- Chest compressions only
- CCONLY Chest compressions plus ventilations
- CCVENT Not known/not noted

0 → b. Was AED/defib applied prior to fire/EMS arrival?

1 Yes

0 No

1 AEDAPP Were shocks delivered? Yes No Unknown/not noted

- 1 1 shock
- 2 2 or more shocks
- 3 Unknown/not noted

AED/Defib applied by:

- 1 Lay person
- 2 Police
- 3 Healthcare
- 4 Other, specify: _____ (30)
- 5 Unknown/not noted

0 No, because:

- Marked on PCR in 'Bystander CPR' designated field (where response options are yes/no)
- Derived from reading of PCR narrative

2 Uncertain, because:

- Narrative is insufficient to determine if bystanders performed CPR or applied AED/defib
- Designated field for 'Bystander CPR' not marked (where yes/no are response options)
- Other _____ (30)

6. Was pulse lost after documented 1st ROSC, prior to ED arrival?

1 Yes

0 No

2 Not applicable (No 1st ROSC documented)

7. CCC specific question (Skipped)

8. Evidence of implantable cardioverter defibrillator?

1 Yes → shock delivered during prehospital care? Yes No Unknown/not noted

0 Unknown/not noted

9. Pre-hospital intervention by fire/EMS:

No fire/EMS pre-hospital interventions from the list below were recorded

PNPOINT NR Done (NR is "Not recorded")

0 CCEMS Chest compressions by fire/EMS (check all)

- manual
- CCMAN mechanical
- CCMECH

0 PBAG2 Airway, bag-mask

0 PTRACH Continuation of non-EMS airway (e.g. tracheostomy)

0 PADARE Airway advanced, endotracheal: (check all attempted)

- Oral ET → was it successful? Yes No
- Nasal ET → was it successful? Yes No

0 PADARS Airway advanced, supraglottal and other: (Check all attempted)

- Combitube → was it successful? Yes No
- EOA (esophageal obturator airway) → was it successful? Yes No
- I-gel → was it successful? Yes No
- King LT → was it successful? Yes No
- King LT-D → was it successful? Yes No
- KLTD King LTS-D → was it successful? Yes No
- KLTS (laryngeal mask airway) → was it successful? Yes No
- LMA LMA (supraglottic airway laryngopharyngeal tube) → was it successful? Yes No
- SALT (supraglottic airway laryngopharyngeal tube) → was it successful? Yes No
- Other airway
- OTHAIR Cricothyrotomy → was it successful? Yes No

3 Other, specify: _____ (30) → was it successful? Yes No

0 PHYPT2 Hypothermia therapy: (check all attempted)

External No 1 Yes, check all applicable
PHYPOE

- Adhesive pads (e.g. EM Cools)
- Adjustable cooling pads (e.g. Arctic Sun)
- Cooling blankets
- Ice packs
- Other, specify: (30)
- Unknown/not noted

Internal No 1 Yes, check all applicable
PHYPOI

- Cold IV fluids
- Endovascular (e.g. Alsius)
- Intranasal (e.g. Benechill)
- Other, specify: (30)
- Unknown/not noted

0 1 **PFLUID2** IV/IO line
 Continuation of existing IV 0 1 **PCONIV** Yes → **ALPS:** Indicate successful site (check all applicable)

- Arm 1 Left 2 Right 3 Both left and right 9 Not noted
- CIVRARM** **CSPVARM**
- CIVRLEG** **CSPVLEG**
- External jugular
- CIVXJUG**
- Subclavian or internal jugular
- CIVJUG**
- Other, specify: (30)
- Unknown/not noted

IV attempted 0 1 **PIV** Yes → Was it successful?
 0 No 1 Yes → **ALPS:** Indicate successful site (check all applicable)

- Arm 1 Left 2 Right 3 Both left and right 9 Not noted
- IVRARM** **SPVARM**
- IVRLEG** **SPVLEG**
- External jugular
- IVXJUG**
- Subclavian or internal jugular
- IVJUG**
- Other, specify: (30)
- Unknown/not noted

IO attempted 0 1 **PIO** Yes → Was it successful?
 0 No 1 Yes → **ALPS:** Indicate successful site (check all applicable)

- Arm 1 Left 2 Right 3 Both left and right 9 Not noted
- IORARM** **SPIARM**
- IORLEG** **SPILEG**
- Sternum
- IOSTRN**
- Other, specify: (30)
- IOOTH**
- Unknown/not noted

Was fluid given? (check one)
 1 Yes, total estimated volume infused: **FLDVOL** mls OR Unknown/not noted **FVLUNK**
 0 No
 2 TKO (to keep open)
 3 Unknown/not noted

0 1 **PMON2** Monitor, advanced: (Check all attempted)

- ETCO2**
- PETCO2**
- Pacing
- PPACE**
- PECG** → if attempted, ST-elevation reported -1 Present 0 Absent 2 No results reported **STEEV**

10. CCC specific question (skipped)

11. ALPS only: Possible ALPS related adverse events: (cited by fire/EMS after kit opened)

(Complete all automatic triggered Alert CTC displayed on the Episode Summary page)

NR Yes (NR is 'Not Recorded')

- Anaphylaxis
- Pacing initiated → 1st attempt before ALPS dose 1 1st attempt after ALPS dose 1
- Atropine given → if yes, time 1st dose : (hh:mm)
- Shivering
- Myoclonus
- Seizure activity
- IO complications → specify (60)
- IV complications - evidence of thrombophlebitis along the course of the ALPS infusion vein (check all):
 - Palpable cord Pain Infiltrated (i.e. blown)
 - Induration Redness
- Syringe related issues reported

12. Drug therapies noted:

Drug given		Route (check all attempted)
NR	Yes	IV ET IO Drip
<input type="radio"/>	<input type="radio"/> Amiodarone	<input type="checkbox"/> PHDAMIOET <input type="checkbox"/> PHDAMIODP <input type="checkbox"/> PHDAMIOIV <input type="checkbox"/> PHDAMIOIO
<input type="radio"/>	<input type="radio"/> Atropine	<input type="checkbox"/> PHDATROPET <input type="checkbox"/> PHDATROPDP <input type="checkbox"/> PHDATROPIV <input type="checkbox"/> PHDATROPIO
<input type="radio"/>	<input type="radio"/> Epinephrine	<input type="checkbox"/> PHDEPINET <input type="checkbox"/> PHDEPINDP <input type="checkbox"/> PHDEPINIV <input type="checkbox"/> PHDEPINIO
<input type="radio"/>	<input type="radio"/> Vasopressin (Pitressin)	<input type="checkbox"/> PHDVASOET <input type="checkbox"/> PHDVASODP <input type="checkbox"/> PHDVASOIV <input type="checkbox"/> PHDVASOIO
<input type="radio"/>	<input type="radio"/> Lidocaine	<input type="checkbox"/> PHDLIDOET <input type="checkbox"/> PHDLIDODP <input type="checkbox"/> PHDLIDOIV <input type="checkbox"/> PHDLIDIOIO
<input type="radio"/>	<input type="radio"/> ALPS only: Magnesium	<input type="checkbox"/> PHDMAGNET <input type="checkbox"/> PHDMAGNDP <input type="checkbox"/> PHDMAGNIV <input type="checkbox"/> PHDMAGNIO
<input type="radio"/>	<input type="radio"/> ALPS only: Procainamide (Pronestyl)	<input type="checkbox"/> PHDPROCAET <input type="checkbox"/> PHDPROCADP <input type="checkbox"/> PHDPROCAIV <input type="checkbox"/> PHDPROCAIO
<input type="checkbox"/>	Check if no drug given from list below	
<input type="radio"/>	<input type="checkbox"/> PDRNODR	
<input type="radio"/>	<input type="checkbox"/> PHDBETA Beta blocker category (such as esmolol, metoprolol, atenolol, bisoprolol, nadolol)	
<input type="radio"/>	<input type="checkbox"/> PHDBICARB Ricarbonate	
<input type="radio"/>	<input type="checkbox"/> PHDDEXT Dextrose	
<input type="radio"/>	<input type="checkbox"/> PHDDOPA Dopamine	
<input type="radio"/>	<input type="checkbox"/> PHDPARA Paralytics category (such as succinylcholine/Anectine, pancuronium/Pavulon)	
<input type="radio"/>	<input type="checkbox"/> PHDPRESS Pressors/inotropes category (other than epinephrine, vasopressin or dopamine; such as dobutamine, norepinephrine/levophed, ephedrine, and Isuprel)	
<input type="radio"/>	<input type="checkbox"/> PHDSEDA Sedation category (such as benzodiazepines, opiates, valium, etomidate/Amidate, fentanyl/Sublimaze, midazolam/Versed)	

13. **Etiology of arrest: Site classification** (from field data, do not use ED/hospital records)

- 0 No obvious cause (includes NEMSIS 2250 presumed cardiac)
- 1 Obvious cause identified (check one)
 - Anaphylaxis
 - Chemical poisoning (intentional or unintentional, includes carbon monoxide, toxic gases)
 - Drowning
 - Drug poisoning (intentional or unintentional, includes alcohol)
 - Electrocution (non-lightning)
 - Excessive cold
 - Excessive heat
 - Foreign body obstruction
 - Hanging
 - Lightning
 - Mechanical suffocation
 - Non-traumatic exsanguination
 - Radiation exposure
 - Respiratory (asthma)
 - SIDS (sudden infant death syndrome)
 - Smoke inhalation
 - Strangulation
 - Terminal illness (includes end-stage diseases such as cancer)
 - Trauma (includes blunt, penetrating or burns)
 - Venomous stings
 - Other obvious cause: (30)

14. **Disposition:** (check one)

- 0 Died at scene or en route
 - 1 Why was treatment halted? (check one)
 - 0 Considered futile
 - 1 Written DNR presented
 - 2 Verbal directive/family wishes
 - 3 Obviously dead
- 1 Transported by fire/EMS to ED/hospital with ROSC or ongoing resuscitation → Complete the **ED Admit** form
 - 0 ROSC present
 - 1 Ongoing resuscitation
- 2 Alive and not transported by fire/EMS to ED/hospital

Complete this form:

- for each cardiac arrest episode that was treated

Main Data Source: Electronic ECG
Other Data Source: ECG Strip or PCR



CPR Process Form

Form Versions:
ALPS: 1.04.01: 2014-01-14
Cardiac: 2.04.01: 2014-01-14
CCC: 1.04.01: 2014-01-14
Epistry3: 3.05.01: 2014-01-14

Date (yyyy-mm-dd)
[]

Time call received at dispatch(24hr clock)

[] (hh:mm:ss)

- From PCR/other
- From dispatch
- Unable to obtain (Non-ROC agency 1st arrival)

Incident Number: (optional)

Site Linking ID: (optional) []

Cardiac ID: To be assigned

Enrolled in: ALPS

1. ECG data:

Order	Device			ECG Recording				Recording Data			
	Type	Agency and Rig	Manufacturer	Exists?	Merged?	File Upload	(hh:mm:ss) Power On	(hh:mm:ss) Pads/Puck On	Synched to atmc. clock?	(hh:mm:ss) Adjusted	CPR process measures?
1	No Device AED Manual Defib ECGAPP1	---	Medtronic Philips Zoll Other (specify) ECGMFG1	N Y	N Y, with...	No File Upload Replace DEL WARNING!!!	: : :	: : :	Y N →	: : :	Y N
2	ECGAPP2	---	ECGMFG2	RECRD2		No File Upload Replace DEL WARNING!!!	: : :	: : :	ECGSYNCH2	: : :	Y N
3	ECGAPP3	---	ECGMFG3	RECRD3		No File Upload Replace DEL WARNING!!!	: : :	: : :	ECGSYNCH3	: : :	Y N
4	ECGAPP4	---	ECGMFG4	RECRD4		No File Upload Replace DEL WARNING!!!	: : :	: : :	ECGSYNCH4	: : :	Y N

Select a file for upload. (Your file will be uploaded when you submit the form.)

ECG Placed: line # NOTE: For Philips files, please only upload files exported from version 4.1 of Event Review Pro
Manufacturer: Do not upload files exported from version 4.0

To upload file, you need to agree that:

- This file contains no protected patient information in any field.
 - As a double-check, you have applied the "de-identification" function provided by the manufacturer, if available. See documentation your manufacturer's documentation and refer to the supplemental **ROC specific documentation for Medtronic**.
 - The file name must contain the episode of this case or the Episode ID of the cardiac case entered on the Patient Enrollment form and has a valid file extension. We will also accept .zip files that include only the below types of files.
 - Medtronic: XXX-xxxxxCA-x.pco
 - Philips: XXX-xxxxxCA-x.mic
 - Zoll: XXX-xxxxxCA-x.zol
- I agree

Upload Done Cancel

2. Were any shocks delivered by fire/EMS responders?

No
 Yes → Number of shocks: NUMSHK
→ Age < 18 years No
 Yes → AGELT18

#	Shock	Joules	Source	Attenuated cables used		
				No	Yes	Not known
1	SHKJUL1	1 2	SHKSR1	0	1	9
2	SHKJUL2	1 2	SHKSR2	0	1	9
3	SHKJUL3	1 2	SHKSR3	0	1	9

3. Initial CA rhythm:

	No CA rhythm			Rhythm (check one)					Source (check one)				
	no PAD/AED applied	Perfusing rhythm only	No defib leads attached	Time of Rhythm (hh:mm:ss)	VF/VT (includes AED shock)	PEA	Asystole	AED-No shock, No strip	Cannot Determine	ECG with voice	Continuous ECG	Snapshot ECG	PCR
1) 1st CA rhythm with non EMS AED/defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time: []:[]:[]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2) 1st CA EMS rhythm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time: []:[]:[]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Rhythm codes: **NOPADAED** (No PAD/AED applied), **NOCARHYTHM** (No defib leads attached), **FRHYAE** (VF/VT), **FRHYEM** (PEA), **FRHYAS** (Asystole), **FRHYNS** (AED-No shock, No strip), **FRHYND** (Cannot Determine), **FRHYEV** (ECG with voice), **FRHYEC** (Continuous ECG), **FRHYES** (Snapshot ECG), **FRHYPC** (PCR).
 If PEA, indicate rate: PEABPM or PEARTU or Unknown/not noted

4. CPR process measures?

- 0 No → Skip Questions 4 and 5
- 1 Yes → Complete 10 minutes or more of resuscitative effort

Graph of first 15 minutes of CPR process measures (X-axis is total seconds from device 1 start time)

Device #	Start time (hh:mm:ss)	Stop time (hh:mm:ss)	Unanalyzable	Primary Reason For Stopping	Reason determined by?				If shock, time of shock (hh:mm:ss)
					ECG with voice	Continuous ECG	PCR	Suspected but not documented	
<input type="checkbox"/>	1 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	2 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	3 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	4 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	5 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	6 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	7 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	8 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	9 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	10 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	11 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	12 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	13 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	14 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	15 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	16 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	17 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	18 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	19 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	20 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	21 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	22 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	23 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	24 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	25 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	26 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	27 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	28 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	29 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	30 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	31 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	32 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	33 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]
<input type="checkbox"/>	34 - []:[]:[]	[]:[]:[]	<input type="checkbox"/>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]:[]:[]

<input type="checkbox"/>	35 -	:	:	:	:	<input type="checkbox"/>	---	▼	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	:	:	:	:
<input type="checkbox"/>	36 -	:	:	:	:	<input type="checkbox"/>	---	▼	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	:	:	:	:
<input type="checkbox"/>	37 -	:	:	:	:	<input type="checkbox"/>	---	▼	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	:	:	:	:
<input type="checkbox"/>	38 -	:	:	:	:	<input type="checkbox"/>	---	▼	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	:	:	:	:
<input type="checkbox"/>	39 -	:	:	:	:	<input type="checkbox"/>	---	▼	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	:	:	:	:
<input type="checkbox"/>	40 -	:	:	:	:	<input type="checkbox"/>	---	▼	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	:	:	:	:
<input type="checkbox"/>	41 -	:	:	:	:	<input type="checkbox"/>	---	▼	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	:	:	:	:
<input type="checkbox"/>	42 -	:	:	:	:	<input type="checkbox"/>	---	▼	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	:	:	:	:
<input type="checkbox"/>	43 -	:	:	:	:	<input type="checkbox"/>	---	▼	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	:	:	:	:
<input type="checkbox"/>	44 -	:	:	:	:	<input type="checkbox"/>	---	▼	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	:	:	:	:
<input type="checkbox"/>	45 -	:	:	:	:	<input type="checkbox"/>	---	▼	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	:	:	:	:
<input type="checkbox"/>	46 -	:	:	:	:	<input type="checkbox"/>	---	▼	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	:	:	:	:
<input type="checkbox"/>	47 -	:	:	:	:	<input type="checkbox"/>	---	▼	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	:	:	:	:
<input type="checkbox"/>	48 -	:	:	:	:	<input type="checkbox"/>	---	▼	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	:	:	:	:
<input type="checkbox"/>	49 -	:	:	:	:	<input type="checkbox"/>	---	▼	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	:	:	:	:
<input type="checkbox"/>	50 -	:	:	:	:	<input type="checkbox"/>	---	▼	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	:	:	:	:

Primary reason for stopping:

- 1 - Ventilations
- 3 - Shock delivered
- 6 - ROSC
- 8 - Resus stopped
- 9 - Reached ED
- 10 - Unknown
- 12 - Compression signal lost
- 13 - Other
- 14 - Shock delivered, ROSC

5. Rate and depth compression:

Device #	Minute time (hh:mm:ss)	Unanalyzable	Comp rate	Comp depth	Incomplete comp release
<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

6. CCC study specific question (skipped)

7. ALPS only: ALPS drug information:

Was ALPS study dose 1 given?

2 Unknown whether ALPS study drug dose 1 was given

0 **DOSE1GIVN** No, why not? → If other, specify (60)

1 Yes → Was ALPS study dose 2 also given?

2 Unknown whether ALPS study drug dose 2 was given

0 **DOSE2GIVN** No, why not? → If other, specify (60)

1 Yes

a. ALPS study dose information:

Dose number	Number of syringes given		Source				Route		Were any syringe related issues reported?		Shock									
	1	2	Unknown number	Time not documented	ECG with Voice	Continuous ECG	Snapshot ECG	PCR	IV	IO	Unknown	Other (Complete Alert CTC)	Yes	No/Not noted	Shock given?	Number of Shock (1,2,3,4,etc.)	Shock number not documented	Time (hh:mm:ss)	Time not documented	
1	1 <input type="radio"/> NUMSYR1	2 <input type="radio"/>	3 <input type="radio"/>	<input type="text" value=": : :"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	Before dose: 1 <input type="radio"/> SKGVNBF1 2 <input type="radio"/> Not noted	<input type="text" value="SKBEFOISKBFUNK1 : :"/>	<input type="radio"/>	<input type="text" value=": :"/>	<input type="radio"/>	SKBFTMUNK1
					DOSE1TECGSRC1				DRGROUTE1 Outer, Specify <input type="text"/>						After dose: 1 <input type="radio"/> SKGVNAF1 2 <input type="radio"/> Not noted	<input type="text" value="SKAFTERSKAFUNK1 : :"/>	<input type="radio"/>	<input type="text" value=": :"/>	<input type="radio"/>	SKAFTMUNK1
2	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	<input type="text" value=": : :"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	Before dose: 1 <input type="radio"/> Yes → SKGVNBF2 2 <input type="radio"/> Not noted	<input type="text" value="SKBEFOISKBFUNK2 : :"/>	<input type="radio"/>	<input type="text" value=": :"/>	<input type="radio"/>	SKBFTMUNK2
					DOSE2TECGSRC2				DRGROUTE2 Outer, Specify <input type="text"/>						After dose: 1 <input type="radio"/> Yes → SKGVNAF2 2 <input type="radio"/> Not noted	<input type="text" value="SKAFTERSKAFUNK2 : :"/>	<input type="radio"/>	<input type="text" value=": :"/>	<input type="radio"/>	SKAFTMUNK2

b. **Rhythm:**

Rhythm guide: Time guides for "Preferred time" will be pre-filled based on responses to question 7-a. Look for rhythms within these time guides. If rhythms are not available enter the closest times prior to another event occurring (e.g. another shock or another dose of drug). If another event occurs before a rhythm is seen, select "Cannot determine".

Graph of ALPS Doses, Shocks and Rhythms

(click on graph and drag left or right to see additional data)

Line number			Preferred time (Other times between events allowed)	Rhythm				Source				Situation		
				Time (hh:mm:ss)	Rhythm time not documented		*Rate	Rate not available	ECG with voice	Continuous ECG	Snapshot ECG	PCR	Resus stopped due to death	At ED arrival
1	Shock prior to dose 1	Before	[] — []	▣:▣:▣	<input type="checkbox"/>	▾	▣	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	--
2		After	[] — []	▣:▣:▣	<input type="checkbox"/>	▾	▣	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	--
3	Dose 1 administration	Before	[] — []	▣:▣:▣	<input type="checkbox"/>	▾	▣	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	--
4		After	[] — []	▣:▣:▣	<input type="checkbox"/>	▾	▣	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	--
5	Shock after dose 1	Before	[] — []	▣:▣:▣	<input type="checkbox"/>	▾	▣	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	--
6		After	[] — []	▣:▣:▣	<input type="checkbox"/>	▾	▣	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	--
7	Shock prior to dose 2	Before	[] — []	▣:▣:▣	<input type="checkbox"/>	▾	▣	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	--
8		After	[] — []	▣:▣:▣	<input type="checkbox"/>	▾	▣	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	--
9	Dose 2 administration	Before	[] — []	▣:▣:▣	<input type="checkbox"/>	▾	▣	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	--
10		After	[] — []	▣:▣:▣	<input type="checkbox"/>	▾	▣	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	--
11	Shock after dose 2	Before	[] — []	▣:▣:▣	<input type="checkbox"/>	▾	▣	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	--
12		After	[] — []	▣:▣:▣	<input type="checkbox"/>	▾	▣	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	--
13	Final EMS rhythm prior to resuscitation stopped due to death or at ED arrival (whichever is last)			▣:▣:▣	<input type="checkbox"/>	▾	▣	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Complete this form:

- for each episode qualifying for the Pre-hospital Form and the patient was transported to an ED or hospital

Main Data Source: ED and hospital records



ED Admit Form

Form Versions:

ALPS: 1.01.00: 2012-04-24
 Cardiac: 2.01.01: 2012-11-20
 CCC: 1.03.01: 2012-11-20
 Epistry3: 3.02.00: 2012-04-24

Date (yyyy-mm-dd)
 []

Time call received at dispatch(24hr clock)
 [] (hh:mm:ss)

Incident Number: (optional)

Cardiac ID: To be assigned

Enrolled in: ALPS

- From PCR/other From dispatch
 Unable to obtain (Non-ROC agency 1st arrival)

Site Linking ID: (optional) []

1. Name of first ED transported to:

--- ▾ → If non-ROC ED is selected, provide ED name: _____ (30)

Patient bypassed ED and admitted directly to hospital → Complete **Item 6 ONLY (Demographics)**, then complete **Hospital Admit** form.

2. Date/time of first ED arrival/admit:

Date: []-[]-[] (yyyy-mm-dd) Time: []:[] (hh:mm, 24 hr clock)

3. ALPS only:

ROSC at 1st ED arrival? (per pre-hospital records)

0 No
 1 Yes →

1st set vital signs in ED:

Pulse rate [] bpm Not noted
 E1ABPM E1ANPR

SBP [] mmHg Not noted
 E1ASBP E1ANBP

4. CCC specific question (skipped)

5. Was patient transferred to another ED?

0 No
 1 XFERED Yes →

Name of next acute ED (If non-ROC hospital is selected, please provide hospital name)	Date of transfer (yyyy-mm-dd)
--- ▾ → Name of non-ROC hospital: _____ (30)	[]-[]-[]
--- ▾ → Name of non-ROC hospital: _____ (30)	[]-[]-[]

6. **Demographics** (obtained from either ED or hospital information):

a. Birth year:
 (yyyy)

- b. Race (check all applicable)
- American-Indian/Alaska Native
 - Asian
 - Black/African-American
 - Native Hawaiian/Pacific Islander
 - White
 - Unknown/not noted

- c. Ethnicity: (check one)
- Hispanic or Latino
 - Not Hispanic or Latino
 - Unknown/not noted

- d. Gender: (check one)
- Male
 - Female
 - Unknown/not noted

7. **Discharge status from final ED:**


Date: -- (yyyy-mm-dd) Time: : (hh:mm, 24hr clock)

Select one:

- 0 Died in ED
- 1 Admitted to same hospital as final ED → Complete **Hospital Admit** form
- 2 Transferred from first ED to another hospital (bypassing other EDs) → Complete the **Hospital Admit** form.
- 3 Discharged alive (or left AMA) from ED

8. **Source for discharge status from final ED:**

- ED records
- Obituary
- SSDI (Social Security Death Index)
- Family/friend
- Fire/EMS
- ED staff (e.g. nurse)
- Other, specify: (30)

<p><i>Complete this form:</i></p> <ul style="list-style-type: none"> for each episode qualifying for the Pre-hospital form and the patient was admitted to a hospital <p><i>Main data resource:</i> Hospital Records</p>		<p>Hospitalization Form</p> <p>Form Versions: ALPS: 1.05.01: 2014-08-12 Cardiac: 1.05.01: 2014-08-12 CCC: 1.05.01: 2014-08-12 Epistry3: 3.06.01: 2014-08-12</p>
---	--	---

<p>Date (yyyy-mm-dd) []</p>	<p>Time call received at dispatch(24hr clock) [] (hh:mm:ss)</p> <p> <input type="radio"/> From PCR/other <input type="radio"/> From dispatch <input type="radio"/> Unable to obtain (Non-ROC agency 1st arrival) </p>	<p>Incident Number: (optional) []</p> <p>Site Linking ID: (optional) []</p>
-------------------------------------	---	---

Cardiac ID: To be assigned

Enrolled in: ALPS

1. Hospital admit information (1st hospital):

Date: []-[]-[] (yyyy-mm-dd)

Time: []:[] (hh:mm; 24 hour clock) Required only if bypassed first ED and directly admitted to hospital

Hospital name: []

If non-ROC hospital is selected, provide hospital name: [] (30)

2. Was the patient transferred to another acute care hospital before final discharge?

No

Yes →

	Name of next acute hospital <i>(If non-ROC hospital is selected, please provide hospital name)</i>	Date of transfer <i>(yyyy-mm-dd)</i>
1	[] → Name of non-ROC hospital: [] (30)	[]-[]-[]
2	[] → Name of non-ROC hospital: [] (30)	[]-[]-[]
3	[] → Name of non-ROC hospital: [] (30)	[]-[]-[]
4	[] → Name of non-ROC hospital: [] (30)	[]-[]-[]
5	[] → Name of non-ROC hospital: [] (30)	[]-[]-[]

3. No longer required for current Cardiac study

4. Residential status prior to arrest:

Home - 1 Independent 2 With assistance 3 Unknown/not noted
 6 Homeless/Straiter PREHOM
 2 Inpatient rehabilitation facility
 3 Assisted living
 4 Nursing home
 7 Jail
 5 Unknown/not noted

5. ALPS only: First weight documented in hospital:

[] ¹ lbs ² kg ³ Not noted

FWGTHS WEIGHT

6. Number of days for initial continuous CCU/ICU or date of last CCU/ICU stay:

Unknown/not noted

[] ^{days} **IDYCCU** **OR** []-[]-[] (yyyy-mm-dd)

7. Number of days for initial continuous ventilator use or date of last ventilator use:

Unknown/not noted

[] ^{days} **IDYVNT** **OR** []-[]-[] (yyyy-mm-dd)

8. CCC & ALPS only:

Did patient awaken in ED or Hospital? (obeys verbal commands)

- 0 No
- 1 Yes → Date first awakened []-[]-[] (yyyy-mm-dd) Data not known
- 2 Not known

9. Order written for DNR or care limited/withdrawn during hospitalization?

- 0 No
- 1 Yes → Epistry only: Date order written []-[]-[] (yyyy-mm-dd)

CCC & ALPS only: (check all that apply)

- DNR → Date []-[]-[] (yyyy-mm-dd)
- DNRCA Time []:[] (hh:mm) Time not noted
- Limited or withdrawal of care → Date []-[]-[] (yyyy-mm-dd)
- CARELW Time []:[] (hh:mm) Time not noted

10. Date and time of acute care hospital discharge, reclassification or death:

Date []-[]-[] (yyyy-mm-dd)

Time []:[] (hh:mm; 24 hour clock)

CCC & ALPS only

Interim vital status:

Complete this for whichever event is more recent:

- a) DSMB vital status sweep, or
- b) Patient is in the acute care hospital at 30 days

Patient in acute care hospital as of this date: []-[]-[] (yyyy-mm-dd)

11. Discharge status from final hospital:

- 1 Dead
- 0 Alive → Disposition:
- 1 Home: Independent: With assistance: Unknown/not noted
- 2 DCHOME DCHOME
- 3 Inpatient rehabilitation facility
- 4 Assisted living
- 5 Nursing home
- 6 Remain in acute care hospital, reclassified as non-acute patient awaiting placement or chronic care

12. Source for discharge status from final hospital:

- 1 Hospital records
- 2 HVSSRC Obituary
- 3 SSDI (Social Security Death Index)
- 4 Family/friend
- 5 Fire/EMS
- 6 Hospital staff (e.g. nurse)
- 7 Other, specify: [] (60)

13. **Discharge summary listed conditions:** (check all applicable)

If no d/c summary available, review entire chart and mark which conditions were documented.

- None of the below conditions noted
HDSNON

General:

- Airway bleeding (bloody fluid or frank blood)
HAIIRBL
 Bleeding requiring intervention (either transfusion or surgical)
HBLEED
 Cerebral bleeding, stroke, CVA (cerebral vascular accident)
HCVA
 Hypotension requiring vasopressors
HYPTEN
 Recent cardiac arrest
HRECA
 Seizures
HSEIZ
 Sepsis
HSEPS
 Coronary Artery Bypass Grafting (CABG)

Abdomen:

- Internal abdominal injury
 Liver laceration
 Bleeding, internal
 Acute liver failure

Chest:

- Internal thoracic injury
 Pneumothorax
 Pneumonia
HPNEUM
 Pulmonary edema
HPULED
 Rib fractures
 Sternal fractures

Other:

- Other major medical or surgical conditions, specify: _____ (60)
HOTHCN
(Intended to capture anything else in this patient that seems unusual for this patient's underlying condition)

14. **ALPS only:****Potential IO complications listed in Discharge Summary** (check all applicable)

- Not applicable, no IO marked successful by EMS providers
NANOIO
 Compartment syndrome
CMPSYN
 Abscess
ABSCESS
 Osteomyelitis
OSTMYE
 Bone necrosis
SKNNCR
 Loss of limb
LSLIMB
 None of the above
NONEAB

15. **Modified Rankin Scale (MRS) at hospital discharge:**

(Review at discharge of physician, nurse, social worker, and therapist records)

- 0 MRS0 - No symptoms at all
HDCMRS
1 MRS1 - No significant disability despite symptoms: *able to carry out all usual duties and activities*
2 MRS2 - Slight disability: *unable to carry out all previous activities but able to look after own affairs without assistance*
3 MRS3 - Moderate disability: *requiring some help, but able to walk without assistance*
4 MRS4 - Moderately severe disability: *unable to walk without assistance, and unable to attend to own bodily needs without assistance*
5 MRS5 - Severe disability: *bedridden, incontinent and requiring constant nursing care and attention*
6 MRS6 - Dead at discharge

Complete this form:

- for all patients transported to ED or hospital

Main Data Source: ED & hospital records



Procedures/Observations Form

Form Versions:

- ALPS: 1.02.00: 2013-03-19
- Cardiac: 2.02.00: 2013-03-19
- CCC: 1.04.00: 2013-03-19
- Epistry3: 3.04.00: 2013-03-19

Date (yyyy-mm-dd)

[]

Time call received at dispatch(24hr clock)

[] (hh:mm:ss)

- From PCR/other
- From dispatch
- Unable to obtain (Non-ROC agency 1st arrival)

Incident Number: (optional)

Site Linking ID: (optional) []

Cardiac ID: To be assigned

Enrolled in: ALPS

1. CPR done in ED or hospital?

- 0 Not recorded
- 1 CPREDH YES →
 - Manual compressions
 - MANCMP Done in ED
 - 2 MNCWHR Done in hospital
 - 3 Done in ED/hospital
 - 4 Not recorded
 - Mechanical compressions
 - MCHCMP Done in ED
 - 2 MCCWHR Done in hospital
 - 3 Done in ED/hospital
 - 4 Not recorded

2. Major procedures while in any ED or acute care hospital:

No major procedures from the list below were noted

#	Not Recorded	Done where?													
		ED	Hospital	ED/Hospital											
Within 24 hours of first ED arrival: From: [][] To: [][] (24 hr clock)															
2A.	0	1	2	-	<p>1st Cardiac catheterization, if done:</p> <p>0 <input type="radio"/> Diagnostic angiography only, no intervention</p> <p>1 <input type="radio"/> CATHINT24 Percutaneous coronary intervention (PCI)? → answer method(s) below:</p> <p>1 <input type="radio"/> Balloon inflated?</p> <p>0 <input type="radio"/> BLNI24 Yes → Time 1st device inflation []:[] (hh:mm, 24hr clock) <input type="checkbox"/> Time not noted NOTMBI</p> <p>0 <input type="radio"/> No</p> <p>2 Stent placed?</p> <p>1 <input type="radio"/> Yes</p> <p>0 <input type="radio"/> STNT24 No</p> <p>3 Rotational atherectomy done?</p> <p>1 <input type="radio"/> Yes</p> <p>0 <input type="radio"/> ROTATHE24 No</p>										
2B.	0	1	2	-	<p>1st CXR, if done:</p> <p>Date []-[]-[] (yyyy-mm-dd) Time []:[] (hh:mm, 24hr clock)</p> <p><input type="checkbox"/> Time or date not noted NOTMCX</p> <p>Report available?</p> <p>0 <input type="radio"/> No</p> <p>1 <input type="radio"/> XRAV24 Yes → answer below:</p> <table border="1"> <thead> <tr> <th>Yes</th> <th>Not noted</th> </tr> </thead> <tbody> <tr> <td>1 <input type="radio"/> PLED24</td> <td>0 <input type="radio"/> Pulmonary edema (includes alveolar or interstitial edema, bilateral pleural effusion, pulmonary venous congestion, or cardiomegaly)</td> </tr> <tr> <td>1 <input type="radio"/> ASPR24</td> <td>0 <input type="radio"/> Aspiration</td> </tr> <tr> <td>1 <input type="radio"/> PNEU24</td> <td>0 <input type="radio"/> Pneumothorax</td> </tr> <tr> <td>1 <input type="radio"/> RBFR24</td> <td>0 <input type="radio"/> Rib fractures</td> </tr> </tbody> </table>	Yes	Not noted	1 <input type="radio"/> PLED24	0 <input type="radio"/> Pulmonary edema (includes alveolar or interstitial edema, bilateral pleural effusion, pulmonary venous congestion, or cardiomegaly)	1 <input type="radio"/> ASPR24	0 <input type="radio"/> Aspiration	1 <input type="radio"/> PNEU24	0 <input type="radio"/> Pneumothorax	1 <input type="radio"/> RBFR24	0 <input type="radio"/> Rib fractures
Yes	Not noted														
1 <input type="radio"/> PLED24	0 <input type="radio"/> Pulmonary edema (includes alveolar or interstitial edema, bilateral pleural effusion, pulmonary venous congestion, or cardiomegaly)														
1 <input type="radio"/> ASPR24	0 <input type="radio"/> Aspiration														
1 <input type="radio"/> PNEU24	0 <input type="radio"/> Pneumothorax														
1 <input type="radio"/> RBFR24	0 <input type="radio"/> Rib fractures														
2C.	0	1	2	-	<p>1st 12-lead ECG, if done:</p> <p>Date []-[]-[] (yyyy-mm-dd) Time []:[] (hh:mm, 24hr clock)</p> <p><input type="checkbox"/> Time or date not noted NOTMEC</p> <p>1 Acute myocardial injury per physician notes?</p> <p>0 <input type="radio"/> Yes</p> <p>0 <input type="radio"/> No</p> <p>0 <input type="radio"/> Unknown/not noted</p> <p>2 Acute myocardial injury per final interpreted ECG?</p> <p>1 <input type="radio"/> Yes</p> <p>0 <input type="radio"/> No</p> <p>0 <input type="radio"/> Pacemaker</p> <p>0 <input type="radio"/> LBBB</p> <p>0 <input type="radio"/> Unknown/not noted</p> <p>3 <input type="radio"/> Report not available</p>										
2D.	0	1	2	-	<p>Fibrinolytics 1st dose, if done:</p> <p>Date []-[]-[] (yyyy-mm-dd) Time []:[] (hh:mm, 24hr clock)</p> <p><input type="checkbox"/> Time or date not noted NOTMFB</p>										
2E.	0	1	2	-	<p>1st recorded temperature:</p> <p>Date []-[]-[] (yyyy-mm-dd) Time []:[] (hh:mm, 24hr clock)</p> <p><input type="checkbox"/> Time or date not noted NOTMIT</p> <p>Temperature: [] degrees ¹ or ² °F</p> <p>Method(axillary, esophageal, Foley, oral, pulmonary artery, rectal, temporal, tracheal, tympanic, unknown, not noted, other):</p> <p>[]-TMPMTH [] (120)</p>										
Within 72 hours of first ED arrival: From: [][] To: [][] (24 hr clock)															
2F.	0	1	2	3	Echocardiogram										
2G.	0	1	2	3	<p>Hemodynamic monitoring → if done, methods</p> <table border="1"> <thead> <tr> <th>Yes</th> <th>None</th> <th>Noted</th> </tr> </thead> <tbody> <tr> <td>1 <input type="radio"/> PACATH</td> <td>0 <input type="radio"/></td> <td>0 <input type="radio"/> Pulmonary artery cath</td> </tr> <tr> <td>1 <input type="radio"/> ARTRLN</td> <td>0 <input type="radio"/></td> <td>0 <input type="radio"/> Arterial line</td> </tr> </tbody> </table>	Yes	None	Noted	1 <input type="radio"/> PACATH	0 <input type="radio"/>	0 <input type="radio"/> Pulmonary artery cath	1 <input type="radio"/> ARTRLN	0 <input type="radio"/>	0 <input type="radio"/> Arterial line	
Yes	None	Noted													
1 <input type="radio"/> PACATH	0 <input type="radio"/>	0 <input type="radio"/> Pulmonary artery cath													
1 <input type="radio"/> ARTRLN	0 <input type="radio"/>	0 <input type="radio"/> Arterial line													
2H.	0	1	2	3	Hemodynamic support, pressor										
2I.	0	1	2	3	<p>Hemodynamic support, device</p> <p>Device type (check all applicable)</p> <p><input type="checkbox"/> IABP (intra-aortic balloon pump)</p> <p><input type="checkbox"/> HSUDIA</p>										

- HSUDEC** (extracorporeal membrane oxygenation)
- VAD** (ventricular assist device)
- HSUDVA**
- Other** cardiopulmonary support device, specify (e.g. Tandem Heart, Impella, Lifebridge)
- HSUDDOD** _____ (120)

Any time after first ED arrival

<p>2J. 0 1 2 3</p> <p>EEGAT</p>		<p>EEG (electroencephalography) test or continuous monitoring: ALPS & CCC: Type of procedures (<i>check all</i>)</p> <p><input type="checkbox"/> Continuous EEG → Date _____ (yyyy-mm-dd) <input type="checkbox"/> Time or date not noted Time _____ (hh:mm, 24hr clock)</p> <p>EEGTST</p> <p><input type="checkbox"/> Test → Date _____ (yyyy-mm-dd) <input type="checkbox"/> Time or date not noted Time _____ (hh:mm, 24hr clock) EEGTNN</p>
<p>2K. 0 1 2 3</p> <p>ACONTX</p>		<p>ALPS & CCC: Receipt of anticonvulsant medication for any reason (such as dilantin, Phenobarbital, midazolam, lorazepam, benzodiazepine, diazepam, levetiracetam[Keppra])</p>
<p>2L. 0 1 2 3</p> <p>HCTSCN</p>		<p>ALPS & CCC: Head CT scan</p> <p>Date _____ (yyyy-mm-dd) <input type="checkbox"/> Date not noted</p>
<p>2M. 0 1 2 3</p> <p>SSEP</p>		<p>ALPS & CCC: SSEP (Somatosensory Evoked Potential):</p> <p>Date _____ (yyyy-mm-dd) <input type="checkbox"/> Date not noted</p>
<p>2N. 0 1 - -</p> <p>EHTHAT</p>		<p>Hypothermia continued or started in ED Was hypothermia started in ED or different methods of hypothermia (than pre-hospital methods) started in ED?</p> <p>0 No 1 Yes, (<i>check all methods started</i>)</p> <p>DMTHED</p> <p>External: 0 No 1 Yes → Date _____ (yyyy-mm-dd) EXTHYP</p> <p>Time _____ (hh:mm, 24hr clock) <input type="checkbox"/> Time or date not noted NOTMEH</p> <p>Check all applicable</p> <p><input type="checkbox"/> Cooling blankets EHCBLN ice packs <input type="checkbox"/> Adhesive pads (e.g. EM Cools) EHICEP <input type="checkbox"/> Adjustable cooling pads (e.g. Arctic Sun) EHADJP <input type="checkbox"/> Other, specify _____ (120) <input type="checkbox"/> Unknown/not noted</p> <p>Internal: 0 No 1 Yes → Date _____ (yyyy-mm-dd) INTHYP</p> <p>Time _____ (hh:mm, 24hr clock) <input type="checkbox"/> Time or date not noted</p> <p>Check all applicable</p> <p><input type="checkbox"/> Cold IV fluids <input type="checkbox"/> Endovascular (e.g. Alsius) <input type="checkbox"/> Intranasal (e.g. Benechill) <input type="checkbox"/> Other, specify _____ (120) <input type="checkbox"/> Unknown/not noted</p>
<p>2O. 0 - 2 -</p> <p>HHTHAT</p>		<p>Hypothermia continued or started in hospital Was hypothermia started in Hospital or different methods of hypothermia started in hospital?</p> <p>0 No 1 Yes, (<i>check all methods started</i>)</p> <p>DMTHHS</p> <p>External: 0 No 1 Yes → Date _____ (yyyy-mm-dd) HXTHYP</p> <p>Time _____ (hh:mm, 24hr clock) <input type="checkbox"/> Time or date not noted NOTM</p> <p>Check all applicable</p> <p><input type="checkbox"/> Cooling blankets HHCBLN ice packs <input type="checkbox"/> Adhesive pads (e.g. EM Cools) HHICEP <input type="checkbox"/> Adjustable cooling pads (e.g. Arctic Sun) HHADJP <input type="checkbox"/> Other, specify _____ (120) HHOTHR <input type="checkbox"/> Unknown/not noted HHUNK</p> <p>Internal: 0 No 1 Yes → Date _____ (yyyy-mm-dd) HHIHYP</p> <p>Time _____ (hh:mm, 24hr clock) <input type="checkbox"/> Time or date not noted NOTHIH</p> <p>Check all applicable</p> <p><input type="checkbox"/> Cold IV fluids <input type="checkbox"/> Endovascular (e.g. Alsius) HCLDIV HCLEN ALPS & CCC: Specify insertion site: 1 <input type="checkbox"/> Femoral 2 <input type="checkbox"/> Subclavian 3 <input type="checkbox"/> Unknown/not noted 4 <input type="checkbox"/> Other, specify: _____ (120) <input type="checkbox"/> Intranasal (e.g. Benechill) <input type="checkbox"/> Other, specify _____ (120) <input type="checkbox"/> Unknown/not noted</p>
<p>2P. 0 - 2 -</p> <p>ICDIMP</p>		<p>ICD implanted this stay or transferred to other hospital for ICD</p>

3. Arterial blood gases (ABGs) drawn within 24 hours of first ED arrival?

- 2 No, some records missing, no ABG documented in those available
 0 **ABG24**, all records available, no ABG's drawn
 1 Yes, provide values for all arterial blood gases drawn in that period:

	Date (yyyy-mm-dd)	Time (hh:mm; 24 hr clock)	ph	PaO ₂ (mmHg)	PaCO ₂ (mmHg)	HCO ₃ (mEq/L)	FiO ₂	
							(%)	missing
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
19	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
21	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
22	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
23	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Please indicate the following when there's data in this table:
 All available information entered
 Some records missing, entered ABG's drawn documented in those available

4. Glucose control: Was insulin given (any route) within 48 hours of first ED arrival?

No
 Yes → **INSGVN**
 1st dose: Date -- (yyyy-mm-dd) Time : (hh:mm, 24hr clock) Time or date not noted
 History of diabetes: No Yes Unknown/not noted **HXDIAB** **NOTMGL**

5. ALPS only:
Potential adverse events observed within 24 hours of 1st ED arrival:
 (Complete Alert forms as triggered)

NR Yes (NR is 'Not Recorded')
 1 **ANAPH** Anaphylaxis cited in medical records
 1 **PACING** Pacing for bradycardia and/or heart block in patient without prior implanted pacemaker
 1 **PTSEIZ** Potential seizure activity (check all)
 SHIVRS Shivering
 MVOCLOS Myoclonus
 SEIZRS Seizure
 1 **TPHLED** Evidence of thrombophlebitis (check one)
 1 1 Mild (no specific treatment, or only local such as hot packs)
 2 2 Moderate (requiring antibiotic treatment, either oral or IV)
 3 3 Severe (requiring surgical treatment, or indication of major concern such as a surgical consult)
 1 **IOCMP** IO complications (check all)
 COMP Compartment syndrome
 CHSYNP Compartment syndrome
 ABSCSP Abscess
 SKNNCC Skin necrosis
 OSTMYE Osteomyelitis
 LOSS Loss of limb
 LOSLMP Loss of limb
 OTHIO Other, specify (60)

6. ALPS only:
Antiarrhythmic drug therapy within 24 hours of 1st ED arrival:

Not Recorded	Yes	Drug name	How administered <i>(check all)</i>			If Bolus, Total Dose
			Bolus	Drip	Not noted	
<input type="radio"/>	<input type="radio"/>	Amiodarone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> mg
<input type="radio"/>	<input type="radio"/>	Lidocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> mg
<input type="checkbox"/> Check if no drug given from list below						
<input type="radio"/>	<input type="radio"/>	Beta blocker category (such as Sotalol)				
<input type="radio"/>	<input type="radio"/>	Magnesium				
<input type="radio"/>	<input type="radio"/>	Procainamide (Pronestyl)				

CCC/ALPS: ROSC and Hypothermia Therapy Form

Form Versions:
 ALPS: 1.01.04: 2014-01-07
 Cardiac: 2.01.04: 2014-01-07
 CCC: 1.03.04: 2014-01-07



Complete this form:

- for each episode qualifying for the ED or hospital form

Main Data Source: ED & hospital records

Date (yyyy-mm-dd)

[]

Time call received at dispatch (24hr clock)

[] (hh:mm:ss)

- From PCR/other From dispatch
 Unable to obtain (Non-ROC agency 1st arrival)

Incident Number: (optional)

[]

Site Linking ID: (optional) []

Cardiac ID: To be assigned

Enrolled in: ALPS

1. Did patient maintain pulses for at least one hour after arrival in the ED (or first hospital if bypassed ED)?

- No → **STOP HERE**, proceed to next form
 ROSCPR Yes

2. Neurological status in the first ED or hospital:

Not noted	Yes	
<input type="radio"/> 0 SEDATD	<input type="radio"/> 1	Sedated (such as benzodiazepines-valium/Diazepam; medazolam/Versed; lorazepam/Ativan; opiates-morphine; etomidate/Amidate; fentanyl/Sublimaze, propofol/Diprivan)
<input type="radio"/> 0 PARLYZ	<input type="radio"/> 1	Paralyzed (such as succinylcholine/Anectine, pancuronium/Pavulon)

If not paralyzed, check the highest level of response:

- 7 Obeys verbal commands
 6 **HLRSPN** Full purposeful movement
 5 Localizes pain
 4 Withdraws to pain
 3 Flexor posturing (decorticate response or rigidity)
 2 Extensor posturing (decerebrate response or rigidity)
 1 No response to stimuli
 0 None of above noted

3. Was hypothermia, other than continuation of prehospital method, started in first ED or hospital? (refer to Procedures form)

- Yes
 HYPTHS No → Was there uncontrolled or serious bleeding, or went to operating room for hemorrhage control? Yes **SERBLE** Not noted
 → **STOP HERE**, proceed to next form

4. Closest temperature prior to onset of ED or hospital hypothermia:

1 **FHYTMP** or 2 **FHTUNT** or 9 Temp not noted
 Date []-[]-[] (yyyy-mm-dd) Time []:[] (hh:mm) Time or date not noted **FHTDNN**

Procedures Form Hypothermia Start Time

	ED	Hospital
External		
Internal		

5. No longer required for current Cardiac study

6. Temperatures during cooling phase of hypothermia therapy.

Record all temperatures during first 24 hours of onset of ED or hospital hypothermia (whichever is earlier):
 (Every 2 hours is acceptable)

No temperature data for cooling phase

NOCOOLTMP		Date	Time	Temp	Unit
1					<input type="radio"/> °C <input type="radio"/> °F
2					<input type="radio"/> °C <input type="radio"/> °F
3					<input type="radio"/> °C <input type="radio"/> °F
4					<input type="radio"/> °C <input type="radio"/> °F
5					<input type="radio"/> °C <input type="radio"/> °F
6					<input type="radio"/> °C <input type="radio"/> °F
7					<input type="radio"/> °C <input type="radio"/> °F
8					<input type="radio"/> °C <input type="radio"/> °F
9					<input type="radio"/> °C <input type="radio"/> °F
10					<input type="radio"/> °C <input type="radio"/> °F
11					<input type="radio"/> °C <input type="radio"/> °F
12					<input type="radio"/> °C <input type="radio"/> °F
13					<input type="radio"/> °C <input type="radio"/> °F
14					<input type="radio"/> °C <input type="radio"/> °F
15					<input type="radio"/> °C <input type="radio"/> °F
16					<input type="radio"/> °C <input type="radio"/> °F
17					<input type="radio"/> °C <input type="radio"/> °F
18					<input type="radio"/> °C <input type="radio"/> °F
19					<input type="radio"/> °C <input type="radio"/> °F
20					<input type="radio"/> °C <input type="radio"/> °F
21					<input type="radio"/> °C <input type="radio"/> °F
22					<input type="radio"/> °C <input type="radio"/> °F
23					<input type="radio"/> °C <input type="radio"/> °F
24					<input type="radio"/> °C <input type="radio"/> °F

All available information entered

COOLTMP

7. No longer required for current Cardiac study

8. No longer required for current Cardiac study

9. No longer required for current Cardiac study

10. Cooling discontinued:

Date: -- (yyyy-mm-dd) Time: : (hh:mm)

Patient died prior to completion of cooling therapy → STOP HERE
 PTDIED

11. No longer required for current Cardiac study

12. Temperatures during re-warming phase of therapy.

Record all temperature during first 12 hours after cooling discontinued OR until temperature reaches 37°C (98.6°F) (whichever comes first):

No temperature data for re-warming phase

NOWARMTMP	Date	Time	Temp	Unit
1	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="radio"/> °C <input type="radio"/> °F
2	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="radio"/> °C <input type="radio"/> °F
3	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="radio"/> °C <input type="radio"/> °F
4	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="radio"/> °C <input type="radio"/> °F
5	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="radio"/> °C <input type="radio"/> °F
6	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="radio"/> °C <input type="radio"/> °F
7	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="radio"/> °C <input type="radio"/> °F
8	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="radio"/> °C <input type="radio"/> °F
9	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="radio"/> °C <input type="radio"/> °F
10	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="radio"/> °C <input type="radio"/> °F
11	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="radio"/> °C <input type="radio"/> °F
12	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="radio"/> °C <input type="radio"/> °F

All available information entered

~~WARMTMP~~

13. Record highest temperature during the first 48 hours after cooling stopped:

¹ or ² ⁹ Temp not noted

HITEMP HITMPUNT

Date -- (yyyy-mm-dd) Time : (hh:mm) Time or date not noted

HITMPNN

Complete this form:

- for all patients who were enrolled for which this form shows "R" status on the Episode List.



Patient/Family Notification Form

Form Versions:

ALPS: 1.01.00: 2013-07-02
 Cardiac: 2.01.00: 2013-07-02
 CCC: 1.02.00: 2013-07-02

Date (yyyy-mm-dd)
 []

Time call received at dispatch(24hr clock)
 [] (hh:mm:ss)

Incident Number: (optional)

- From PCR/other From dispatch
 Unable to obtain (Non-ROC agency 1st arrival)

Site Linking ID: (optional) []

Cardiac ID: To be assigned

Enrolled in: ALPS

1. Was the patient and/or family/LAR notified that patient was in study?

1 Yes → Who was notified? (check all that apply)

- NOTIFY** Family → Date: []-[]-[] (yyyy-mm-dd) → Relationship: [] (20)
 NFAM
 Patient → Date: []-[]-[] (yyyy-mm-dd)
 NPAT
 LAR → Date: []-[]-[] (yyyy-mm-dd) → Relationship: [] (20)
 NLAR

Notification was for what ROC study(ies)? (check all that apply) CCC ALPS

0 No → Was an attempt made? No Yes (Examples include: phone, clinic visit, letter, certified letter, in person, email & other electronic methods)

- ATMPTMADE** What was the reason the patient/family/LAR was not notified?
 1 Documented attempts made but unable to reach patient or family (letter returned unopened or multiple documented attempts made)
 NOTNOTIFY 2 Patient or family/LAR refused in-person notification materials
 3 Not feasible to notify dead/unconscious (address or family contact information not available, IRB/REB guidance)

2. After notification did the patient (and/or family/LAR) withdraw from hospital record review?

(Remember all records generated up to the time of withdrawal can be reviewed)

0 No

1 **REVWWD** Yes → Who withdrew? (check all that apply)

- REVWFL** Family/LAR → Date: []-[]-[] (yyyy-mm-dd) → Relationship: [] (20)
 Patient → Date: []-[]-[] (yyyy-mm-dd)
 REVWPT

Withdraw from which study? (check all that apply) CCC ALPS

Reason withdrew:

100 of 100 characters remaining

3. Document and explain attempts to contact patient and/or family/LAR:

In row 1, enter the date, type and result of the first attempt to contact the patient and/or family/LAR, whether or not the site elects to maintain documentation of all attempts on this form. Documentation may be maintained by local log or on the form below, please select preference.

- Documentation maintained by local log or episode file. The earliest/first attempt is entered here in line 1.
- Documentation maintained on this form - Do not enter names, addresses, phone numbers or other identifiable information on this web-form; these are to be maintained at the RCC. Provide relationship of individuals attempted or successful in obtaining.

#	Date (yyyy-mm-dd)	Type of attempt: (Phone, Clinic visit, Letter, Certified letter, In person, Email & Other electronic methods)	Results/notes
1	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> 200 of 200 characters remaining
2	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> 200 of 200 characters remaining
3	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> 200 of 200 characters remaining
4	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> 200 of 200 characters remaining
5	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> 200 of 200 characters remaining
6	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> 200 of 200 characters remaining
7	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> 200 of 200 characters remaining
8	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> 200 of 200 characters remaining
9	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> 200 of 200 characters remaining
10	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> 200 of 200 characters remaining

		Epistry Final Vital Status Form Form Versions: Cardiac: 1.01.00: 2013-05-07 Epistry3: 1.01.00: 2013-05-07
--	---	---

Date (yyyy-mm-dd) []

Time call received at dispatch(24hr clock) [] (hh:mm:ss)

Incident Number: (optional) []

Cardiac ID: To be assigned

From PCR/other From dispatch
Unable to obtain (Non-ROC agency 1st arrival)

Site Linking ID: (optional) []

Enrolled in: ALPS

1. Name of first ED/hospital transported to:

--- → If non-ROC hospital is selected, provide hospital name: (60)

2. Date/time of first ED/hospital arrival/admit:

Date: - - (yyyy-mm-dd)

Time: : (hh:mm, 24 hr clock) Unknown/Time not noted

3. Was the patient transferred to another acute care hospital before final discharge?

- No
- Yes →

	Name of next acute hospital <i>(If non-ROC hospital is selected, please provide hospital name)</i>	Date of transfer <i>(yyyy-mm-dd)</i>
1	--- → Name of non-ROC hospital: (60)	- -
2	--- → Name of non-ROC hospital: (60)	- -
3	--- → Name of non-ROC hospital: (60)	- -
4	--- → Name of non-ROC hospital: (60)	- -
5	--- → Name of non-ROC hospital: (60)	- -

4. Date and time of acute care hospital discharge, reclassification or death:

Date: - - (yyyy-mm-dd)

Time: : (hh:mm; 24 hour clock) Unknown/Time not noted

5. Final vital status:

- Dead → Died in first ED/Hospital → Specify: ED Hospital
- Died after transfer to another hospital
- Alive → Discharged from first ED/Hospital → Specify: ED Hospital
- Discharged after transfer(s) to a final hospital providing acute care
- Remains in acute care hospital, reclassified as a non-acute patient awaiting placement or chronic care

6. Source for final vital status:

- Abstracted from ED/hospital records
 - Hospital admissions department
 - Obituary
 - SSDI (Social Security Death Index)
 - Family/friend
 - Fire/EMS
 - ED/hospital staff (e.g. nurse)
 - Other, specify: (60)
-