Complete this for:
-for each episode meeting the trauma or cardiac arrest definition as outlined in question 2
Main data source: PCR/Dispatch

ROC Epistry

Patient Enrollment
draft 7; version 2; Date: 10/05/2006

Page 1 of 1

Episode Information:

Date *(mm/dd/yyyy)*
☐ / ☐ / ☐

Time call received at dispatch
☐ : ☐ : ☐ *(hh:mm:ss; 24hr clock)*

dpinsr

○₁ From PCR/other ○₂ From dispatch ○₃ Unable to obtain *(Non-ROC agency 1st arrival)*

CTC Episode ID:
☐ - ☐ - ☐

Incident Number *(optional)*

Site Linking ID *(optional)*

1. EMS response: *(List vehicles in the order that they arrived at the scene)*

Agency Name	Vehicle Name	# of Personnel rignp	Service level				Time of arrival hh:mm:ss	Source		
			BLS	BLS-D	BLS+ rigsl	ALS		Watch	Dispatch rigsr	No Time
1: ▾	▾	☐	○	○	○	○	☐:☐:☐	○	○	○
2: ▾	▾	☐	○	○	○	○	☐:☐:☐	○	○	○
3: ▾	▾	☐	○	○	○	○	☐:☐:☐	○	○	○
4: ▾	▾	☐	○1	○2	○3	○4	☐:☐:☐	○1	○2	○0

2. Episode characteristics: *(check only one)*

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

catx

○₁ Treated by EMS - receive attempts at external defibrillation by lay responders or EMS personnel, or receive chest compressions by organized EMS personnel; OR

○₀ Not treated by EMS - are pulseless but do not receive attempts to defibrillate or CPR by EMS personnel. This group will include patients with do not attempt resuscitative directive signed and dated by a physician, extensive history of terminal illness or intractable disease, or request from the patient's family.

○ Traumatic injury -
Out-of-hospital injury, evaluated by organized EMS personnel and:

○ Meets one or more of the following physiologic criteria documented: *(check all that apply)*

☐ Systolic blood pressure ≤ 90 mmHg
☐ Respiratory rate < 10 or > 29
☐ Advanced airway
☐ Glasgow Coma Scale score ≤ 12

○ Dead in field with EMS treatment and no physiologic criteria documented
○ Dead at scene without EMS treatment

Number of patients on scene including current patient: ○⁰ One   ○¹ Multiple   ○² Not Recorded

3. Any indication that the patient was enrolled in another clinical trial?

☐ No

☐ Yes, ROC clinical trial

○₁ Cardiac study → PRIMED Study ID: ☐ - ☐   PR - ☐

○₂ Trauma study → HS Study ID: ☐ - ☐   HS - ☐

☐ Yes, non-ROC clinical trial → Specify: ☐ *(60)*

Person responsible for data on this form: ☐

Complete this for:
- each cardiac episode
Main data source: PCR
Other data source: Dispatch, family members, witnesses

ROC Epistry

Pre-hospital Time Record
Cardiac Arrest
draft 7; version 2; Date: 10/05/2006

Episode Information:

Date *(mm/dd/yyyy)*
[ ] / [ ] / [ ]

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

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

CTC Episode ID:
[ ] - [ ] - [ ]

Incident Number *(optional)*
[ ]

Site Linking ID *(optional)*
[ ]

Time Record:

- Fill in Event Order, Watch time, and/or Dispatch/Defib time for all events that occurred. If an event did not occur, enter "0" for Event Order.
- If the time of event in "Dispatch/Defib" is from Dispatch, enter "0" in the "Source Disp/Defib" box; otherwise enter "1","2", ... where "1" is the 1st defibrillator used, "2" is the second defibrillator used and so on.
- If the time of event in "Dispatch/Defib" is from a defibrillator and if that defibrillator was synched to the atomic clock, check the "Synched to Atomic Clock" box. If the defibrillator was *not* synched to the atomic clock, enter the probable time in the "Aligned Time" field.
- If no documented time exists (from Watch, Dispatch, or defib) for an event that occured, fill in event order, leave the time fields blank and check the "No Doc Time" box. The exception is "911 call received at primary PSAP" (enter the event order as "0" if you do not know the time).
- **Additional Instuctions/Documentation**

Event	Event Order 1-16 0=NA	Time of Event Watch hh:mm:ss	Time of Event Dispatch/Defib hh:mm:ss	Source Disp Defib	Defib Appears Synched to Atomic Clock	No Doc Time	Computer to generate (you may adjust) Aligned Time hh:mm:ss	Adj
911 call received at primary PSAP	[ ]	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	[ ]	[ ]	[ ]	[ ]:[ ]:[ ]	[ ]
1st 911 call received at dispatch	ordrcv	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	srcrcv	[ ]	ndtrcv	[ ]:[ ]:[ ]	[ ]
1st vehicle dispatch time	orddsp	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	srcdsp	[ ]	ndtdsp	[ ]:edsptm	[ ]
1st vehicle arrival at scene	ordarr	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	srcarr	[ ]	ndtarr	[ ]:earrtm	[ ]
1st EMS AED/defib turned on	ordaed	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	srcaed	[ ]	ndtaed	[ ]:eaedtm	[ ]
1st ALS arrival at scene	ordals	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	srcals	[ ]	ndtals	[ ]:ealstm	[ ]
Time of arrest if EMS witnessed	ordems	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	srcems	[ ]	ndtems	[ ]:ewartm	[ ]
1st EMS rhythm after arrest	ordrhy	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	srcrhy	[ ]	ndtrhy	[ ]:erhytm	[ ]
1st EMS CPR	ordcpr	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	srccpr	[ ]	ndtcpr	[ ]:ecprtm	[ ]
1st EMS shock assessment	ordsas	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	srcsas	[ ]	ndtsas	[ ]:esastm	[ ]
1st EMS shock	ordshk	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	srcshk	[ ]	ndtshk	[ ]:eshktm	[ ]
1st ROSC	ordrsc	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	srcrsc	[ ]	ndtrsc	[ ]:ersctm	[ ]
Resus. stopped due to death	ordtrm	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	srctrm	[ ]	ndttrm	[ ]:etrmtm	[ ]
Patient transported from scene	ordlft	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	srclft	[ ]	ndtlft	[ ]:elfttm	[ ]
Transferred to aero-medical	ordaer	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	srcaer	[ ]	ndtaer	[ ]:eaertm	[ ]
ED or EMS destination arrival	ordeda	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	[ ]	[ ]	ndteda	[ ]:eedatm	[ ]

[Sort Event Order] [Align Times] [Turn Align Off] [Original Order] [Reset Form]

Person responsible for data on this form: [ ]

Note: Time Intervals will be computed at data entry time

Episode Information:

Date *(mm/dd/yyyy)*
☐ / ☐ / ☐

Time call received at dispatch
☐ : ☐ : ☐ *(hh:mm:ss; 24hr clock)*

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

CTC Episode ID:
☐ - ☐ - ☐

Incident Number *(optional)*
☐

Site Linking ID *(optional)*
☐

---

1. **Location of Episode:**
   a. **Location** *(check one only)*
      ○ Census tract:
         US: State ☐   County ☐   Tract ☐   Link **http://www.ffiec.gov/geocode/default.htm**
         Toronto: CTName/CTUID ☐ *(nnnn.nn/nnnnnnn.nn)*
      ○ Lat/long:
         Latitude ☐ → ○ Decimal degrees ○ DMS ○ DM
         Longitude ☐ → ○₁ Decimal degrees ○₂ DMS ○₃ DM
         Datum → ○ NAD83 ○ NAD27 ○ WGS84
      ○ UTM:
         Easting ☐ → ○ Meters ○ Kilometers
         Northing ☐ → ○ Meters ○ Kilometers
         Zone ☐
      ○ Unknown/not noted
   b. **Public or non-public?**
      locpub
      1 ○ Public *(check one only)*
         1 ○ Street/highway
         2 ○ 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)*
      loctyp
      0 ○ Non public *(check one only)*
         5 ○ Home residence *(inside or immediately surrounding)*
         6 ○ Farm/ranch
         7 ○ Healthcare facility
         8 ○ Residential institution *(assisted living, nursing home)*
         10 ○ Other private

2. **Demographics:**
   a. **Age:**
      agep ☐ ○ years ○ months ○ days
      agesrp
      1 ○ Calculated from DOB
      2 ○ Estimated by EMS
      If no age available use categories:
      agecat
      1 ○ Infant *(If < 1 year)*
      2 ○ Child *(1 - 11 years)*
      3 ○ Adolescent *(12 - 19 years)*
      4 ○ Adult *(20 - 39 years)*
      5 ○ Middle age *(40 - 60 years)*
      6 ○ Older *(61 - 75 years)*
      7 ○ Elderly *(> 75 years)*
      8 ○ Unknown/not noted

   b. **Gender:** sexp
      ○₁ Male   ○₀ Female   ○₂ Unknown/not noted

   c. **Race/Ethnicity:** *(check all that apply)*
      hispp ☐ Hispanic or Latino
      whitep ☐ White
      blackp ☐ African-American/Black
      natamp ☐ American-Indian/Alaska Native
      asianp ☐ Asian
      pacisp ☐ Native Hawaiian/Pacific Islander
      othrcp ☐ Other
      unkrcp ☐ Unknown/not noted

---

continue to next page

ROC Epistry

Episode Information:

Date *(mm/dd/yyyy)*
☐ / ☐ / ☐

Time call received at dispatch
☐ : ☐ : ☐ *(hh:mm:ss; 24hr clock)*

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

CTC Episode ID:
☐ - ☐ - ☐

Incident Number *(optional)*
_____

Site Linking ID *(optional)*
_____

---

3. **Prehospital intervention:**

pnoint ☐ No EMS Prehospital interventions from the list below were recorded

       NA/NR   Done

pbag2   ○ 0   ○ 1 Airway, bag-mask

padair2 ○ 0   ○ 1 Airway, advanced → *Check all attempted/used*:
        psga ☐ Combitube/LMA/EOA *(or other supraglottic airway)*
        petto ☐ Oral ET
        pettn ☐ Nasal ET
        pcrico ☐ Cricothyrotomy
        pcpap ☐ CPAP
        pvent ☐ Ventilator
        prsi ☐ RSI

pcpr2   ○ 0   ○ 1 CPR

        ○   ○   Hemorrhage control

phyptx2 ○ 0   ○ 1 Hypothermia therapy → Method *(optional) (check all)* ☐ External   ☐ Internal

pfluid2 ○ 0   ○ 1 IV/IO line → *Check all attempted*: ☐ IO   ☐ Initiation and/or continuation of an IV
                                                    pio   piv
        Was fluid given? *(check one only)*
           0 ○ No
           3 ○ Unknown/not noted
   pfldlv 2 ○ TKO (to keep open)
           1 ○ Yes → *(Check all given)*
                   Fluid type   Total volume infused *(optional)*
        pd5w ☐ D5W   _____ mls
        pns ☐ Normal Saline   _____ mls
        plr ☐ Lactated Ringers _____ mls
        pothfl ☐ Other   _____ mls
        punkfl ☐ Unknown/not noted

pmon2   ○ 0   ○ 1 Monitor, advanced → *Check all attempted:* ☐ 12-lead   ☐ EtCO$_2$ ☐ Pacing
                                                         pecg   petco2   ppace

4. **Disposition:** *(check one only)*
   0 ○ Died at scene or en route
      1 ○ Treated by EMS:
           Why was treatment halted? *(check one)*   pyhalt
    pemstx   1 ○ Considered futile   2 ○ DNR *(written or verbal)*   3 ○ Obviously dead
      0 ○ Not treated by EMS:
           Why? *(check one)*   pynotx
           1 ○ Considered futile   2 ○ DNR *(written or verbal)*   3 ○ Obviously dead
pdisp 1 ○ Transported by EMS to ED/hospital with ROSC or ongoing resuscitation → Complete the **ED hospital** form
           Transported method: 1 ○ By land   2 ○ By air ptrans
           Patient status at ED arrival: ○ 1 ROSC present   ○ 0 Ongoing resuscitation   ○ 2 Unknown/not noted
      2 ○ Alive and not transported by EMS to ED/hospital   prosc

---

continue to next page

ROC Epistry

Episode Information:

Date *(mm/dd/yyyy)*
☐ / ☐ / ☐

Time call received at dispatch
☐ : ☐ : ☐ *(hh:mm:ss; 24hr clock)*

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

CTC Episode ID:
☐ - ☐ - ☐

Incident Number *(optional)*

Site Linking ID *(optional)*

Cardiac Only Section:

C1. Cardiac Arrest occured:

witems ○₁ After EMS *(includes fire)* arrival/witnessed by EMS → skip to **item C2**

○₀ Before EMS arrival

¹○ Witnessed *(seen or heard)* by someone other than EMS personnel

witbys ⁰○ Not witnessed *(seen or heard)*

²○ Unknown/not noted

C2. EMS Chest Compressions:

ccman   ccmech

¹○ Yes, method *(check all that apply)* → ☐ Manual   ☐ Mechanical

ccems ⁰○ No EMS Chest Compressions

²○ Unknown/not noted

C3. Was resuscitation attempted by bystanders?

²○ Unknown/not noted

bresus ⁰○ No

cpratt

¹○ Yes→ Was CPR attempted?   ○¹ Yes   ○⁰ No

→ Was AED/Defib applied?

⁰○ No

aedapp

¹○ Yes→ Were shocks delivered?   aedshk ○¹ Yes   ○⁰ No   ○² Unknown/not noted

→ AED/Defib applied by: ○₁ Lay person ○₂ Police ○₃ Healthcare ○₄ Other ○₅ Unknown/not noted

aedwho

C4. Drug therapies noted:

Drug Given			Route *(check all attempted)*			
NA/NR Yes	Name	Total Dose	IV	ETT	IO	Drip
I. Required:						
○ pepi ○	Epinephrine	pepimg ☐ mg	pepiiv ☐	pepiet ☐	pepiio ☐	pepidp ☐
II. Total dose/route are optional for the following:						
○ pamio ○	Amiodarone	☐ mg	☐	☐	☐	☐
○ patro ○	Atropine	☐ mg	☐	☐	☐	☐
○ pbio ○	Bicarb	☐ mEq	☐	☐	☐	☐
○ plido ○	Lidocaine	☐ mg	☐	☐	☐	☐
III. Drug name/total dose/route are optional for the following:						
○ ○	Calcium	☐ mg	☐	☐	☐	☐
○ ○	Dextrose	☐ g	☐	☐	☐	☐
○ ○	Magnesium	☐ mg	☐	☐	☐	☐
○ ○	Naloxone	☐ mg	☐	☐	☐	☐
○ ○	Procainamide	☐ mg	☐	☐	☐	☐
○ ○	Vasopressin	☐ IU	☐	☐	☐	☐
IV. Drug class given are optional for the following:						
○ ○	Inotropes					
○ ○	Paralytics					

continue to next page

Episode Information:

Date *(mm/dd/yyyy)*
☐ / ☐ / ☐

Time call received at dispatch
☐ : ☐ : ☐ *(hh:mm:ss; 24hr clock)*

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

CTC Episode ID:
☐ - ☐ - ☐

Incident Number *(optional)*
☐

Site Linking ID *(optional)*
☐

C5. Etiology of arrest: Field Classification *(from field data) (required)*

② No field classification

fclass ⓪ No obvious cause identified (includes NEMSIS 2250 presumed cardiac) ⎤ *Do Not complete Column A below*

① Obvious cause → *(check one cause in **column A** below)*

C6. Etiology of arrest: Site Classification *(from field data) (required)*

sclass ⓪ No obvious cause identified (includes NEMSIS 2250 presumed cardiac) → *Do Not complete Column B below*

① Obvious cause → *(check one cause in **column B** below)*

fcause   scause

Obvious Cause	A Field Classification	B Site Classification
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	○	○
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 *	○	○

* Other cause (A - Field classification): ☐ (60)
* Other cause (B - Site classification): ☐ (60)

ROC Epistry

Episode Information:

Date *(mm/dd/yyyy)*
☐ / ☐ / ☐

Time call received at dispatch
☐ : ☐ : ☐ *(hh:mm:ss; 24hr clock)*

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

CTC Episode ID:
☐ - ☐ - ☐

Incident Number *(optional)*
☐

Site Linking ID *(optional)*
☐

C7. Were there contributing factors directly related to this cardiac arrest?
(from field data — data guardian abstraction) (required)
See Manual of Operations for expanded definitions

○⁰ None noted

pcontr ○¹ Yes *(check all that apply)*

☐ Anaphylaxis

pchpoi ☐ Chemical poisoning *(intentional or unintentional, includes carbon monoxide and toxic gases)*

pdialy ☐ Dialysis

pdrown ☐ Drowning

pdgpoi ☐ Drug poisoning *(intentional or unintentional, includes alcohol)*

pelect ☐ Electrocution *(non-lightning)*

pcold ☐ Excessive cold

pheat ☐ Excessive heat

pfbobs ☐ Foreign body obstruction

phang ☐ Hanging

plight ☐ Lightning

pmsuff ☐ Mechanical suffocation

pexsng ☐ Non-traumatic exsanguination

pradex ☐ Radiation exposure

presp ☐ Respiratory

psids ☐ SIDS *(sudden infant death syndrome)*

psmkin ☐ Smoke inhalation

pstrng ☐ Strangulation

pterm ☐ Terminal illness *(includes end-stage diseases such as cancer)*

ptraum ☐ Trauma *(includes blunt, penetrating or burns)*

psting ☐ Venomous stings

pothcf ☐ Other contributing factors, specify:
_____ *(60)*

C8. Evidence of implantable cardioverter defibrillator: *(optional)*

○ Yes

○ No

continue to next page

ED/hospital admit
draft 7; version 2; Date: 10/05/2006
Page 1 of 8

Complete this for:
-for each episode in which the patient was admitted
Main data source: ED / hospital records

ROC Epistry

Episode Information:

Date *(mm/dd/yyyy)*
☐ / ☐ / ☐

Time call received at dispatch
☐ : ☐ : ☐ *(hh:mm:ss; 24hr clock)*

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

CTC Episode ID:
☐ - ☐ - ☐

Incident Number *(optional)*
☐

Site Linking ID *(optional)*
☐

Mandatory ED/hospital Information:

1. **Name of ED/hospital transported to:** [dropdown]

   Cath Lab: ☐ *(Auto fill)*

   EP Lab: ☐ *(Auto fill)*

   Trauma level: ☐ *(Auto fill)*

2. **Date/time of ED arrival/hospital admit:**
   Date: ☐ / ☐ / ☐ *(mm/dd/yyyy)* admtm
   Time: *(optional)* ☐ : ☐ *24hr clock(hh:mm)*

3. **Was patient transferred to another acute care hospital:**
   ptxfer
   ○ No
   ○ Yes → Complete below box

Name of next acute hospital	Date of transfer *(mm/dd/yyyy)*	
[dropdown]	☐ / ☐ /	xferdt1
[dropdown]	☐ / ☐ /	xferdt2
[dropdown]	☐ / ☐ / ☐	
[dropdown]	☐ / ☐ / ☐	
[dropdown]	☐ / ☐ / ☐	

4. **Date/time of final ED/hospital discharge, reclassification, or death:**
   Date: ☐ / ☐ / ☐ *(mm/dd/yyyy)* survdt
   Time: *(optional)* ☐ : ☐ *24hr clock(hh:mm)*

5. **Final vital status:** *(note: death location/discharge location are optional)*
   surv
   0 ○ Dead → 1 ○ Died in first ED/Hospital → Specify *(optional)*: ○1 ED   ○2 Hospital
   dthloc
   ○2 Died after transfer to another hospital
   surloc
   1 ○ Alive → ○ Discharged from first ED/Hospital → Specify *(optional)*: ○1 ED   ○2 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

continue to next page

Episode Information:

Date *(mm/dd/yyyy)*
☐ / ☐ / ☐

Time call received at dispatch
☐ : ☐ : ☐ *(hh:mm:ss; 24hr clock)*

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

CTC Episode ID:
☐ - ☐ - ☐

Incident Number *(optional)*
☐

Site Linking ID *(optional)*
☐

1. **Does a continuous ECG recording exist for the EMS (includes fire) resuscitation?**

   ○ No   conecg
   ○ Yes→ For the entire resuscitation or only part?

   　　　　○1 Entire
   　　　　○0 Part of the resuscitation   totecg
   　　　　→ How many EMS recordings are there? ☐ numecg

2. **Device used:**

Order ECG Placed	Manufacturer				If Other; specify	Feedback				Recording Exists		Reviewed		Attach Recording
	Medtronic	Philips	Zoll	Other		Turned on		Muted						File Name
						Yes	No	Yes	No	Yes	No	Yes	No	
1	○1	○2	○3	○4	☐	○	○	○	○	○	○	○	○	☐ [Browse] [DEL]
2	○	○	○	○	☐	○	○	○	○	○	○	○	○	☐ [Browse] [DEL]
3	○	○	○	○	☐	○	○	○	○	○	○	○	○	☐ [Browse] [DEL]

(ecgmfg) (feedbk) (muted)

3. **Were any shocks delivered by EMS responders?**

   ○ No
   emsshk ○ Yes → Number of shocks: ☐ numshk

4. **Sequence of events:**

Rhythm/Shock Event	NA	Time of Rhythm/Shock (hh:mm:ss)	Rhythm (check one)					Source (check one)		
			VF/VT	PEA	Asystole	AED-No shock, No strip	Cannot Determine	Continuous ECG	Snapshot ECG	PCR
1) 1st CA rhythm with Non EMS AED/defibrillator	○ (noaed)	☐ : ☐ : ☐ (faedtm)	○1	○2	○3	○4	○5	○1	○2	○3 (fraesr)
2) EMS 1st CA rhythm	○ (noems)	☐ : ☐ : ☐	○1	○2	○3	○4	○5	○1	○2	○3 (frhysr)

(frhyae) (frhyem)

If PEA, indicate rate: ☐ OR ☐ Unknown/not noted

5. **ECG Analysis:**

   Time machine turned on: ☐ : ☐ : ☐ OR ☐ Not available → **STOP HERE**

   Time pads placed: padstm ☐

   Time of arrest if EMS witnessed: ☐ : ☐ : ☐

   Time of advanced airway placement: advatm ☐ OR ○ Unable to determine ○ No advanced airway

   Time resuscitation stopped due to death: ☐ : ☐ : ☐ OR ☐ Not applicable

   Time ED arrival: ☐ : ☐ : ☐ OR ☐ Not applicable

ROC Epistry

Episode Information:

Date *(mm/dd/yyyy)*
☐ / ☐ / ☐

Time call received at dispatch
☐ : ☐ : ☐ *(hh:mm:ss; 24hr clock)*

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

CTC Episode ID:
☐ - ☐ - ☐

Incident Number *(optional)*
[_____]

Site Linking ID *(optional)*
[_____]

6. Did the ECG provide CPR process measurements?

cprprc

○ No → **STOP HERE**

○ Yes → Complete the following section for 5 minutes or more of the resuscitative effort
(for optional Ventilation study, complete for entire resuscitation effort)

Options for # seconds with No measures
1 - ROSC
2 - Unanalyzable

Device order	Start time (Auto fill) hh:mm:ss	No ECG	# Vent	# Comp	Comp rate	CPR fraction	# secs with No measures → Why	Comp depth	Comp release	Peak ET CO$_2$	Capnography Vents	# secs missing
☐	1. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	2. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	3. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	4. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	5. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	6. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	7. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	8. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	9. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	10. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	11. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	12. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	13. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	14. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	15. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	16. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	17. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	18. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	19. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐
☐	20. ☐:☐:☐	☐	☐	☐	☐	☐	☐ → ▼	☐	☐	☐	☐	☐

devord   ecsttm   nvent   ncomp   cmprt   cprff   secun   ynomes

Person responsible for data on this form: [_____]