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)*

○ From PCR/other   ○ From dispatch

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

Incident Number: *(optional)*

☐

Site Linking ID: *(optional)* ☐

---

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 BLS	BLS-D	BLS+	ALS	Time of arrival 24 hours hh:mm:ss	Source Watch	Dispatch	No Time	ALPS drug kit Opened* Y	N	Given Y	N	Drug kit #
1	--- ▼	--- ▼	☐	1 ○	2 ○	3 ○	4 ○	☐ : ☐ : ☐	1 ○	2 ○	0 ○	○	○	○	○	101- ☐
2	--- ▼	--- ▼	rignp1 / rigsl1 ○		3 ○	4 ○	☐ : ☐ : ☐	1 artmsr1			○	○	○	○	101- ☐
3	--- ▼	--- ▼	rignp2 / rigsl2 ○		3 ○	4 ○	☐ : ☐ : ☐	1 artmsr2			○	○	○	○	101- ☐
4	--- ▼	--- ▼	rignp3 / rigsl3 ○		3 ○	4 ○	☐ : ☐ : ☐	1 artmsr3			○	○	○	○	101- ☐

rignp4 / rigsl4   artmsr4

If more than one ALPS drug kit opened or an ALPS drug kit open in, 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:

1 ○ **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:*

catx   What agency and vehicle (either ROC or non-ROC) was FIRST to initiate chest compressions?

Agency name: --- ▼

Vehicle name: --- ▼   } or ☐ No fire/EMS compressions

nocomp

0 ○ **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

2 ○ **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'*

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

ROC CARDIAC

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)*

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

Incident Number: *(optional)*

☐

Site Linking ID: *(optional)* ☐

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

Complete this form:		**Patient Enrollment 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	ROC CARDIAC	**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
Main Data Source: PCR/Dispatch		

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)* ☐

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

◯ ◯ ≥ 18 years old or local legal age of consent

◯ ◯ Non-traumatic cardiac arrest

◯ ◯ Treated by ROC fire/EMS with ALS capability

◯ ◯ Confirmed VF or pulseless VT after at least 1 externally delivered shock (prior to ALPS dose 1 administration)
If yes, select one:
◯ Initial rhythm of VF/pulseless VT (includes shock advised by PAD, non-ROC or ROC EMS AED)
◯ Initial rhythm asystole/PEA (includes PAD, non-ROC or ROC EMS advised no shock) and VF/pulseless VT occurred later in episode

◯ ◯ Established vascular or IO access

8. **Exclusion criteria:**

Yes No

◯ ◯ Hypersensitivity or allergy to amiodarone or Lidocaine

◯ ◯ Written advance directive to not resuscitate *(ie DNR)*

◯ ◯ Blunt, penetrating, or burn related injury

◯ ◯ 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)*

◯ ◯ Prior receipt of Amiodarone or Lidocaine during pre-hospital course of care *(by bystander or fire/EMS)*

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?**

◯ Forgot/Misunderstood Protocol

◯ No ALPS drug kit at scene

◯ Rhythm no longer eligible at time of intended administration
Reason:
◯ Delayed IV access
◯ Other, specify:
☐ *(200)*

◯ Other, specify:
☐ *(200)*

		Pre-Hospital Time Record Form
Complete this form:	ROC CARDIAC	**Form Versions:**
• for all episodes treated by fire/EMS		ALPS: 1.01.00: 2012-10-02
		Cardiac: 2.01.00: 2012-10-02
Main Data Source: Dispatch, PCR and ECG download		CCC: 1.01.00: 2012-10-02
Other Data Source: ROC research forms		Epistry3: 3.01.00: 2012-10-02

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

Enrolled in: Epistry

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)* [ ]

1. Instructions:

1. 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.
2. 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.
3. 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	Event Order 0=NA -=UK	Time of Event Watch (hh:mm)	Dispatch/Defib (hh:mm:ss)	Source Disp Defib	Synched to Atomic Clock	No Doc Time	Computer to generate (you may adjust) Aligned Time (hh:mm:ss)	Adj
1st mechanical compression device	compDevOrder	:	: :		compDevSync / compDevSdd		: : compDevNdt	
1st 911 call received at dispatch	callDspOrder	:	: :		callDspSync / callDspSdd	☐	: : callDspNdt	☐
1st vehicle dispatch	v1DspOrder	:	: :		v1DspSync / v1DspSdd	☐	: : v1DspNdt	☐
1st non-fire/EMS shock	nonEmsShockOrder	:	: :		nonEmsShockSync / nonEmsShockSdd		: : nonEmsShockNdt	☐
1st vehicle arrival at scene	v1ArrOrder	:	: :		v1ArrSync / v1ArrSdd	☐	: : v1ArrNdt	☐
1st fire/EMS CPR	emsCprOrder	:	: :		emsCprSync / emsCprSdd		: : emsCprNdt	☐
1st ALS arrival at scene	alsArrOrder	:	: :		alsArrSync / alsArrSdd	☐	: : alsArrNdt	☐
Arrest witnessed by fire/EMS	emsWitOrder	:	: :		emsWitSync / emsWitSdd	☐	: : emsWitNdt	☐
1st fire/EMS AED/defib turned on	emsAedOrder	:	: :		emsAedSync / emsAedSdd		: : emsAedNdt	☐
1st fire/EMS shock	emsShockOrder	:	: :		emsShockSync / emsShockSdd		: : emsShockNdt	☐
1st successful fire/EMS IV/IO access	ivioOrder	:	: :		ivioSync / ivioSdd	☐	: : ivioNdt	☐
1st epinephrine or vasopressin	epivasoOrder	:	: :		epivasoSync / epivasoSdd	☐	: : epivasoNdt	☐
1st successful fire/EMS advanced airway	airwayOrder	:	: :		airwaySync / airwaySdd	☐	: : airwayNdt	☐
1st ROSC	roscOrder	:	: :		roscSync / roscSdd	☐	: : roscNdt	☐
Hypothermia started by fire/EMS	hypothermOrder	:	: :		hypothermSync / hypothermSdd		: : hypothermNdt	☐
Resus. stopped due to death	resusStopOrder	:	: :		resusStopSync / resusStopSdd		: : resusStopNdt	☐
Patient transported from scene	xportOrder	:	: :		xportSync / xportSdd	☐	: : xportNdt	☐
Fire/EMS destination arrival	destArrOrder	:	: :		destArrSync / destArrSdd	☐	: : destArrNdt	☐

Complete this form: • for all episodes treated by fire/EMS *Main Data Source:* Dispatch, PCR and ECG download *Other Data Source:* ROC research forms	**◆ROC** **CARDIAC**	**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)*
[ ]

Enrolled in: Epistry

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)* [ ]

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

ROC CARDIAC

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)*
[ ]

Enrolled in: Epistry

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)* [ ]

---

1. **Location of episode:**

   a. **Location** *(check one only)*

   ○ Census tract:
      <u>US</u>: State [   ] County [   ] Tract [   ] **https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx**
      <u>Toronto</u>: 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?**

   ¹○ Public *(check one only)*
      ○ Street/highway [locpub] [loctyp]
      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)*
   ⁰○ Non-public *(check one only)*
      ⁵○ Home residence *(inside or immediately surrounding)*
      ⁶○ Farm/ranch
      ⁷○ Healthcare facility
      ⁸○ Residential institution →¹○ Assisted living ²○ Nursing home ³○ Other
      ¹⁰○ Other non-public [restyp]
   ²○ Unknown/Not noted

2. **Demographics:**

   a. **Age:**

   [   ] ○ years ○ months ○ days

   ○ Calculated from DOB
   ○ Estimated by 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

   b. **Gender:**

   ○ Male ○ Female ○ Unknown/not noted

ROC CARDIAC

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)*
[ ]

Enrolled in: Epistry

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)* [ ]

---

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

☐ Hispanic or Latino   ☐ Asian
☐ White   ☐ Native Hawaiian/Pacific Islander
☐ African-American/Black   ☐ Other
☐ American-Indian/Alaska Native ☐ 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 ○ witems fire/EMS arrival → Witnessed collapse?
   1 ○ Witnessed (seen or heard) by someone other than fire/EMS personnel
   0 ○ witbys itnessed (seen or heard)
   2 ○ Unknown/not noted

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

   1 ○ Yes → a. Was CPR attempted prior to fire/EMS arrival?
   resbys   ○ No
                 ○ cpratt → CPR attempted by: *(check all that apply)*
                            ☐ Lay person   ☐ Police   ☐ Healthcare
                            ☐ cprlayr , specify: [   ] *(30)*
                            ☐ cproth own/not noted
                            Dispa cprunk uctions given for bystander CPR? 1 ○ Yes 0 ○ No 2 ○ Unknown/not noted
                            Type of CPR delivered by bystanders: *(check all dspins ly)*
                            ☐ Chest compressions only
                            ☐ cconly compressions plus ventilations
                            ☐ ccvent hown/not noted
                 0 → b. Was AED/defib tcprun prior to fire/EMS arrival?
                 1   ○ No
                      ○ aedapp Were shocks delivered?
                        1 ○ Yes → 1 ○ 1 shock 2 ○ 2 or more shocks 3 ○ Unknown/not noted
                        0   aedshk   naedsh
                        2 ○ Unknown/not noted
                        AED/Defib applied by:
                        1 ○ Lay person
                        2 ○ aedwho
                        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 ○ plslst
   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? 1 ○ Yes 0 ○ No 2 ○ Unknown/not noted
   0 ○ icdevi own/not noted   icdshk

9. **Pre-hospital intervention by fire/EMS:**

   ☐ No fire/EMS pre-hospital interventions from the list below were recorded
   pnoint **Done** (NR is "Not recorded")
   0 ○   1 ○ Chest compressions by fire/EMS *(check all)*
   ccems   ☐ manual
   0 ○   1 ○ ccman anical
                 ccmech g-mask

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

ROC CARDIAC

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

Enrolled in: Epistry

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)* [ ]

NR   **Done**   (NR is "Not recorded")
0 ○   1 ○   Continuation of non-EMS airway (e.g. tracheostomy)
0 ○ ptrach 1 ○   Airway advanced, endotracheal: *(check all attempted)*
padare
☐ Oral ET → was it successful? ○ Yes ○ No
☐ Nasal ET → was it successful? ○ Yes ○ No

0 ○   1 ○   Airway advanced, supraglottal and other: *(Check all attempted)*
padars
☐ 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? 1 ○ Yes 0 ○ No
☐ klt King LT-D → was it successful? ltsuc 1 ○ Yes 0 ○ No
☐ kltd King LTS-D → was it successful? ltdsuc 1 ○ Yes 0 ○ No
☐ kltsd (laryngeal mask airway) → w ltssuc ccessful? 1 ○ Yes 0 ○ No
☐ lma LT (supraglottic airway laryngopharyngeal tube) lmassuc uccessful? ○ Yes ○ No
☐ Other airway
othair Cricothyrotomy → was it successful? 1 ○ Yes 0 ○ No
☐ oairty r, specify: [   ] crisuc *(30)* → was it successful? 1 ○ Yes 0 ○ No
oasucc

0 ○   1 ○   Hypothermia therapy: *(check all attempted)*
phypt2
External? 0 ○ 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? 0 ○ 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 ○   IV/IO line
pfluid2
Continuation of existing IV? 0 ○ No 1 ○ Yes
IV attempted? 0 ○ No 1 ○ Yes pconiv t successful?
piv
0 ○ No
1 ○ pivsuc
IO attempted? 0 ○ No 1 ○ Yes → Was it successful?
pio
0 ○ No
1 ○ piosuc

Was fluid given? *(check one)*
1 ○ Yes, total estimated volume infused: [   ] mls OR ☐ Unknown/not noted
0 ○ pfldlv   fldvol   fvlunk
2 ○ TKO *(to keep open)*
3 ○ Unknown/not noted

0 ○   1 ○   Monitor, advanced: *(Check all attempted)*
pmon2
☐ ETCO2
petco2
☐ ppace ad → if attempted, ST-elevation reported → 1 ○ Present 0 ○ Absent 2 ○ No results reported
pecg   stelev

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)*
[ ]

Enrolled in: Epistry

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)* [ ]

10. **CCC specific question (skipped)**

11. **ALPS specific question (skipped)**

12. **Drug therapies noted:**

Drug given			Route *(check all attempted)*				
NR	Yes	Name	Total Dose		IV	ET	IO	Drip
0	1	Amiodarone	[ ] mg					
0 phdamio		Atropine	[ ] mg phdamiods					
0 phdatrop		Epinephrine	[ ] mg phdatropds					
0 phdepin		Vasopressin (Pitressin)	[ ] mg phdepinds					
0 phdvaso		Lidocaine	[ ] mg phdvasods					
0 phdlido		if no drug given from list below phdlidods						
0 pdrnodr		Beta blocker category (such as esmolol, metoprolol, atenolol, bisoprolol, nadolol)						
0 phdbeta		Bicarbonate						
0 phdbicarb		Dextrose						
0 phddext		Dopamine						
0 phddopa		**Epistry only:** Magnesium						
0 phdmagn		Paralytics category (such as succinylcholine/Anectine, pancuronium/Pavulon						
0 phdpara		Pressors/inotropes category (other than epinephrine, vasopressin or dopamine; such as dobutamine, norepinephrine/levophed, ephedrine, and Isuprel)						
0 phdpress		**Epistry only:** Procainamide (Pronestyl)						
0 phdproca		Sedation category (such as benzodiazepines, opiates, valium, etomidate/Amidate, fentanyl/Sublimaze, midazolam/Versed)						
0 phdseda								

Route field labels: phdamioiv, phdatropiv, phdamiopet, phdepiniv, phdatropet, phdamioio, phdvasoiv, phdepinet, phdatropio, phdamiodp, phdlidoiv, phdvasoet, phdepinio, phdatropdp, phdlidoet, phdvasoio, phdepindp, phdlidoio, phdvasodp, phdlidodp

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)*
[ ]

Enrolled in: Epistry

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)* [ ]

---

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 ○ [sclass] us 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
  [pdisp] y was treatment halted? *(check one)*
    ○ Considered futile
  2 [pyhlt2] en DNR presented
  3 ○ Verbal directive/family wishes
  4 ○ Obviously dead
1 ○ Transported by fire/EMS to ED/hospital with ROSC or ongoing resuscitation → Complete the **ED Admit** form
  Patient status at ED arrival *(check one)*
  1 ○ ROSC present
  0 ○ [prosc] ing 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

ROC CARDIAC

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)*
[ ]

Enrolled in: Epistry

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)* [ ]

1. **ECG data:**

Device						ECG Recording				Recording Data						
Order	**Type** (No Device / AED / Manual Defib)	**Agency and Rig**	**Manufacturer** (Medtronic / Philips / Zoll)	Other (specify)		**Exists?** N Y	**Merged?** N Y, with…	**File Upload**	**Power On** *(hh:mm:ss)*	**Pads/Puck On** *(hh:mm:ss)*	**Synched to atmc. clock?** Y N →	**Adjusted** *(hh:mm:ss)*	**CPR process measures?** Y N	
1	0○ 1○ 2○ ecgapp1	--- ▼ / --- ▼	1○ 2○ 3○ 4○ ecgmfg1			0○ 1○ recrd1	- - -	☐ DEL	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	1○ 0○ ecgsynch1	→ [ ]:[ ]:[ ]	1○ 0○ cprmeas1	
2	0○ 1○ 2○ ecgapp2	--- ▼ / --- ▼	1○ 2○ 3○ 4○ ecgmfg2			0○ 1○ recrd2	○ ○ ☐	☐ DEL	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	1○ 0○ ecgsynch2	→ [ ]:[ ]:[ ]	1○ 0○ cprmeas2	
3	0○ 1○ 2○ ecgapp3	--- ▼ / --- ▼	1○ 2○ 3○ 4○ ecgmfg3			0○ 1○ recrd3	○ ○ ☐	☐ DEL	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	1○ 0○ ecgsynch3	→ [ ]:[ ]:[ ]	1○ 0○ cprmeas3	
4	0○ 1○ 2○ ecgapp4	--- ▼ / --- ▼	1○ 2○ 3○ 4○ ecgmfg4			0○ 1○ recrd4	○ ○ ☐	☐ DEL	[ ]:[ ]:[ ]	[ ]:[ ]:[ ]	1○ 0○ ecgsynch4	→ [ ]:[ ]:[ ]	1○ 0○ cprmeas4	

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

0○ No
1○ emsshk Number of shocks: [ ]
    → Age < 18 years? 0○ N numshk
                       1○ Y agelt18

#	Not Applicable	Joules	Not noted	Source Documented by device	Documented in PCR/ACR	No	Yes	Not known
1	--	[ ]	☐	○	○	○	○	○
2	☐	[ ]	☐	○	○	○	○	○
3	☐	[ ]	☐	○	○	○	○	○

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

Complete this form:

- for each cardiac arrest episode that was treated

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

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

Enrolled in: Epistry

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)* [ ]

3. Initial CA rhythm:

Rhythm	No CA rhythm			Time of Rhythm (hh:mm:ss)	Rhythm (check one)					Source (check one)			
	no PAD/AED applied	Perfusing rhythm only	No defib leads attached		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	▢	--	--	[ ]:[ ]:[ ]	1○	2○	3○	4○	5○	4○	1○	2○	3○
2) 1st CA EMS rhythm	nopadaed			[ ]:[ ]:[ ]	1○ frhyae	2○	3○	4○	5○	4○ fraesr	1○	2○	3○

frhyem

If PEA, indicate rate: peabp OR ▢ Unknown peartu noted   frhysr

4. CPR process measures?

0 ○ No → **Skip Questions 4 and 5**
1 ○ cprprc : Complete 5 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	
▢	1 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	2 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	3 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	4 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	5 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	6 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	7 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	8 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	9 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	10 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	11 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	12 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	13 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	14 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	15 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	16 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	17 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	18 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	19 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	20 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	21 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	22 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	23 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	24 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]
▢	25 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	▢	--- ▼	○	○	○	○	[ ]:[ ]:[ ]

Complete this form:

- for each cardiac arrest episode that was treated

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

ROC CARDIAC

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)*
[ ]

Enrolled in: Epistry

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)* [ ]

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	
☐	26 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	27 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	28 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	29 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	30 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	31 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	32 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	33 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	34 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	35 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	36 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	37 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	38 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	39 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	40 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	41 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	42 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	43 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	44 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	45 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	46 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	47 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	48 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	49 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]
☐	50 - [ ]:[ ]:[ ]	[ ]:[ ]:[ ]	☐	--- ▼	◯	◯	◯	◯	[ ]:[ ]:[ ]

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

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)*

Enrolled in: Epistry

Incident Number: *(optional)*

Site Linking ID: *(optional)* [ ]

5. **Rate and depth compression:**

Device #	Minute time (hh:mm:ss)	Unanalyzable	Comp rate	Comp depth	Incomplete comp release
☐	[ ]:[ ]:[ ]	☐	[ ]	[ ]	[ ]
☐	[ ]:[ ]:[ ]	☐	[ ]	[ ]	[ ]
☐	[ ]:[ ]:[ ]	☐	[ ]	[ ]	[ ]
☐	[ ]:[ ]:[ ]	☐	[ ]	[ ]	[ ]
☐	[ ]:[ ]:[ ]	☐	[ ]	[ ]	[ ]
☐	[ ]:[ ]:[ ]	☐	[ ]	[ ]	[ ]
☐	[ ]:[ ]:[ ]	☐	[ ]	[ ]	[ ]
☐	[ ]:[ ]:[ ]	☐	[ ]	[ ]	[ ]
☐	[ ]:[ ]:[ ]	☐	[ ]	[ ]	[ ]
☐	[ ]:[ ]:[ ]	☐	[ ]	[ ]	[ ]

6. **CCC study specific question (skipped)**

ROC CARDIAC

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)*
[ ]

Enrolled in: Epistry

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)* [ ]

---

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 specific question (skipped)**

4. **CCC specific question (skipped)**

5. **Was patient transferred to another ED?**

   ◯ No
   ◯ 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)*	[ ]-[ ]-[ ]

Complete this form:		ED Admit Form
• for each episode qualifying for the Pre-hospital Form and the patient was transported to an ED or hospital		**Form Versions:**
	ROC CARDIAC	ALPS: 1.01.00: 2012-04-24
Main Data Source: ED and hospital records		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)*
[ ]

Enrolled in: Epistry

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)* [ ]

---

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 ⚪ edispx tted 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)*

Complete this form:

- for each episode qualifying for the Pre-hospital form and the patient was admitted to a hospital

Main data resource: Hospital Records

ROC CARDIAC

Hospitalization Form
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

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

Enrolled in: Epistry

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)* [ ]

---

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 *(If non-ROC hospital is selected, please provide hospital name)*		**Date of transfer** *(yyyy-mm-dd)*
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:**
   ¹◯ Home → ¹◯ Independent   ²◯ With assistance   ³◯ Unknown/not noted
   preres / prehom
   ⁶◯ Homeless
   ²◯ Inpatient rehabilitation facility
   ³◯ Assisted living
   ⁴◯ Nursing home
   ⁷◯ Jail
   ⁵◯ Unknown/not noted

5. **ALPS specific question (skipped)**

6. **Number of days for initial continuous CCU/ICU or date of last CCU/ICU stay:**
   ☐ Unknown/not noted
   icuunk
   [   ] days **OR** [   ]-[   ]-[   ] *(yyyy-mm-dd)*
   idyccu

7. **Number of days for initial continuous ventilator use or date of last ventilator use:**
   ☐ Unknown/not noted
   ventunk
   [   ] days **OR** [   ]-[   ]-[   ] *(yyyy-mm-dd)*
   idyvnt

Complete this form:		**Hospitalization Form**
• for each episode qualifying for the Pre-hospital form and the patient was admitted to a hospital	ROC CARDIAC	**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
Main data resource: Hospital Records		

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

Enrolled in: Epistry

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)* [ ]

---

8. **CCC & ALPS specific question (skipped)**

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

    0 ○ No
    1 ○ dnrhsp **Epistry only:** Date order written [ ] - [ ] - [ ] *(yyyy-mm-dd)*

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

    Date [ ] - [ ] - [ ] *(yyyy-mm-dd)*
    Time [ ] : [ ] *(hh:mm; 24 hour clock)*

11. **Discharge status from final hospital:**

    1 ○ Dead
    0 ○ fvshsp → Disposition:
        1 ○ Home: 1 ○ Independent 2 ○ With assistance 3 ○ Unknown/not noted
        2 ○ dcres tien dchome ation facility
        3 ○ Assisted living
        4 ○ Nursing home
        5 ○ 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 ary
    3 ○ SSDI (Social Security Death Index)
    4 ○ Family/friend
    5 ○ Fire/EMS
    6 ○ Hospital staff (e.g. nurse)
    7 ○ Other, specify: [   ] *(60)*

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

Enrolled in: Epistry

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)* [ ]

---

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)
hairbl
☐ bleeding requiring intervention (either transfusion or surgical)
hbleed
☐ ral bleeding, stroke, CVA (cerebral vascular accident)
hcva
☐ otension requiring vasopressors
hypten
☐ ent cardiac arrest
hreca
☐ ures
hseiz
☐ sis
hsepss
☐ ary Artery Bypass Grafting (CABG)
hcabg
Abdomen:
☐ Internal abdominal injury
hiainj
☐ laceration
hlivlc
☐ ding, internal
hintbl
☐ e liver failure
hacute
Chest:
☐ Internal thoracic injury
hitinj
☐ umothorax
hpneth
☐ onia
hpneum
☐ ary edema
hpuled
☐ ctures
hribfr
☐ nal fractures
hstrfr
Other:
☐ Other major medical or surgical conditions, specify: [   ] *(60)*
(hothcn l to capture anything else in this patient that seems unusual for this patient's underlying condition)

14. **ALPS specific question (skipped)**

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
1 ○ hdcmrs - 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

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

Enrolled in: Epistry

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)* [ ]

---

1. **CPR done in ED or hospital?**

0 ○ Not recorded
1 ○ cpredh   ☐ Manual compressions
  mancmp ne in ED
  ─ mncwhr n hospital
  3 ○ Done in ED/hospital
  4 ○ Not recorded
  ☐ Mechanical compressions
  mchcmp ne in ED
  ─ mccwhr n 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

ehnopr	Done where?		
#	Not Recorded	ED	Hospital	ED/Hospital	

Within 24 hours of first ED arrival: From: [ ] [ ]   **To:** [ ] [ ] *(24 hr clock)*

2A. 0 ○ - 2 ○ -
cath24
1st Cardiac catheterization, if done:
0 ○ Diagnostic angiography only, no intervention
1 ○ cathint24 eous coronary intervention (PCI)? → answer method(s) below:
  1. Balloon inflated?
     1 ○ Yes → Time 1st device inflation [   ]:[   ] *(hh:mm, 24hr clock)* ☐ Time not noted
     0 ○ blni24   notmbi
  2. Stent placed?
     1 ○ Yes
     0 ○ stnt24
  3. Rotational atherectomy done?
     1 ○ Yes
     0 ○ rotathe24

2B. 0 ○ 1 ○ 2 ○ -
cxr24
1st CXR, if done:
Date [   ]-[   ]-[   ] *(yyyy-mm-dd)*   Time [   ]:[   ] *(hh:mm, 24hr clock)*
☐ Time or date not noted
notmcx
Report available?
0 ○ No
1 ○ xrav24 answer below:

	Yes	Not noted	
pled24	1 ○	0 ○	Pulmonary edema (includes alveolar or interstitial edema, bilateral pleural effusion, pulmonary venous congestion, or cardiomegaly)
aspr24	1 ○	○	Aspiration
pneu24	1 ○	○	Pneumothorax
rbfr24	1 ○	○	Rib fractures

2C. 0 ○ 1 ○ 2 ○ -
ecg24
1st 12-lead ECG, if done:
Date [   ]-[   ]-[   ] *(yyyy-mm-dd)*   Time [   ]:[   ] *(hh:mm, 24hr clock)*
☐ Time or date not noted
notmec te myocardial injury per physician notes?
  1 ○ Yes 0 ○ No 2 ○ Unknown/not noted
  stemed
  2. cardial injury per final interpreted ECG?
  1 ○ Yes No 4 ○ Pacemaker 5 ○ LBBB 2 ○ Unknown/not noted 3 ○ Report not available
  stemec

2D. 0 ○ 1 ○ 2 ○ -
fibr24
Fibrinolytics if done:
Date [   ]-[   ]-[   ] *(yyyy-mm-dd)*   Time [   ]:[   ] *(hh:mm, 24hr clock)*
☐ Time or date not noted
notmfb

2E. 0 ○ 1 ○ 2 ○ -
itmp24
1st re notmfb mperature:
Date [   ]-[   ]-[   ] *(yyyy-mm-dd)*   Time [   ]:[   ] *(hh:mm, 24hr clock)*
☐ Time or date not noted
notmit ure: [   ] degrees 1 ○ °C 2 ○ °F
temp24   tmpunt
Method(axillary, esophageal, al, ry artery, rectal, temporal, tracheal, tympanic, unknown, not noted, other):
[--- ▼] , if "Other", specify [   ] *(120)*
tmpmth

Within 72 hours of first ED arrival: From: [ ] [ ]   **To:** [ ] [ ] *(24 hr clock)*

2F. 0 ○ 1 ○ 2 ○ 3 ○
echo72
Echocardiogram

2G. 0 ○ 1 ○ 2 ○ 3 ○
hmon72
Hemodynamic monitoring → if done, methods

	Yes	None Noted	
pacath	1 ○	0 ○	Pulmonary artery cath
artrln	1 ○	0 ○	Arterial line

2H. 0 ○ 1 ○ 2 ○ 3 ○
hsup72
Hemody support, pressor

Complete this form:
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ROC CARDIAC

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[ ]

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[ ]

Site Linking ID: *(optional)* [ ]

#	Not Recorded	Done where?			
		ED	Hospital	ED/Hospital	

2I. 0 / 1 / 2 / 3
hsud72
Hemodynamic support, device
　Device type *(check all applicable)*
　　☐ IABP (intra-aortic balloon pump)
　　☐ hsudia (extracorporeal membrane oxygenation)
　　☐ hsudec ventricular assist device)
　　☐ hsudva cardiopulmonary support device, specify (e.g. Tandem Heart, Impella, Lifebridge)
　　☐ hsudod _____ *(120)*

Any time after first ED arrival

2J. ○ ○ ○ ○   EEG (electroencephalography) test or continuous monitoring:

2N. 0 / 1 - -
ehthat
Hypothermia continued or started in ED
　Was hypothermia started in ED *or* different methods of hypothermia (than pre-hospital methods) started in ED?
　0 ○ No
　1 ○ dmthed heck all methods started)
　　External? 0 ○ No 1 ○ Yes → Date [ ] - [ ] - [ ] *(yyyy-mm-dd)*
　　　exthyp
　　　Time [ ] : [ ] *(hh:mm, 24hr clock)* ☐ Time or date not noted   notmeh
　　　Check all applicable
　　　　☐ Cooling blankets
　　　　☐ ehcbln cks
　　　　☐ ehicep ive pads (e.g. EM Cools)
　　　　☐ Adjustable cooling pads (e.g. Arctic Sun)
　　　　☐ ehadjp specify [ ] *(120)*
　　　　☐ Unknown/not noted
　　Internal? 0 ○ No 1 ○ Yes → Date [ ] - [ ] - [ ] *(yyyy-mm-dd)*
　　　inthyp
　　　Time [ ] : [ ] *(hh:mm, 24hr clock)* ☐ Time or date not noted   notmih
　　　Check all applicable
　　　　☐ Cold IV fluids
　　　　☐ Endovascular (e.g. Alsius)
　　　　☐ cldend nasal (e.g. Benechill)
　　　　☐ cldina r, specify [ ] *(120)*
　　　　☐ ihothr own/not noted
　　　　☐ ihunk

2O. 0 - 2 -
hhthat
Hypothermia continued or started in hospital
　Was hypothermia started in Hospital *or* different methods of hypothermia started in hospital?
　0 ○ No
　1 ○ dmthhs heck all methods started)
　　External? 0 ○ No
　　1 ○ hxthyp Date [ ] - [ ] - [ ] *(yyyy-mm-dd)*
　　　Time [ ] : [ ] *(hh:mm, 24hr clock)* ☐ Time or date not noted   notm
　　　Check all applicable
　　　　☐ Cooling blankets
　　　　☐ hhcbln cks
　　　　☐ hhicep ive pads (e.g. EM Cools)
　　　　☐ hhadhp able cooling pads (e.g. Arctic Sun)
　　　　☐ hhadip specify [ ] *(120)*
　　　　☐ hhothr own/not noted
　　　　☐ hhunk
　　Internal? 0 ○ No
　　1 ○ hhihyp Date [ ] - [ ] - [ ] *(yyyy-mm-dd)*
　　　Time [ ] : [ ] *(hh:mm, 24hr clock)* ☐ Time or date not noted   nothih
　　　Check all applicable
　　　　☐ Cold IV fluids
　　　　☐ hcldiv vascular (e.g. Alsius)
　　　　☐ hclend Intranasal (e.g. Benechill)
　　　　☐ hclin er, specify [ ] *(120)*
　　　　☐ hcloth own/not noted
　　　　☐ hihunk

2P. 0 - 2 -
icdimp
ICD implanted this stay or transferred to other hospital for ICD

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 ll 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	PaO₂ *(mmHg)*	PaCO₂ *(mmHg)*	HCO₃ *(mEq/L)*	FiO₂	
						(%)	missing
1 [ ]-[ ]-[ ]	[ ]:[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	☐

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[ ]

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[ ] *(hh:mm:ss)*
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Incident Number: *(optional)*

Site Linking ID: *(optional)* [ ]

	Date (yyyy-mm-dd)	Time (hh:mm; 24 hr clock)	ph	PaO₂ (mmHg)	PaCO₂ (mmHg)	HCO₃ (mEq/L)	FiO₂ (%)	missing
2	- -	:						☐
3	- -	:						☐
4	- -	:						☐
5	- -	:						☐
6	- -	:						☐
7	- -	:						☐
8	- -	:						☐
9	- -	:						☐
10	- -	:						☐
11	- -	:						☐
12	- -	:						☐
13	- -	:						☐
14	- -	:						☐
15	- -	:						☐
16	- -	:						☐
17	- -	:						☐
18	- -	:						☐
19	- -	:						☐
20	- -	:						☐
21	- -	:						☐
22	- -	:						☐
23	- -	:						☐
24	- -	:						☐

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

Complete this form:

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[ ]

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[ ] *(hh:mm:ss)*
◯ From PCR/other   ◯ From dispatch
◯ Unable to obtain *(Non-ROC agency 1st arrival)*

Incident Number: *(optional)*

Site Linking ID: *(optional)* [ ]

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

0 ◯ No
1 [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   [notmgl]