

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  
 Unable to obtain ( Non-ROC agency 1<sup>st</sup> arrival)

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				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="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
2	---	---	1 2 3 4	<input type="radio"/> RIGNP2	<input type="radio"/> RIGSL2	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	101- <input type="text"/>
3	---	---	1 2 3 4	<input type="radio"/> RIGNP3	<input type="radio"/> RIGSL3	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	101- <input type="text"/>
4	---	---	1 2 3 4	<input type="radio"/> RIGNP4	<input type="radio"/> RIGSL4	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	101- <input type="text"/>

\*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:

Vehicle name:



or  No fire/EMS compressions

- 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

- 1   ≥ 18 years old or local legal age of consent

- 1   **CCCLEGALCNSN**  
Non-traumatic cardiac arrest

- 1   **CCCNTRAUMCA**  
Initial fire/EMS chest compressions provided by CCC participating ROC agency

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

Yes No

- 1   Written advance directive to not resuscitate (*ie DNR*)

- 1   **CCCDNR**  
Blunt, penetrating, or burn related injury

- 1   **CCCTRAUMINJ**  
Obvious cause of arrest is asphyxia, respiratory (asthma), drowning, strangulation, hanging, foreign body obstruction, or mechanical suffocation

- 1   **CCCRESPI**  
Exsanguination

- 1   **CCCEXSANG**  
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*)

- 1   EMS witnessed arrest

- 1   **CCCEMSWITARR**  
Non-ROC/non-CCC participating agency first to initiate chest compressions or place pads (whichever is earliest)

- 1   **CCCFSTAGYNRC**  
Mechanical compression device used before any manual CPR by ROC personnel

- 1   **CCCMEECOMP**  
Advanced airway prior to CCC participating ROC fire/EMS agency arrival

- 1   **CCCADVAIR**  
Pre-existing trach

- CCCPREEXTRAC**

**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)

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)

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

Incident Number: (optional)

[ ]

Cardiac ID: To be assigned

Enrolled in:

Site Linking ID: (optional) [ ]

**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 **Synced to Atomic Clock**. If the defibrillator is not synced 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	Synced 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	EPIVASORDER				EPIVASOSDD	EPIVASOSDD	EPIVASOSDD	
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)

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

Incident Number: (optional)

[ ]

**Cardiac ID: To be assigned**

Enrolled in:

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  
 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

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  Witnessed (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?

- 0  No
- 1  Yes → CPR attempted by: (check all that apply)

- Lay person
- Police
- Healthcare
- Other, specify: \_\_\_\_\_ (30)

- Unknown/not noted
- Dispatch instructions given for bystander CPR: 1  Yes 0  No 2  Unknown/not noted

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

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

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

- 1  Yes → Were shocks delivered?
- 0  No
- 1  Yes → 1 shock 2  2 or more shocks 3  Unknown/not noted

- 2  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: 1  Yes 0  No 2  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

**NR** **Done** (NR is "Not recorded")

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

- manual
- mechanical

- 0  Airway, bag-mask

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

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

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

- 0  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? 1  Yes 0  No
- King LT-D → was it successful? 1  Yes 0  No
- King LTS-D → was it successful? 1  Yes 0  No
- LMA (laryngeal mask airway) → was it successful? 1  Yes 0  No
- SALT (supraglottic airway laryngopharyngeal tube) → was it successful?  Yes  No
- Other airway

- Cricothyrotomy → was it successful? 1  Yes 0  No
- 3  Other, specify: \_\_\_\_\_ (30) → was it successful? 1  Yes 0  No

- 0  Hypothermia therapy: (check all attempted)

- External: 0  No 1  Yes, check all applicable
- 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  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?  No  Yes  
**PCONIV**  
 IV attempted:  No  Yes → Was it successful?  
**PIV**  
 0  1  
 No  Yes  
**PIVSUC**  
 IO attempted:  No  Yes → Was it successful?  
**PIO**  
 0  1  
 No  Yes  
**PIOSUC**

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

0  1  
**PMON2** Monitor, advanced: (Check all attempted)  
 ETCO2  
 PETCO2  
 Pacing  
 PPACE  
 Head → if attempted, ST-elevation reported -1  Present  Absent  2 No results reported  
**STELEV**

10. CCC specific question (skipped)

11. ALPS specific question (skipped)

12. Drug therapies noted:

Drug given		Route (check all attempted)
NR	Yes Name	IV ET IO Drip
0	<input type="radio"/> 1 <input type="radio"/> PHDAMIO Amiodarone PHDAMIODS mg	<input type="checkbox"/> PHDAMIOET <input type="checkbox"/> PHDAMIODP <input type="checkbox"/> PHDAMIOIV <input type="checkbox"/> PHDAMIOIO
0	<input type="radio"/> 1 <input type="radio"/> PHDATROP Atropine PHDATROPDS mg	<input type="checkbox"/> PHDATROPET <input type="checkbox"/> PHDATROPDP <input type="checkbox"/> PHDATROPIV <input type="checkbox"/> PHDATROPIO
0	<input type="radio"/> 1 <input type="radio"/> PHDEPIN Epinephrine PHDEPINDS mg	<input type="checkbox"/> PHDEPINET <input type="checkbox"/> PHDEPINDP <input type="checkbox"/> PHDEPINIV <input type="checkbox"/> PHDEPINIO
0	<input type="radio"/> 1 <input type="radio"/> PHDVASO Vasopressin (Pitressin) PHDVASODS iu	<input type="checkbox"/> PHDVASOET <input type="checkbox"/> PHDVASODP <input type="checkbox"/> PHDVASOIV <input type="checkbox"/> PHDVASOIO
0	<input type="radio"/> 1 <input type="radio"/> PHDLIDO Lidocaine PHDLIDODS mg	<input type="checkbox"/> PHDLIDOET <input type="checkbox"/> PHDLIDODP <input type="checkbox"/> PHDLIDOIV <input type="checkbox"/> PHDLIDOIO
	<input type="checkbox"/> Check if no drug given from list below PDRNODR	
0	<input type="radio"/> 1 <input type="radio"/> PHDBETA Beta blocker category (such as esmolol, metoprolol, atenolol, bisoprolol, nadolol)	
0	<input type="radio"/> 1 <input type="radio"/> PHDBICARB Bicarbonate	
0	<input type="radio"/> 1 <input type="radio"/> PHDDEXT Dextrose	
0	<input type="radio"/> 1 <input type="radio"/> PHDDOPA Dopamine	
0	<input type="radio"/> 1 <input type="radio"/> PHDPARA Paralytics category (such as succinylcholine/Anectine, pancuronium/Pavulon)	
0	<input type="radio"/> 1 <input type="radio"/> PHDPRESS Pressors/inotropes category (other than epinephrine, vasopressin or dopamine; such as dobutamine, norepinephrine/levophed, ephedrine, and Isuprel)	
0	<input type="radio"/> 1 <input type="radio"/> 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 **SCLASS**  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
- PDISP**
- 1  Why was treatment halted? (check one)
- 2 **PYHLTZ**  Written 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
- 1  Patient status at ED arrival (check one)
    - 0  ROSC present
    - 0 **PROSC**  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)

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:

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			No File Upload Replace DEL WARNING!!!	: : :	: : :	Y N →	: : :	Y N
3	ECGAPP3	---	ECGMFG3			No File Upload Replace DEL WARNING!!!	: : :	: : :	Y N →	: : :	Y N
4	ECGAPP4	---	ECGMFG4			No File Upload Replace DEL WARNING!!!	: : :	: : :	Y N →	: : :	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 → AGE18

#	Shock	Joules	Source	Attenuated cables used		
				No	Yes	Not known
1	SHKJUL1	1 2	SHKJULN1 SHKSRC1	0	1	9
2	SHKJUL2	1 2	SHKJULN2 SHKSRC2	0	1	9
3	SHKJUL3	1 2	SHKJULN3 SHKSRC3	0	1	9

3. Initial CA rhythm:

Rhythm	No CA rhythm			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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) 1st CA EMS rhythm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Time of Rhythm (hh:mm:ss) [ ]:[ ]:[ ]

If PEA, indicate rate:  Unknown/not noted

4. CPR process measures?

- 0  No → Skip Questions 4 and 5
- 1  CPR/RC → 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	
<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="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/>	36 - <input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/>	37 - <input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/>	38 - <input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/>	39 - <input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/>	40 - <input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/>	41 - <input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/>	42 - <input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/>	43 - <input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/>	44 - <input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/>	45 - <input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/>	46 - <input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/>	47 - <input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/>	48 - <input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/>	49 - <input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/>	50 - <input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>

**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 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

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

Site Linking ID: (optional) [ ]

Enrolled in:

**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?**

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)
-



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



### 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)  
 [ ]

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

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

Incident Number: (optional)  
 [ ]

Site Linking ID: (optional) [ ]

**Cardiac ID: To be assigned**

Enrolled in:

#### 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:

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

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

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

Unknown/not noted

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

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

Unknown/not noted

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

8. CCC & ALPS specific question (skipped)

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

- 0  No
- 1  Yes

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  Alive

Disposition:

- 1  Home
- 1  Independent
- 2  With assistance
- 3  Unknown/not noted
- 2  DCRES
- 2  DCHOME
- 2  Inpatient rehabilitation 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
- 2  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)  
**HCABG**

Abdomen:

- Internal abdominal injury  
**HIAINJ**  
 Liver laceration  
**HLIVLC**  
 Bleeding, internal  
**HINTBL**  
 Acute liver failure  
**HACUTE**

Chest:

- Internal thoracic injury  
**HITINJ**  
 Pneumothorax  
**HPNETH**  
 Pneumonia  
**HPNEUM**  
 Pulmonary edema  
**HPULED**  
 Rib fractures  
**HRIBFR**  
 Sternaal fractures  
**HSTRFR**

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 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  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
-





10	<input type="text"/>	<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="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="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="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="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="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="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="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="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="text"/>	<input type="checkbox"/>
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21	<input type="text"/>	<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="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="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="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

0  No  
1  Yes

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**



Complete this form:

- for each episode qualifying for the ED or hospital form

Main Data Source: ED & hospital records



**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

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 1<sup>st</sup> arrival)

Incident Number: (optional)

[ ]

Site Linking ID: (optional) [ ]

**Cardiac ID: To be assigned**

Enrolled in:

**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  
 Yes  
 HYPSPR

**2. Neurological status in the first ED or hospital:**

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

If not paralyzed, check the highest level of response:

- Obeys verbal commands  
 Full purposeful movement  
 Localizes pain  
 Withdraws to pain  
 Flexor posturing (decorticate response or rigidity)  
 Extensor posturing (decerebrate response or rigidity)  
 No response to stimuli  
 None of above noted

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

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

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

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

**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
		<input type="checkbox"/> 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

	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
<input type="checkbox"/> All available information entered				
<b>WARMTMP</b>				

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

<sup>1</sup>HITEMP  <sup>2</sup>HITMPUN  <sup>9</sup>Temp not noted  
 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 1<sup>st</sup> arrival)

Site Linking ID: (optional) [ ]

**Cardiac ID: To be assigned**

Enrolled in:

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

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

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

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

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

Why? was the reason the patient/family/LAR was not notified?

- ATMPTMADE** Documented attempts made but unable to reach patient or family (letter returned unopened or multiple documented attempts made)
- NOTNOTIFY** Patient or family/LAR refused in-person notification materials
- NOTFORCCC** 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)

No

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

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

**REVWPT** Patient → Date: [ ]-[ ]-[ ] (yyyy-mm-dd)

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

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"/> <b>200 of 200</b> characters remaining
2	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> <b>200 of 200</b> characters remaining
3	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> <b>200 of 200</b> characters remaining
4	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> <b>200 of 200</b> characters remaining
5	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> <b>200 of 200</b> characters remaining
6	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> <b>200 of 200</b> characters remaining
7	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> <b>200 of 200</b> characters remaining
8	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> <b>200 of 200</b> characters remaining
9	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> <b>200 of 200</b> characters remaining
10	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> <b>200 of 200</b> 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

Enrolled in:

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

Site Linking ID: (optional) [ ]

**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: <input type="text"/> (60)	<input type="text"/> - <input type="text"/> - <input type="text"/>
2	--- ▾ → Name of non-ROC hospital: <input type="text"/> (60)	<input type="text"/> - <input type="text"/> - <input type="text"/>
3	--- ▾ → Name of non-ROC hospital: <input type="text"/> (60)	<input type="text"/> - <input type="text"/> - <input type="text"/>
4	--- ▾ → Name of non-ROC hospital: <input type="text"/> (60)	<input type="text"/> - <input type="text"/> - <input type="text"/>
5	--- ▾ → Name of non-ROC hospital: <input type="text"/> (60)	<input type="text"/> - <input type="text"/> - <input type="text"/>

**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)
-

