for each non-traumatic cardiac arrest episode attended by an EMS agency participating in PART, PCAAM, or Epistry 4



### **Patient Enrollment Form**

Form released: 2016-09-13 Version: 2.02.00

Main data source: PCR/Dispatch
Other Data Source:ROC research form

Date (yyyy-mm-dd)	Time call received at dispatch(24hr clock) : (hh:mm:ss)	Incident Number: (optional)
Case ID: To be assigned	From PCR/other From dispatch Unable to obtain ( Non-ROC agency 1st arrival)	Site Linking ID: (optional)

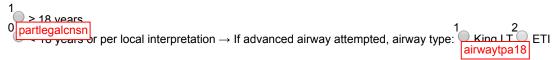
1. EMS response: (List all vehicles, ROC and non-ROC, in the order they arrived at scene)

				Serv	vice vel		Time of arrival		Sou	ırce	Attempted to insert advanced airway
Order	Agency Name/ Vehicle Name	# of personnel	BLS	BLS-D	BLS+	ALS	hh:mm:ss 24 hr clock	Not noted	Watch	Dispatch	Y N
1	<b>v</b>	rig	1 np1	2 rig:		4			0	0	100 insairway1
2	<b>v</b>	rig	1 np2	2 rig:		4			0	0	100 insairway2
3	<b>v</b>	rig	1 np3	2 rig:		4	:::::::::::::::::::::::::::::::::::::::		0	0	100 insairway3
4	<b>v</b>		1 np4			4			0	0	1_0 insairway4

# **PART/PCAAM Screening:**

- Screened Received at least one fire/EMS chest compression and at least one responding agency participating in PART/PCAAM
- Not Screened Received no fire/EMS chest compressions or no PART/PCAAM participating agency arrived on scene

## 2. Age:



3. Inclusion criteria:

Yes No	
	matic etiology of arrest
partntraumea partbagval	of ventilatory support (e.g. Bag-valve-mask device or non-rebreather mask)

Date (yyyy-mm-dd)	Time call received at dispatch(24hr clock) : : : (hh:mm:ss)	Incident Number: (optional)				
Case ID: To be assigned	From PCR/other From dispatch Unable to obtain ( Non-ROC agency 1 <sup>st</sup> arrival)	Site Linking ID: (optional)				
4. Exclusion crite	ria:					
PART or PCA	AM participating agency					
Yes No						
	prisoners and advanced airway attempted → Airway type: <sup>1</sup>	ing LT <sup>2</sup>				
1 0 Patient	s with a pre-existing tracheostomy	vaytppris				
1 partpreextrac	s with pre-existing written "do-not-attempt-resuscitation	tation" (DNAR) orders				
partprdnar PART participa	ating agency					
Yes No						
	pregnant women and advanced airway attempted $\rightarrow$ Airway type: <sup>1</sup> $\bigcirc$ K	ing LT <sup>2</sup>				
	acial trauma (visible major deformity, copious oral bleed ainway attempted $\rightarrow$ Airway type: $^{1}$ $\bigcirc$ K					
1 0 Major b	oleeding or exsanguination (e.g., major upper or lowe	vaytpfacial perforation, major uncontrolled bleeding from laceration or				
	receiving initial care by a non-PART participating ago eed airway management	ency capable of performing ETI, LT (King LT) or other				
1 0 Patient partettube nd/or		y device inserted prior to participating EMS agency arrival				
	s asphyxial cardiac arrest (e.g., choking, foreign body asp	iration, angioedema, epiglottitis, trauma to mouth and face, etc.)				
	s with a left ventricular assist device (LVAD) or total a	rtificial heart (TAH)				
1 partlvadtah Her-fa	cility transports					
	s with a "do not enroll" bracelet	0				
partdneb If <b>Yes</b> ,	and advanced airway attempted → Airway type: <sup>1</sup> ○ K ain	ing LT <sup>2</sup> ○ ETI vaytpdneb				

<sup>\*</sup>If enrolled in <u>PART</u> and inclusion and exclusion criteria are met  $\rightarrow$  <u>Complete Q5 & Q6 & Q7</u> \*\*If enrolled in <u>PCAAM</u> and inclusion and exclustion criteria are met  $\rightarrow$  <u>Complete Q7 ONLY</u>

Date (yyyy-mm-dd)	Time call received at dispatch(24hr clock) : (hh:mm:ss)	Incident Number: (optional)		
Case ID: To be assigned	From PCR/other From dispatch Unable to obtain (Non-ROC agency 1st arrival)	Site Linking ID: (optional)		
5. <b>Therapy assig</b> i	ment by CTC			
1 LT (King LT)				
<sup>2</sup> [parttherassi]				
6. Did agency att	empt advanced airway (such as ETI, LT, co	mbitube, nasal intubation, etc.)?		
* LT attempt when	blade is inserted into the mouth past the teeth. the mouth is opened and the King-LT is passed past	the teeth		
1 Yes	the mounts opened and the rung Et is passed past	uie teen.		
	met inclusion/exclusion criteria, but did not attempt a	dvanced airway, why not?		
7	lenched, unable to insert advanced airway tasthe ntilation with BVM			
2	d at ED before intervention could be attempted			
	pefore advanced airway could be attempted			
Rega	ned consciousness/ROSC			
Other	→ specify			
<sup>8</sup> Unab	e to determine/information not available			
0				
	SUUB.			
7. Location of epi	50d0.			
7. Location of ep				
	County Tract QGeocode link			
Census tract				
Census tract <u>US:</u> State				
Census tract  US: State  Lat/long	County Tract QGeocode link			
Census tract US: State Lat/long Latitude Longitude	County Tract QGeocode link  Decimal degrees DMS DM			

for all episodes enrolled in PART/PCAAM/Epistry

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



## **Pre-Hospital Time Record Form**

**Reason: Enrollment** Form released: 2016-03-22

Version: 2.01.01

Date (yyyy-mm-dd)	Time call received at dispatch(24hr clock) (hh:mm:ss)	Incident Number: (optional)
Case ID: To be assigned	From PCR/other From dispatch Unable to obtain ( Non-ROC agency 1st arrival)	Site Linking ID: (optional)

#### 1. Time Record Events:

#### Instructions:

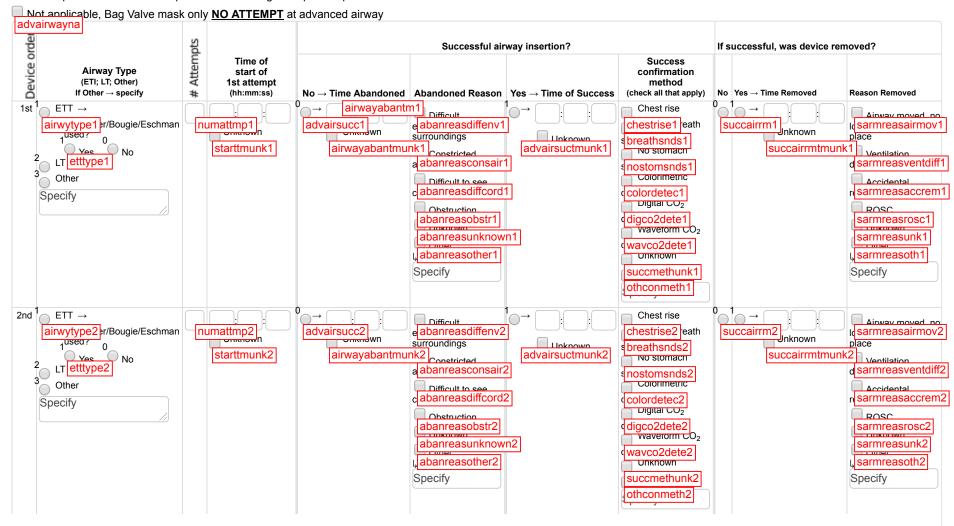
- 1. Events that occurred.
  - For events that are known to have occurred in a given order, enter an Event Order (1,2,3, etc). If two events occurred at the same time, assign them the same Event Order.
  - For events with order numbers, enter both Watch Time and Dispatch Time, if available. If neither 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 '-' ('-' = 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 happen, enter '0'
  - 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.

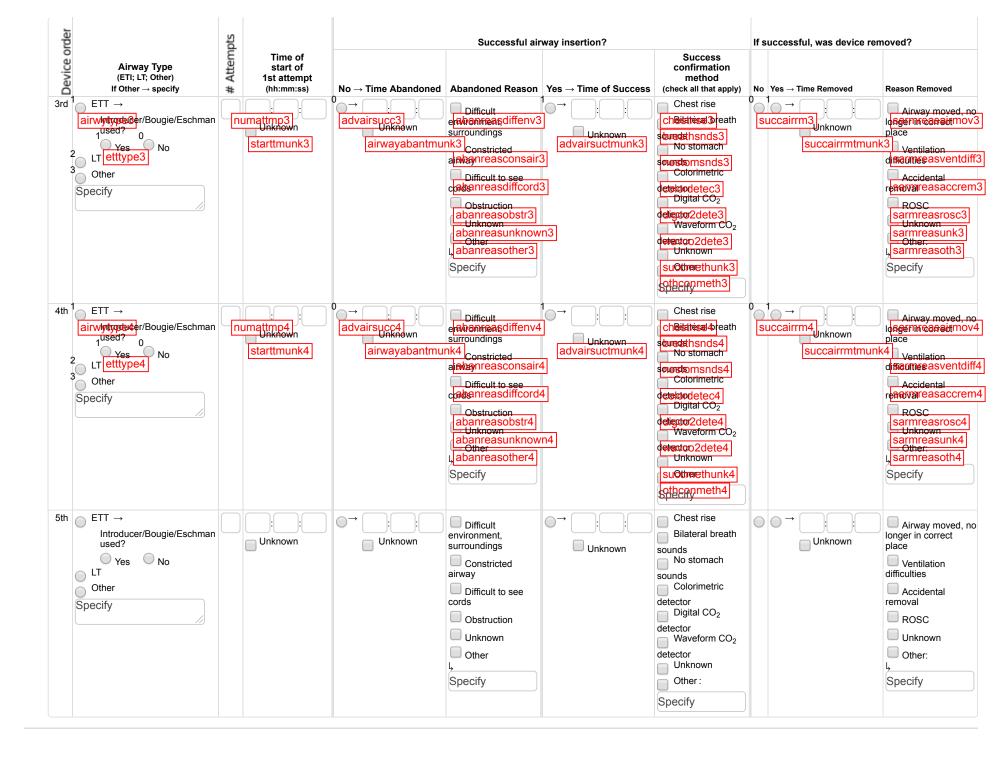
	ii aic Aiigiica	Event Time							
Events	Event Order "0"=NA; "-"=UK	Watch (hh:mm)	Dispatch (hh:mm		Source Disp Defib	Synched to Atomic Clock (hh:mm:ss)	No Doc Time	Aligned Time (hh:mm:ss)	Adj
1st 911 call received at dispatch	callDspOrder		12 :12	:12	0 call	DspSdd	call	DspNdt .	
1st vehicle dispatch	v1DspOrder					spSdd	v1E	DspNdt .	
1st non-fire/EMS shock	nonEmsShoo	kOrder				EmsShoo	_	EmsShockNdt	
1st vehicle arrival at scene		12 :20				rrSdd		ArrNdt .	
1st fire/EMS CPR	emsCprOrde					CprSdd	em	sCprNdt	
1st mechanical compression device	compDevOrd					npDevSdo		npDevNdt	
1st ALS arrival at scene		12 :20				ArrSdd	_	ArrNdt	
Arrest witnessed by fire/EMS	emsWitOrder					sWitSdd	em	sWitNdt .	
1st fire/EMS AED/defib turned on	emsAedOrde					sAedSdd	em	sAedNdt	

			Event Time					
Events	Event Order "0"=NA; "-"=UK	Watch (hh:mm)	Dispatch/Defib (hh:mm:ss)	Source Disp	Synched to Atomic Clock hh:mm:ss)	No Doc Time	Aligned Time (hh:mm:ss)	Adj
1st fire/EMS shock				emss	ShockSdo	_	sShockNdt	
1st successful IV/IO insertion				ivioS	dd	ivio	Ndt	
1st epinephrine or vasopressin					soSdd	epiv	/asoNdt	
PART/PCAAM: 1st successful fire/EMS LT(King LT)	[ ]			kingA	AirwaySd		gAirwayNdt	
PART/PCAAM: 1st successful fire/EMS ETI	[				waySdd		irwayNdt	
PART/PCAAM: 1st successful fire/EMS other airway				other	AirwayS		erAirwayNdt	
1st ROSC				roscS			cNdt	
Hypothermia started by fire/EMS					thermSd		othermNdt	
Resus. stopped due to death					StopSdo	resi	usStopNdt .	
Patient transported from scene	[ ]			xport			rtNdt	
Fire/EMS destination arrival	destArrOrder				ArrSdd	des	tArrNdt	
Sort Events Align Times C	original Orde	er Cl	ear Form					

### 2. PART/PCAAM: Advanced Airway Management Table:

- \* ETI attempt when blade is inserted into the mouth past the teeth.
- \* LT attempt when the mouth is opened and the King-LT is passed past the teeth.





for all episodes enrolled in PART/PCAAM/Epistry

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



## **Pre-hospital Form**

Reason: Enrollment Form released: 2017-02-07 Version: 2.01.00

Date (yyyy-mm-dd)	Time call received at dispatch(24hr clock) : (hh:mm:ss)	Incident Number: (optional)
Case ID: To be assigned	From PCR/other From dispatch Unable to obtain ( Non-ROC agency 1st arrival)	Site Linking ID: (optional)

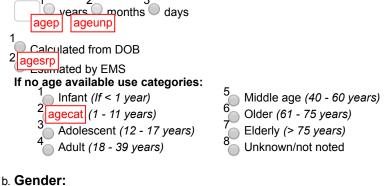
## 1. Location of episode:

### Public or non-public?

```
Public (check one only)
| locpub |
| Street/highway |
| 2 | loctyp |
| 3 | Place of recreation (park, stadium, lake) |
| 9 | Industrial place (factory, warehouse, construction site) |
| 0 | 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 |
| Other non-public |
| 2 | Unknown/Not noted |
```

## 2. Demographics:

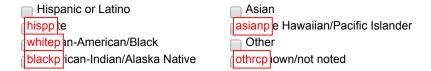
### a. Age:



#### D. Gender.



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



Date (yyyy-mm-dd)	Time call received at dispatch(24hr clock) (hh:mm:ss)	Incident Number: (optional)
Case ID: To be	From PCR/other From dispatch Unable to obtain (Non-ROC agency 1st arrival)	Site Linking ID: (optional)
assigned	Chable to obtain ( Non Nee agency 1 annua)	
3. Cardiac arrest:		
Occurred:		
1 Δfter fire/FMS a	rrival (witnessed by fire/EMS) → skip to <b>item 5</b>	
witems fire/EMS	Witnessed collapse?	a other than fire /FMC nersonnal
	Witnessed (seen or heard) by someone with without witnessed (seen or heard)	e other than me/EMS personner
	2 Unknown/not noted	
4. Was resuscitat	ion attempted by bystanders (includes pol	ice) prior to fire/EMS arrival?
1 Ves		
resbysa. Was CPF	R attempted prior to fire/EMS arrival?	
No.		
1 cpratt	→ Epistry:	
	CPR attempted by: (check all that apply)	
	Lay person Police Healthcare	)
	Other, specify:	(30)
	Unknown/not noted	a - No - Unknown/not noted
	Dispatch instructions given for bystander CPR?  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	
	Chest compressions only	~~~·
	Chest compressions plus ventilations	
	Not known/not noted	
b. Was AEL	O/defib applied prior to fire/EMS arrival?	
1 aedapp	were shocks delivered? 1 Yes <sup>0</sup> No	
0 Nρ, because:	<u>uouomi</u>	
1	PCR in 'Bystander CPR' designated field (where res	nonse ontions are ves/no)
Zierenoi	om reading of PCR narrative	porise options are yes/no)
	in reading of Continuative	
2 Uncertain, beca	use:	
	s insufficient to determine if bystanders performed CF	PR or applied AED/defib
2 srsunc 3 Designated	d field for 'Bystander CPR' not marked (where yes/no	are response options)
Other	(120)	
5. Was pulse lost	after documented 1 <sup>st</sup> ROSC, prior to ED ar	rrival?
1 Ves		
0 plslst		
2	No 1 <sup>st</sup> ROSC documented)	

Date (yyyy-mm	- (hh:mm:ss)  From PCR/other From dispatch
1 Ves → sh	AAM: Evidence of implantable cardioverter defibrillator?  nock delivered during prehospital care?    Yes   No   Unknown/not noted
7. Pre-hospi	ital intervention by fire/EMS:
	MS pre-hospital interventions from the list below were recorded (NR is "Not recorded")
0 1 Iscope	Video laryngoscope used  If yes → Used on 1st attempt  Used on another attempt
ccems	Chest compressions by fire/EMS  Epistry:  manual mechanical
0 1	Airway, bag-mask
0 pbag2	Epistry: Continuation of non-EMS airway (e.g. tracheostomy)
ptrach	Epistry: Airway advanced, endotracheal: (check all attempted)
	Oral ET → was it successful? ✓ Yes ✓ No
	Nasal ET → was it successful? Yes No
	Epistry: Airway advanced, supraglottal and other: (Check all attempted)
0 0	☐ Combitube → was it successful? ☐ Yes ☐ No
	■ EOA (esophageal obturator airway) → was it successful? ○ Yes ○ No
	☐ I-gel → was it successful? ☐ Yes ☐ No
	King LT → was it successful?  Yes  No
	King LT-D → was it successful?  Yes No
	King LTS-D → was it successful?       Yes       No
	LMA (laryngeal mask airway) → was it successful? ○ Yes ○ No
	SALT (supraglottic airway laryngopharyngeal tube) → was it successful?  Yes No
	Other airway
	○ Cricothyrotomy → was it successful? ○ Yes ○ No
	Other , specify : (30) → was it successful? Yes No
0 0	Epistry: Hypothermia therapy
0 1	IV/IO line:
pfluid2	Continuation of existing IV? Only No
	IV attempted?   No  pivy(es → Was it successful?   Pivsuc  No  pivsuc
	les → Was it successful? Yes No
	IO attempted? O No
	IO attempted?   No  1 pio res → was it successful?   Yes  No  Poistry: FTCO2 monitor  Piosuc
	Epistry: ETCO2 monitor piosuc

Date (yyyy-mm-dd) Time call received at dispatch(24hr ::::::::::::::::::::::::::::::::::::				•	ck) Incident Number: (optional)						
C	ase I	D: To	be From PCR/other From dispa		C:4a	. Limbing ID: /or	ntional)				
	sign		Unable to obtain ( Non-ROC age	ncy 1 <sup>st</sup> arrival)	Site	e Linking ID: (op	ptionar)				
8.	PAF	RT/P0	CAAM: Was emesis present before an	advanced a	irwa	y was inserte	ed? (whether ET	T, LT, or other)			
	1_		·			-	`	,			
	$\cap$	esis									
	9	1000									
	O 1	Not not	ed								
9.	PAF	RT/P0	CAAM: Possible adverse events:								
	(Ca)	mn n l n t n	all automatic triangured Alast CTC displayed on	the Enjands S							
			all automatic triggered Alert CTC displayed or Adverse events			After advanced					
			(NR is 'Not Recorded')	airway attem		airway attempt					
			Airway swelling or edema →								
		$\circ$	Oropharyngeal or hypopharyngeal injury →								
	0	1	Blood in airway →	1	_	2					
			Esophageal Intubation - immediately recogni	zed bldatt	tp						
	es	sointui	mme phageal Intubation - delay recognized								
	0	1	ETT or LT dislodgement								
	0 et	ttltdislo	Other →								
	ot	thradv	erse								
10.	Dru	ıg the	erapies noted:								
	D*:	ug giv	- -								
			Name								
			Epistry: Amiodarone								
		0	Epistry: Atropine								
		0	Epistry: Epinephrine								
		0	Epistry: Vasopressin (Pitressin)								
		0	Epistry: Lidocaine								
	0	0	Epistry: Procainamide (Pronestyl)								
	0	0	Epistry: Bicarbonate								
	0	0	Epistry: Dextrose								
	0	0		nootino nono	ıraniı	ım/Doyulon					
			Paralytics category (such as succinylcholine/APART/PCAAM: Before successful airway	insertion	After	successful airw	ay insertion				
		0	<b>Epistry:</b> Pressor succinsert category (other the norepinephrine/levophed, ephedrine, and Isup	nan epinephrine	e, vas	sopressin or dop	pamine; such as do	butamine,			
			<b>Epistry:</b> Sedation category (such as benzodia midazolam/Versed)		es, v	alium, etomidate	e/Amidate, fentanyl/	Sublimaze,			
			Epistry: Naloxone								

Date (yyyy-mm-dd) Case ID: To be assigned	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)
11. <b>Disposition:</b> (ch	•	
pdisp hy was trea  Considered pyhlt2  3	tment halted? (check one) d futile IR presented ective/family wishes	
Transported by Patient status  ROSC pre	fire/EMS to ED/hospital with ROSC or ongoing resus at ED arrival: (check one) sent	citation → Complete the <b>ED Admit</b> form
	esuscitation ansported by fire/EMS to ED/hospital y of arrest: Site classification	
No obvious cause Chemical p Drowning Drug poise	t use ED/hospital records) se (includes NEMSIS 2250 presumed cardiac) identified (check one) is poisoning (intentional or unintentional, includes carbo oning (intentional or unintentional, includes alcohol) on (non-lightning)	n monoxide, toxic gases)
Excessive Excessive	cold	
<ul><li>Non-traum</li><li>Radiation of Respirator</li></ul>	y (asthma)	
Smoke inh Strangulati Terminal ill		
Venomous Other obvi	stings	

for each cardiac arrest episode that was treated

Main Data Source: Electronic ECG Other Data Source: ECG Strip or PCR Other Data Source:ROC research form



**CPR process Form** 

**Reason: Enrollment** Form released: 2016-02-09

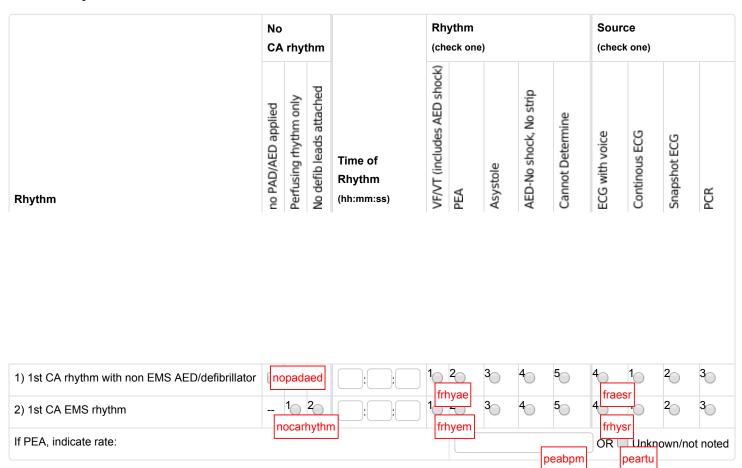
Version: 2.00.00

Date (yyyy-mm-dd)	Time call received at dispatch(24hr clock) : (hh:mm:ss)	Incident Number: (optional)
Case 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. ECG data:

De	vice	1			EC	G Re	ecor	ding	)		Recording	Data					
	Туре		Manufactu	rer									2	8		ess	53
er	No Device AED Manual Defib		Medtronic Philips Zoll		Ex	ist?	Me	erge	d?	File	Dawer Or	Pads/Puck On	Synched to	atmc. clock?	Adimetad	CPR process	measures?
Order	No D AED Mani	Agency and Rig	Medtro Philips Zoll	Other (specify)	N	Y	N	Y,	with	File Upload	Power On (hh:mm:ss)	(hh:mm:ss)	Y	N	Adjusted (hh:mm:ss)	Υ	N
1	0 1 2 ecgapp1	<b>v</b>	ecgmfg1	4		0	-	-	-	No File Upload			0	0	<b>→</b>	0	0
2	0 1 2 ecgapp2	<b>v</b>	1 2 3 ecgmfg2	4		0	0	0		No File Upload			0	0	<b>→</b> ::	0	0
3	0 1 2 ecgapp3	<b>v</b>	1 2 3 ecgmfg3	4		0	0			No File Upload			0	0	→ :: ::::::::::::::::::::::::::::::::::	0	0
4	000	<b>v</b>	000		0	0	0	0		No File Upload			0	0	<b>→</b>	0	0

## 2. Initial CA rhythm:



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**

Reason: Alive/Admitted to the ED/hospital

Form released: 2015-12-01

Version: 1.00.00

Date (yyyy-mm-dd)  Case ID: To be assigned  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)
<ul> <li>1. Name of first ED transported to:</li> <li></li></ul>	elected, provide ED name:
Patient bypassed ED and admitted directly to hospital   Complete Lincedad  Date/time of first ED arrival/admit:	tem 6 ONLY (Demographics), then does not be a subject to the subje
Date: (yyyy-mm-dd) Time: (hh:mm, 24 hr c	clock)
○ No ○ Yes	
4. Was patient transferred to another ED?	
Name of next acute ED (If non-ROC hospital is selected, please provide hospital name)	Date of transfer (yyyy-mm-dd)
	hospital:
Name of non-ROC I	hospital:

Date (yyyy-mm-dd)  Case ID: To be assigned	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)
a. Birth year:  b. Race (check all American-li Asian Black/Africa	an-American raiian/Pacific Islander  ot noted k one) Latino ic or Latino ot noted one)	ion):
Transferred fron	te hospital as final ED → Complete Hospital Admit in first ED to another hospital (bypassing other EDs) is (or left AMA) from ED	form
2 ED records 2 evssrc ary	harge status from final ED:  rity Death Index) or State death database  arse)  (30)	

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

Main data resource: Hospital Records



### **Hospitalization Form**

Reason: Alive/Admitted to the ED/hospital

Form released: 2015-12-01

Version: 1.00.00

Date (yyyy-mm-dd) Time call received at dispatch(24hr clock) Incident Number: (optional) (hh:mm:ss) From PCR/other From dispatch Case ID: To be Site Linking ID: (optional) Unable to obtain ( Non-ROC agency 1<sup>st</sup> arrival) assigned 1. Hospital admit information (1st hospital): Date: (yyyy-mm-dd) (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? <u>No</u> ptxfer Date of transfer Name of next acute hospital (If non-ROC hospital is selected, please provide hospital name) (yyyy-mm-dd) ▼ → Name of non-ROC hospital: (30)→ Name of non-ROC hospital: (30) 3. Date of discharge from CCU/ICU:

All readmission data entered

O.

**Date of admission** 

(yyyy-mm-dd)

Date of discharge

(yyyy-mm-dd)

Date (yyyy-mm-dd)	Time call received at dispatch(24hr clock)  (hh:mm:ss)  From PCR/other From dispatch	Incident Number: (optional)
Case ID: To be assigned	Unable to obtain ( Non-ROC agency 1st arrival)	Site Linking ID: (optional)
4. Date of discont	inued initial continuous ventilator use:	
	(yyyy-mm-dd)	
Date unknown/n	not noted	
5. Order written fo	or DNR or care limited/withdrawn during h	ospitalization?
0 No 1 dnrhsp (check a	ıll that apply)	
<u> </u>	ed DNR → Date (yyyy-mm-dd)	
	NR → Date (yyyy-mm-dd)	
	e_Withdrawal of care → Date	yyy-mm-dd)
6. Date and time of	of acute care hospital discharge, reclassifi	cation or death:
Date	- (yyyy-mm-dd)	
Time :	(hh:mm; 24 hour clock)	
Interim vita	al status:	
Complete this for	or whichever event is more recent:	
a) DSMB vital st		
b) Patient is in th	ne acute care hospital at 30 days	
Patient in acute	care hospital as of this date: (y	yyy-mm-dd)
7. Discharge statu	us from final hospital:	
0 Dead 0 fvshsp → Disposi	1	n/not noted
	tient r <mark>dchome</mark> on facility sted living	
6	sing home	
Hos Fem	pice nain in acute care hospital, reclassified as non-acute	patient awaiting placement or chronic care
Alive at	davs	

Date (yyyy-mm-dd)  Case ID: To be assigned  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. Source for discharge status from final hospital:  1 Hospital records 2 hospital records 3 SSDI(Social Security Death Index) or State death database 5 Family/friend 6 Fire/EMS 7 Hospital staff (e.g. nurse) 7 Other, specify: (60)  9. Modified Rankin Scale (MRS) at hospital discharge:	
(Review at discharge of physician, nurse, social worker, and therapist report of the physician of the physic	sual duties and activities ook after own affairs without assistance sistance d unable to attend to own bodily needs without assistance

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for all patients transported to ED or hospital

Main Data Source: ED & hospital records



# **Procedures Form**

Reason: Alive/Admitted to the ED/hospital

Form released: 2016-06-21

Version: 1.02.00

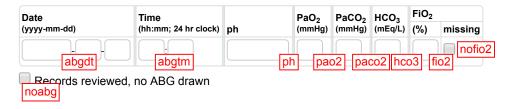
Date (yyyy-mm-dd)  Case ID: To be assigned	Time call received at dispatch(24hr clock)  : (hh:mm:ss)  From PCR/other From dispatch  Unable to obtain ( Non-ROC agency 1st arrival)	Incident Number: (optional)  Site Linking ID: (optional)	
1. CPR done in ED  Not recorded  cpredh	or hospital?  ve with fire/EMS Advanced Airway?		
b) Was fi	Cother, specify:  re/EMS advanced airway replaced in the ED?  Not noted  res  i) Replaced with:  The protocol  Physician discussion of the edge of the protocol  Airway/soft tiss  Inadequate very company of the protocol  Not noted  iii) Source for reason: (Check all that apply)  Not noted	tubation  retion sue swelling intilation  clursing notes ID notes	(30)
	R	despiratory therapy notes thest x-ray report MS report other, specify:	(30)

Date (yyyy-mm-dd)  Case ID: To be assigned	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)
No major procedu ehnopr Done wh		
	- 1st Cardiac catheterization, if done: Date  24hr clock) Time or date not noted  Diagnostic angiography only, no int	n (PCI)? → answer method(s) below:

ate (yy ase ID ssigne	)- ): To I	)-	Fro	call received at dispatch(24hr clock)  [hh:mm:ss]  m PCR/other From dispatch hable to obtain ( Non-ROC agency 1st arrival)  Site Linking ID: (optional)
	-	Done w	here?	
#	Not Recorded	ED Hospital	ED/Hospital	
	СХІ	24		24hr clock) Date or Time not noted  Source: CXR CT scan  Report available?  No  No  xrav24  Answer below:  Yes Not noted
				Pulmonary edema (includes alveolar or interstitial edema, bilateral pleural effusion, pulmonary venous congestion, or cardiomegaly)  Aspiration Pneumothorax Rib fractures Right main stem intubation Dislodgement of advanced airway  Esophageal intubation Esophageal intubation

Date (yyyy-mm-dd) Case ID: To be assigned	ime call received at dispatch(24hr clock)
Not Recorded Hospital	ED/Hospital
3C. 0 1 2 hypoedhosp	Hypothermia in ED or hospital  If hypothermia started →  1. Start of hypothermia:  Date:  Date or Time Unknown  2. Did te hypodttmunk or reach 34°C or below?  No  1 temp34b  Date:  Time:  Time:  temp34btm  1. Active lowtelowtempb:  Date:  Time:  Indicate or Time Unknown  2 acstpunkd ore completion  Convert a Temperature from Fahrenheit to Celcius

### 4. 1st ABG results and time:



Date (yyyy-mm-dd)  Case ID: To be assigned	Time call received at dispatch(24hr clock)  (hh:mm:ss)  From PCR/other From dispatch  Unable to obtain (Non-ROC agency 1st arrival)		ber: (optional)  D: (optional)		
(Complete Alert t	se events observed: forms as triggered)				
Within 24 hours of NR Yes Advers		a	Before advanced irway changed	After advanced airway changed	Unknown
airswedma24	swelling or edema. If <b>Yes</b> and airway was changed arngeal or hypopharyngeal injury. If <b>Yes</b> and airway $ed \rightarrow$		1 swedmaa orophyaic	<del>_</del>	3_
0 1 Blood i bloodaw24 Within 72 hours o			1 bldadaich	2_	3
0 1 Pneum 0 pneumo72 Aspirat	·				

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Complete this form:
• for all patients who were enrolled in PART.



# **PART Notification Form**

Reason: Enrollment Form released: 2017-01-10

Version: 1.01.00

Date (yyyy-mm-dd)  Case ID: To be assigned	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)	
	and/or family/LAR notified that patient was notified? (check all that apply)	ns in study?	
	pily  o Date:	elationship:	(20)
ntam ☐ Pat	ent → Date: - (yyyy-mm-dd)		
npat ULAF nlar	R  o Date: (yyyy-mm-dd) $ o Relation R$	tionship:	(20)
→ Was an attempt	made? <sup>0</sup> No <sup>1</sup> Yes (Examples include: phone, clinic ason the atmptmade ily/LAR was not notified?	visit, letter, certified letter, in person, ema	ail & other electronic methods)
∠InotnotifyI	ed attempts made but unable to reach patient or fam amily/LAR refused in-person notification materials	ly (letter returned unopened or multiple	documented attempts made)
	e to notify dead/unconscious (address or family contact i	nformation not available, IRB/REB guida	nce)
	n did the patient (and/or family/LAR) witho	draw from hospital record re	eview?
(Remember all records	generated up to the time of withdrawal can be reviewed)		
1 revwd → Who with	ndrew? (check all that apply)  nily/LAR → Date: rwfldt (yyyy-mm-dd)  ient → Date: rwptdt (yyyy-mm-dd)	→ Relationship:	(20)

Date (yyyy-mm-dd)	Time call received at dispatch(24hr clock)	Incident Number: (optional)
( )-( )-(	: (hh:mm:ss)	
Case ID: To be assigned	From PCR/other From dispatch Unable to obtain ( Non-ROC agency 1st arrival)	Site Linking ID: (optional)

## 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.

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	<u> </u>	If Other, specify:  attcty1	
2	<del></del>	If Other, specify:  attcty2	
3	<del></del>	If Other, specify:  attcty3	
4		If Other, specify:  attcty4	//
5	<b></b>	▼ If Other, specify:	
6	<del></del>	▼ If Other, specify:	//
7		If Other, specify:	//
8		▼ If Other, specify:	
9		▼ If Other, specify:	
10	<del></del>	If Other, specify:	

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Complete this form:

for all nationts who were enrolled in PΔRT

- For each potential Adverse Situation where implementation of study protocol resulted in a potential safety issue to the patient, EMS staff, or bystander
   For public objection to either study
   For Protocol violations/deviations/unusual circumstances
- circumstances



**Alert CTC Form** 

Form released: 2016-07-19 Version: 1.03.00

Report this information to the CTC within 1 business day of discovery

1. Date:
Date of situation: (yyyy-mm-dd)
Date site became aware of situation:
Date reported to CTC (email, call, data entered on form, or today's date): (yyyy-mm-dd)
2. <b>General situations:</b> (check one and explain circumstances*)
Public formal objection to Trial
entered more than 30 days after episode date
Missing PCR documentation: :
Agency name: ▼
Rig name: □ ▼
Other general situation
Explain circumstances *: (300)
3. Potential adverse events: (check one and explain circumstances*)
PART protocol caused delay or interruption of pre-hospital treatment → Estimated delay minutes → complete <b>3c</b>
ETT or LT dislodgement
Other potential <u>prehospital</u> safety issue $\rightarrow$ complete <b>3a</b> , <b>3b</b> , and <b>3c</b>
Other potential <u>ED/hospital</u> safety issue → complete <b>3a</b> , <b>3b</b> , and <b>3c</b>
Explain circumstances *: (300)
a. Seriousness of the potential adverse event:
Prolonged hospitalization, or required hospitalization  2 ca2sersae tening
Fatal
Led to permanent disability
Required intervention to prevent permanent disability
Associated with congenital anomaly
None of the above
b. Severity of the potential adverse event (not to be confused with 'seriousness'):
1 2 Moderate Severe ca2severeae

c. Relation to study intervention:
Not related (clearly not related)  ca2relstint elated (doubtfully related)  Possibly related (maybe related)  Probably related (likely related)
Definitely related (definitely related)
Potential protocol violation or deviation: (check one and explain circumstances*)
9 Protected population status known during <u>prehospital</u> course of care: (check all apply)
Age < local legal age of consent
□ Pregnant
Prisoner
Select one that applied to the situation:
1 Known by field AFTER advanced airway attempted
ca2phappsit field BEFORE advanced airway attempted
Indicate what type of advanced airway was given during study period:
Local standard of advanced airway for this protected population  2 ca2phcpr d study (If different than local standard for this population)
Other, specify: (60)
Other, specify.
10 Protected population status learned during <u>ED/hospital</u> (not prehospital) course of care: (check all apply)
Age < local legal age of consent
□ Pregnant
Prisoner
Indicate what advanced airway was attempted in prehospital setting:
Local standard of advanced airway for this protected population  2 ca2edcpr
3 Study (If different than local standard for this population)
Other, specify: (60)
13. Major facial trauma and study treatment attempted
Opt-out bracelet/indicator and study treatment attempted
Protocol noncompliance
Other potential protocol violation or deviation
Explain circumstances *: (300)

cipated problem	n? O No O \	Yes	

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