

Complete this form for:

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



Main data source: PCR/Dispatch

Other Data Source: ROC research form

Date (yyyy-mm-dd)

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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)

Order	Agency Name/ Vehicle Name	# of personnel	Service level				Time of arrival			Source			Attempted to insert advanced airway	
			BLS	BLS-D	BLS+	ALS	hh:mm:ss 24 hr clock	Not noted	Watch	Dispatch	Y	N		
1	--- ---	<input type="text"/>	<input type="radio"/> 1 rignp1	<input type="radio"/> 2 rigsl1	<input type="radio"/> 3	<input type="radio"/> 4	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> insairway1	
2	--- ---	<input type="text"/>	<input type="radio"/> 1 rignp2	<input type="radio"/> 2 rigsl2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> insairway2	
3	--- ---	<input type="text"/>	<input type="radio"/> 1 rignp3	<input type="radio"/> 2 rigsl3	<input type="radio"/> 3	<input type="radio"/> 4	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> insairway3	
4	--- ---	<input type="text"/>	<input type="radio"/> 1 rignp4	<input type="radio"/> 2 rigsl4	<input type="radio"/> 3	<input type="radio"/> 4	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 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:

1 > 18 years
 0 partlegalcnsn

< 18 years or per local interpretation → If advanced airway attempted, airway type: 1 King LT 2 ETI
 airwaytpa18

3. Inclusion criteria:

Yes No

1 0 Non-traumatic etiology of arrest

1 0 Documentation of ventilatory support (e.g. Bag-valve-mask device or non-rebreather mask)

partntraumea
 partbagval

Date (yyyy-mm-dd)

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Site Linking ID: (optional)

4. Exclusion criteria:

PART or PCAAM participating agency

Yes No

1 0 Known prisoners

partprisoner

If Yes, and advanced airway attempted → Airway type: 1 King LT 2 ETI

airwaytppris

1 0 Patients with a pre-existing tracheostomy

partpreextrac

1 0 Patients with pre-existing written "do-not-attempt-resuscitation" (DNAR) orders

partprdnar

PART participating agency

Yes No

1 0 Known pregnant women

partpregnant

If Yes, and advanced airway attempted → Airway type: 1 King LT 2 ETI

airwaytppreg

1 0 Major facial trauma (visible major deformity, copious oral bleeding, etc.)

partfactra

If Yes, and advanced airway attempted → Airway type: 1 King LT 2 ETI

airwaytpfacial

1 0 Major bleeding or exsanguination (e.g., major upper or lower extremity laceration, visceral perforation, major uncontrolled bleeding from laceration or injury)

partexsang

1 0 Patient receiving initial care by a non-PART participating agency capable of performing ETI, LT (King LT) or other advanced airway management

partinicare

1 0 Patients with ET tube, LT (King LT) or other advanced airway device inserted prior to participating EMS agency arrival and/or OHCA

partettube

1 0 Obvious asphyxial cardiac arrest (e.g., choking, foreign body aspiration, angioedema, epiglottitis, trauma to mouth and face, etc.)

partasphca

1 0 Patients with a left ventricular assist device (LVAD) or total artificial heart (TAH)

partlvadtah

1 0 Inter-facility transports

partinfatra

1 0 Patients with a "do not enroll" bracelet

partdneb

If Yes, and advanced airway attempted → Airway type: 1 King LT 2 ETI

airwaytpdneb

***If enrolled in PART and inclusion and exclusion criteria are met → Complete Q5 & Q6 & Q7**

****If enrolled in PCAAM and inclusion and exclusion criteria are met → Complete Q7 ONLY**

Complete this form for:

- for each non-traumatic cardiac arrest episode attended

Date (yyyy-mm-dd)

Time call received at dispatch(24hr clock)

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. Therapy assignment by CTC

- LT (King LT)
 partherassi
 ETI

6. Did agency attempt advanced airway (such as ETI, LT, combitube, nasal intubation, etc.)?

* 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.

- Yes
 partadvetilt patient met inclusion/exclusion criteria, but did not attempt advanced airway, why not?
 NO
- Jaw clenched, unable to insert advanced airway
 whynoatasthe intilation with BVM
 Arrived at ED before intervention could be attempted
 Died before advanced airway could be attempted
 Regained consciousness/ROSC
 Other → specify
 Unable to determine/information not available

7. Location of episode:

- Census tract
 US: State County Tract
- Lat/long
 Latitude Decimal degrees DMS DM
 Longitude Decimal degrees DMS DM
 Datum: NAD83 NAD27 WGS84
- Unknown/not noted

Complete this form:

- 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)

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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:

- 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.
- 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.
- 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.

Events	Event Order "0"=NA; "-"=UK	Event Time					Source Disp Defib	Synched to Atomic Clock (hh:mm:ss)	No Doc Time	Aligned Time (hh:mm:ss)	Adj
		Watch (hh:mm)	Dispatch/Defib (hh:mm:ss)								
1st 911 call received at dispatch	callDspOrder		12	12	12	0			callDspNdt		
1st vehicle dispatch	v1DspOrder								v1DspNdt		
1st non-fire/EMS shock	nonEmsShockOrder								nonEmsShockNdt		
1st vehicle arrival at scene	v1ArrOrder	12 :20							v1ArrNdt		
1st fire/EMS CPR	emsCprOrder								emsCprNdt		
1st mechanical compression device	compDevOrder								compDevNdt		
1st ALS arrival at scene	alsArrOrder	12 :20							alsArrNdt		
Arrest witnessed by fire/EMS	emsWitOrder								emsWitNdt		
1st fire/EMS AED/defib turned on	emsAedOrder								emsAedNdt		

Events	Event Order "0"=NA; "-"=UK	Event Time			Source Disp Defib	Synched to Atomic Clock (hh:mm:ss)	No Doc Time	Aligned Time (hh:mm:ss)	Adj
		Watch (hh:mm)	Dispatch/Defib (hh:mm:ss)						
1st fire/EMS shock					<input type="checkbox"/>		<input type="text" value="emsShockNdt"/>	<input type="checkbox"/>	
					<input type="checkbox"/>		<input type="text" value="emsShockSdd"/>		
1st successful IV/IO insertion					<input type="checkbox"/>		<input type="text" value="ivioNdt"/>	<input type="checkbox"/>	
					<input type="checkbox"/>		<input type="text" value="ivioSdd"/>		
1st epinephrine or vasopressin					<input type="checkbox"/>		<input type="text" value="epivasoNdt"/>	<input type="checkbox"/>	
					<input type="checkbox"/>		<input type="text" value="epivasoSdd"/>		
PART/PCAAM: 1st successful fire/EMS LT(King LT)					<input type="checkbox"/>		<input type="text" value="kingAirwayNdt"/>	<input type="checkbox"/>	
					<input type="checkbox"/>		<input type="text" value="kingAirwaySdd"/>		
PART/PCAAM: 1st successful fire/EMS ETI					<input type="checkbox"/>		<input type="text" value="etAirwayNdt"/>	<input type="checkbox"/>	
					<input type="checkbox"/>		<input type="text" value="etAirwaySdd"/>		
PART/PCAAM: 1st successful fire/EMS other airway					<input type="checkbox"/>		<input type="text" value="otherAirwayNdt"/>	<input type="checkbox"/>	
					<input type="checkbox"/>		<input type="text" value="otherAirwaySdd"/>		
1st ROSC					<input type="checkbox"/>		<input type="text" value="roscNdt"/>	<input type="checkbox"/>	
					<input type="checkbox"/>		<input type="text" value="roscSdd"/>		
Hypothermia started by fire/EMS					<input type="checkbox"/>		<input type="text" value="hypothermNdt"/>	<input type="checkbox"/>	
					<input type="checkbox"/>		<input type="text" value="hypothermSdd"/>		
Resus. stopped due to death					<input type="checkbox"/>		<input type="text" value="resusStopNdt"/>	<input type="checkbox"/>	
					<input type="checkbox"/>		<input type="text" value="resusStopSdd"/>		
Patient transported from scene					<input type="checkbox"/>		<input type="text" value="xportNdt"/>	<input type="checkbox"/>	
					<input type="checkbox"/>		<input type="text" value="xportSdd"/>		
Fire/EMS destination arrival					<input type="checkbox"/>		<input type="text" value="destArrNdt"/>	<input type="checkbox"/>	
					<input type="checkbox"/>		<input type="text" value="destArrSdd"/>		
							<input type="text" value="destArrOrder"/>		

- Sort Events
- Align Times
- Original Order
- Clear Form

Complete this form:

- 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)

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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?

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

2. Demographics:

a. Age:

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

b. Gender:

- 1 Male 0 Female 2 Unknown/not noted
- sexp

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

- hispp Hispanic or Latino Asian
 whitep African-American/Black asianp Japanese Hawaiian/Pacific Islander
 blackp American-Indian/Alaska Native Other
 othrcp Unknown/not noted

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)

6. PART/PCAAM: Evidence of implantable cardioverter defibrillator?

- 1 Yes → shock delivered during prehospital care? 1 Yes 0 No 2 Unknown/not noted
- 0 Unknown/not noted
- icdevi** **icdshk**

7. Pre-hospital intervention by fire/EMS:

No fire/EMS pre-hospital interventions from the list below were recorded
pnoint (NR is "Not recorded")

0 1 Video laryngoscope used
lscope
If yes → Used on 1st attempt
 Used on another attempt

0 1 Chest compressions by fire/EMS
ccems
Epistry:
 manual
 mechanical

0 1 Airway, bag-mask
pbag2
Epistry: Continuation of non-EMS airway (e.g. tracheostomy)

0 1 **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)
 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

Epistry: Hypothermia therapy

0 1 **pfluid2**
IV/IO line:
Continuation of existing IV? 0 No 1 **pconiv**
IV attempted? 0 No 1 **piv** Yes → Was it successful? 1 Yes 0 No
1 **pivsuc**

IO attempted? 0 No 1 **pio** Yes → was it successful? 1 Yes 0 No
1 **piosuc**

Epistry: ETCO2 monitor

piosuc

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)

11. Disposition:(check one)

- 0 Died at scene or en route
 Why was treatment halted? (check one)
 - 1 Considered futile
 - 2 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
 Patient status at ED arrival: (check one)
 - 1 ROSC present
 - 0 Ongoing resuscitation
- 2 Alive and not transported by fire/EMS to ED/hospital

12. Epistery: Etiology of arrest: Site classification

- (from field data, do not use ED/hospital records)
- 0 No obvious cause (includes NEMSIS 2250 presumed cardiac)
 - 1 Obvious cause identified (check one)
 - Anaphylaxis
 - Chemical poisoning (intentional or unintentional, includes carbon monoxide, toxic gases)
 - Drowning
 - Drug poisoning (intentional or unintentional, includes alcohol)
 - Electrocutation (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)

2. Initial CA rhythm:

Rhythm	No CA rhythm			Time of Rhythm (hh:mm:ss)	Rhythm (check one)					Source (check one)		
	no PAD/AED applied	Perfusing rhythm only	No defib leads attached		VF/VT (includes AED shock)	PEA	Asystole	AED-No shock, No strip	Cannot Determine	ECG with voice	Continuous ECG	Snapshot ECG
1) 1st CA rhythm with non EMS AED/defibrillator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If PEA, indicate rate:	<input type="checkbox"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>			OR <input type="checkbox"/> Unknown/not noted			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Complete this form:

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

Main Data Source: ED and hospital records



ED admit Form

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)

:: (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. 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.

noedad

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

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

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

- No
 Yes

4. Was patient transferred to another ED?

0

No

1

xfered

→

Name of next acute ED (If non-ROC hospital is selected, please provide hospital name)	Date of transfer (yyyy-mm-dd)
<input type="text"/> → Name of non-ROC hospital: <input type="text"/> (30)	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/>
<input type="text"/> → Name of non-ROC hospital: <input type="text"/> (30)	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/>

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. **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

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

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

Select one:

- 0 Died in ED
1 **edispx** 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

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

- 1 ED records
2 **evssrc** Secondary
3 SSDI(Social Security Death Index) or State death database
4 Family/friend
5 Fire/EMS
6 ED staff (e.g. nurse)
7 Other, specify: (30)

Complete this form:

- for each episode qualifying for the Pre-hospital Form and the

ED admit Form

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

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)

:: (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. 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)
<input type="text"/> → Name of non-ROC hospital: <input type="text"/> (30)	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="text"/> → Name of non-ROC hospital: <input type="text"/> (30)	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="text"/> → Name of non-ROC hospital: <input type="text"/> (30)	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="text"/> → Name of non-ROC hospital: <input type="text"/> (30)	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="text"/> → Name of non-ROC hospital: <input type="text"/> (30)	<input type="text"/> - <input type="text"/> - <input type="text"/>

3. Date of discharge from CCU/ICU:

Date of admission (yyyy-mm-dd)	Date of discharge (yyyy-mm-dd)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

All readmission data entered

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)

4. Date of discontinued initial continuous ventilator use:

-- (yyyy-mm-dd)
 Date unknown/not noted

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

No
 Yes **dnrhsp** (check all that apply)

Limited DNR → Date -- (yyyy-mm-dd) **limtdnr**
 Full DNR → Date -- (yyyy-mm-dd) **fulldnr**
 Active Withdrawal of care → Date -- (yyyy-mm-dd) **wthdrwcr**

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

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

Interim vital status:

Complete this for whichever event is more recent:

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

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

7. Discharge status from final hospital:

Dead **fvshsp**
 Alive

Disposition:

Home → Independent With assistance Unknown/not noted
 dcrest Patient re **dchome** on facility
 Assisted living
 Nursing home
 Hospice
 Remain in acute care hospital, reclassified as non-acute patient awaiting placement or chronic care
 Alive at days **disalivdays**

Complete this form:

- for each episode qualifying for the Pre-hospital form and the

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)

8. Source for discharge status from final hospital:

- 1 Hospital records
- 2 **nvssrc** Secondary
- 3 SSDI(Social Security Death Index) or State death database
- 4 Family/friend
- 5 Fire/EMS
- 6 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 records)

- 0 MRS0 - No symptoms at all
- 1 **hdcmrns** 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

Complete this form:

- 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)

--

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. CPR done in ED or hospital?

- 0 Not recorded
 1 **cpredh**
 Yes

2. Did patient arrive with fire/EMS Advanced Airway?

- 0 No
 1 **emsadal**
 Yes
- a) Type:
- 1 LT (King LT)
 - 2 **emstype**
 - 3 Other, specify:

b) Was fire/EMS advanced airway replaced in the ED?

- Not noted
 Yes → i) Replaced with:
- 1 LT (King LT)
 - 2 **rpltpair**
 - 3 Other, specify:

- ii) Reason for replacement:
- 1 Right main stem intubation
 - 2 **reaawrepl** real intubation
 - 3 Protocol
 - 4 Physician discretion
 - 5 Airway/soft tissue swelling
 - 6 Inadequate ventilation
 - 7 Other, specify: (30)
 - 8 Not noted

iii) Source for reason: (Check all that apply)

- Nursing notes
- MD notes
- Respiratory therapy notes
- Chest x-ray report
- EMS report
- Other, specify: (30)

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)

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

No major procedures from the list below were noted

#	Not Recorded	Done where?		
		ED	Hospital ED/Hospital	
3A.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 st Cardiac catheterization, if done: Date <input type="text"/> - <input type="text"/> - <input type="text"/> (yyyy-mm-dd) Time <input type="text"/> : <input type="text"/> (hh:mm, 24hr clock) <input type="checkbox"/> Time or date not noted <input type="radio"/> Diagnostic angiography only, no intervention <input checked="" type="radio"/> Percutaneous coronary intervention (PCI)? → answer method(s) below: 1. Balloon inflated? <input type="radio"/> Yes → Time 1 st device inflation <input type="text"/> : <input type="text"/> (hh:mm, 24hr clock) <input type="checkbox"/> Time not noted <input type="radio"/> No 2. Stent placed? <input type="radio"/> Yes <input type="radio"/> No 3. Rotational atherectomy done? <input type="radio"/> Yes <input type="radio"/> No 4. Thrombus Aspiration? <input type="radio"/> Yes <input type="radio"/> No

Complete this form:

- for all patients transported to ED or hospital

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)

#	Done where?			
	Not Recorded	ED	Hospital	ED/Hospital
3B.	<input type="radio"/> 0 cxr24	<input type="radio"/> 1	<input type="radio"/> 2	-
1 st CXR or chest CT scan, if done: Date <input type="text"/> - <input type="text"/> - <input type="text"/> (yyyy-mm-dd) Time <input type="text"/> : <input type="text"/> (hh:mm, 24hr clock) <input type="checkbox"/> Date or Time not noted				
Source: <input type="radio"/> CXR <input type="radio"/> CT scan				
Report available?				
0 <input type="radio"/> No				
1 <input type="radio"/> xrav24 →				
Answer below:				
Yes Not noted				
1 <input type="radio"/> 0 <input type="radio"/>				
pled24 Pulmonary edema (includes alveolar or interstitial edema, bilateral pleural effusion, pulmonary venous congestion, or cardiomegaly)				
1 <input type="radio"/> 0 <input type="radio"/>				
aspr24 Aspiration				
1 <input type="radio"/> 0 <input type="radio"/>				
pneu24 Pneumothorax				
1 <input type="radio"/> 0 <input type="radio"/>				
rbfr24 Rib fractures				
1 <input type="radio"/> 0 <input type="radio"/>				
mstmin Right main stem intubation				
1 <input type="radio"/> 0 <input type="radio"/>				
aairdslg Dislodgement of advanced airway				
1 <input type="radio"/> 0 <input type="radio"/>				
esoint Esophageal intubation				

Any time after first ED arrival

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)

#	Done where?				
	Not Recorded	ED	Hospital	ED/Hospital	
3C.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hypothermia in ED or hospital If hypothermia started → 1. Start of hypothermia: Date: <input type="text"/> - <input type="text"/> - <input type="text"/> Time: <input type="text"/> : <input type="text"/> : <input type="text"/> starhypotm <input type="checkbox"/> Date or Time Unknown 2. Did temperature reach 34°C or below? <input checked="" type="radio"/> Yes hypodttmunk <input type="radio"/> No 1. temp34b Date: <input type="text"/> - <input type="text"/> - <input type="text"/> Time: <input type="text"/> : <input type="text"/> : <input type="text"/> temp34btm 3. Lowest temperature achieved: <input type="text"/> °C → Date: <input type="text"/> - <input type="text"/> - <input type="text"/> Time: <input type="text"/> : <input type="text"/> : <input type="text"/> lowtemp 4. Active cooling started: Date: <input type="text"/> - <input type="text"/> - <input type="text"/> Time: <input type="text"/> : <input type="text"/> : <input type="text"/> actcoolstptm <input type="checkbox"/> Date or Time Unknown 2. acstpunkd before completion Convert a Temperature from Fahrenheit to Celcius <input type="text"/> °F → <input type="text"/> °C

4. 1st ABG results and time:

Date (yyyy-mm-dd)	Time (hh:mm; 24 hr clock)	ph	PaO ₂ (mmHg)	PaCO ₂ (mmHg)	HCO ₃ (mEq/L)	FI _O ₂ (%)	missing
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
abgdt	abgtm	ph	pao2	paco2	hco3	fio2	nofio2
<input type="checkbox"/> Records reviewed, no ABG drawn noabg							

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. Potential adverse events observed:

(Complete Alert forms as triggered)

Within 24 hours of 1st ED arrival			
NR	Yes	Adverse events (NR is 'Not Recorded')	Unknown
			Before advanced airway changed
			After advanced airway changed
<input type="radio"/>	<input type="radio"/>	Airway swelling or edema. If Yes and airway was changed →	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Oropharyngeal or hypopharyngeal injury. If Yes and airway was changed →	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Blood in airway. If Yes and airway was changed →	<input type="radio"/>
Within 72 hours of 1 st ED arrival			
NR	Yes	(NR is 'Not Recorded')	
<input type="radio"/>	<input type="radio"/>	Pneumonia	
<input type="radio"/>	<input type="radio"/>	Aspiration pneumonitis	
<input type="radio"/>	<input type="radio"/>	Other, specify: <input type="text"/>	

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)

--

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

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

notify

Family → Date: -- (yyyy-mm-dd) → Relationship: (20)

nfam

Patient → Date: -- (yyyy-mm-dd)

npat

LAR → Date: -- (yyyy-mm-dd) → Relationship: (20)

nlar

0 No

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

→ What was the reason the attempt made by/LAR was not notified?

1 Documented attempts made but unable to reach patient or family (letter returned unopened or multiple documented attempts made)

notnotify

2 Patient or family/LAR refused in-person notification materials

3 Not feasible to notify dead/unconscious (address or family contact information not available, IRB/REB guidance)

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

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

0 No

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

revwd

Family/LAR → Date: -- (yyyy-mm-dd) → Relationship: (20)

revwfl

rwfldt

Patient → Date: -- (yyyy-mm-dd)

revwpt

rwptdt

→ Reason withdrew:

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)

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.

- 1 Documentation maintained by local log or episode file. The earliest/first attempt is entered here in line 1.
- 2 Documentation maintained on this form - **whrdoc** 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="button" value="▼"/> If Other, specify: <input type="text"/> attcty1	<input type="text"/>
2	<input type="text"/> - <input type="text"/> - <input type="text"/>	--- <input type="button" value="▼"/> If Other, specify: <input type="text"/> attcty2	<input type="text"/>
3	<input type="text"/> - <input type="text"/> - <input type="text"/>	--- <input type="button" value="▼"/> If Other, specify: <input type="text"/> attcty3	<input type="text"/>
4	<input type="text"/> - <input type="text"/> - <input type="text"/>	--- <input type="button" value="▼"/> If Other, specify: <input type="text"/> attcty4	<input type="text"/>
5	<input type="text"/> - <input type="text"/> - <input type="text"/>	--- <input type="button" value="▼"/> If Other, specify: <input type="text"/>	<input type="text"/>
6	<input type="text"/> - <input type="text"/> - <input type="text"/>	--- <input type="button" value="▼"/> If Other, specify: <input type="text"/>	<input type="text"/>
7	<input type="text"/> - <input type="text"/> - <input type="text"/>	--- <input type="button" value="▼"/> If Other, specify: <input type="text"/>	<input type="text"/>
8	<input type="text"/> - <input type="text"/> - <input type="text"/>	--- <input type="button" value="▼"/> If Other, specify: <input type="text"/>	<input type="text"/>
9	<input type="text"/> - <input type="text"/> - <input type="text"/>	--- <input type="button" value="▼"/> If Other, specify: <input type="text"/>	<input type="text"/>
10	<input type="text"/> - <input type="text"/> - <input type="text"/>	--- <input type="button" value="▼"/> If Other, specify: <input type="text"/>	<input type="text"/>

Complete this form:

- 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



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: -- (yyyy-mm-dd)

Date reported to CTC (email, call, data entered on form, or today's date): -- (yyyy-mm-dd)

2. General situations: (check one and explain circumstances*)

- Public formal objection to Trial
- situtype** entered more than 30 days after episode date
- Missing PCR documentation: :
Agency 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 **3c**
- ETT or LT dislodgement
- Other potential prehospital safety issue → complete **3a, 3b, and 3c**
- Other potential ED/hospital safety issue → complete **3a, 3b, and 3c**

Explain circumstances *: (300)

a. Seriousness of the potential adverse event:

- Prolonged hospitalization, or required hospitalization
- ca2sersae** Life threatening
- 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'):

- Mild
- ca2severeae** Moderate
- Severe

c. **Relation to study intervention:**

- 1 Not related (clearly not related)
- 2 **ca2relstint** related (doubtfully related)
- 3 Possibly related (maybe related)
- 4 Probably related (likely related)
- 5 Definitely related (definitely related)

4. **Potential protocol violation or deviation:** (check one and explain circumstances*)

- 9 Protected population status known during prehospital 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
- 2 **ca2phappsit** Known by field BEFORE advanced airway attempted

Indicate what type of advanced airway was given during study period:

- 1 Local standard of advanced airway for this protected population
- 2 **ca2phcpr** Recognized study (If different than local standard for this population)
- 3 Other, specify: (60)

- 10 Protected population status learned during ED/hospital (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:

- 1 Local standard of advanced airway for this protected population
- 2 **ca2edcpr** Recognized study (If different than local standard for this population)
- 3 Other, specify: (60)

- 13 Major facial trauma and study treatment attempted
- 14 Opt-out bracelet/indicator and study treatment attempted
- 12 Protocol noncompliance
- 11 Other potential protocol violation or deviation

Explain circumstances *: (300)

Complete this form:

- For each potential Adverse Situation where

Alert CTC Form

5. Did the site report the situation to their local IRB/REB?

No

Yes → Notified date: --

Determination date: --

Did IRB/REB determine this was an unanticipated problem? No Yes
