

Facility Name / Logo

Patient Label:

National Code:

Date Event Recognized _____ Time Event Recognize _____ Time CPR registry member arrived: _____

Location: Inside the Hospital Out of Hospital

Witnessed: Yes No

Hospital-wide resuscitation response activated? Yes No

Time first MET member arrived: _____ Who? _____

Time last MET member departed: _____ Who? _____

Sex: Male Female Age _____ Years Weight _____ Kg Height _____ Cm

Illness Category: Medical Cardiac Medical Noncardiac Newborn Obstetric
 Surgical Cardiac Surgical Noncardiac Trauma Other _____

PMH: HTN Dm Cardiovascular Disease Renal Disease

Condition when need for chest compression/defibrillation was identified? Pulseless Pulse (poor perfusion)

Did the patient with a pulse requiring compressions become pulseless? Yes No

Conscious at onset? A V P U

Monitoring at onset: ECG Monitor Non Invasive BP (NIBP) Apnea 12-Lead ECG Pulse Oximeter

Basic Life Support: Done Not Done By Whom: _____

Chest Compression: Done Not Done

Airway Status in the first Exam: Open Blocked

Procedure: Jaw thrust Head tilt, Chin lift Finger swipe other

Rescue breathing: Done Not done

AED usage: Yes No

BLS Duration: _____ min

Airway/ Ventilation

Breathing at Onset: Spontaneous Apneic Agonal Assisted

Time of First Assisted Ventilation: _____

Ventilation: Bag-Valve-Mask Endotracheal Tube LMA Tracheostomy
 High flow O₂ with mask Other

Intubation: Time: _____ Size: _____ By Whom: _____

Respiratory Rate: _____ min

Confirmation Auscultation Exhaled CO₂ Sonography Other

Circulation

First Rhythm Requiring Compressions: _____

First Documented PULSELESS Rhythm: VF VT PEA ASYSTOL

Rhythm Change during CPR: _____

Compressions: None Manual Device: _____ Rate: _____ Depth: _____

Interruption in chest compressions: Yes No second: _____

Time chest compressions started: _____

AED applied: Yes No → Time applied: _____

Defibrillator type(s): Biphasic (BTE RLB PBWF) Monophasic Dose: _____ J

Pacemaker On: Yes No

Cardiac sonography: Yes No

Cause: Tamponade PTE T.P_x Hypovolemia Other

Vascular Access: Central Vein Peripheral Vein Intraosseous Umbilical Artery Umbilical vein

Vascular Access Time: _____

Time Resuscitation Event Ended: _____

Status: Alive Dead:

CPR duration: _____

Reason Resuscitation Ended: Return of Circulation (ROC) >20 min Efforts Terminated (No Sustained ROC)
 Medical Futility Advance Directives Restrictions by Family

Recorder ID# _____

