Facility Name / Logo

Patient Label:

National Code:

Date Event Recognized Time	Event Recognize	Time CPR registry member a	rived:						
Location: Inside the Hospital	Out of Hospital								
Witnessed: ☐ Yes ☐ No									
Hospital-wide resuscitation response act	ivated? ☐ Yes ☐ No								
Time first MET member arrived:	Who?								
Time last MET member departed:	Who?								
Sex: Male Female Age	Years Weight	Kg <mark>Height(</mark>	<mark>Cm</mark>						
Illness Category: ☐ Medical Cardiac ☐	Medical Noncardiac 🗆 Ne	wborn Obstetric							
☐ Surgical Cardiac ☐	Surgical Noncardiac 🗆 Tra	auma 🗆 Other							
PMH: □ HTN□ Dm □ Cardiovascular	Disease Renal Disease	ase							
Condition when need for chest compress	sion/defibrillation was iden	tified? 🗆 Pulseless 🗆 Pulse (po	or perfusion)						
Did the patient with a pulse requiring co	mpressions become pulsele	ss?							
Conscious at onset? ☐ A ☐ V ☐ F	Ρ 🗆 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 trust 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 April Time of First Assisted Ventilation: Ventilation: Bag-Valve-Mask High flow O ₂ with mass Intubation: Time: Size:	Endotracheal Tube 🗆 LIV	,							
Respiratory Rate: min Confirmation □ Auscultation □ Exhaled CO ₂	☐ 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:													
Cardiac sonography:													
Cause: □ Tamponade □ PTE □ T.P _x □ Hypovolemia □ Other													
Vascular Access: ☐ Central Vein ☐ Peripheral Vein ☐ Intraosseous ☐ Umbilical Artery ☐ Umbilical vein													
Vascular Access Time:													
ime Resuscitation Event Ended: Status: Alive Dead:													
PR duration:													
eason Resuscitation Ended: Return of Circulation (ROC) >20 min Efforts Terminated (No Sustained ROC)													
☐ Medical Futility ☐ Advance Directives ☐ Restrictions by Family													
ecorder ID#													

Bolus ~ **Dose** / **Route**

Infusions ~ Dose / ml per hour

Time	Spontaneous Breat	Assisted (Spontaneous asln	Compression (*)	BP	Rhythm	AED	Manual (✓)	Joules	Amiodarone Dose / IV or IO	Atropine Dose / IV or IO	Epinephrine Dose / IV or IO or ETT	Lidocaine Dose / IV or IO or ETT	Vasopressin Dose / IV or IO or ETT	Dopamine	Dobutamine	Epinephrine	Norepinephrine	Comments: i.e.: Peripheral/Central Line Placement, IO, Chest tube, Vital Signs, Response to Interventions

Facility Name / Logo

Patient Label

Date Time Event Recognized Location Witnessed: \(\text{Yes} \) No																				
AgeWeight Height Hospital-wide resuscitation response activated? \(\text{Yes} \) No Illness Category: \(\text{Medical Cardiac} \) Medical Noncardiac \(\text{Newborn} \) Newborn \(\text{Obstetric} \)																				
Illne	ess C	ateg	ory:																	
□ Surgical Cardiac □ Surgical Noncardiac □ Trauma □ Other																				
Condition when need for chest compression/defibrillation was identified? Pulseless Pulse (poor perfusion)																				
l	Did the patient with a pulse requiring compressions become pulseless? □ Yes □ No Was patient conscious at onset? □ Yes □ No Monitoring at onset: □ ECG □ Pulse Oximeter □ Apnea																			
Was	pat	ient	cons	ciou						lo	Mor	iitorin	g at o							
			_			way/														ssions:
		_			-			-		□ Ago			ted							Rhythm:
										1		_			_					al Device:
Ven	tilati			_						eal Tul										
☐ Tracheostomy ☐ Other: Impedance Threshold Device used? ☐ Yes ☐ No Intubation: Time: Size: ☐ AFD applied: ☐ Yes ☐ No																				
Intubation: Time: Size: AED applied: □ Yes □ No → Time applied:																				
By Whom: Defibrillator type(s):																				
Confirmation □ Auscultation □ Exhaled CO₂ □ Other Pacemaker On: □ Yes □ No																				
Bolus ~ Dose / Route Infusions ~ Dose / ml per hour																				
Time Breathing Dobutamene Dose / IV or IO Dose																				
	Spontaneous	\mathcal{E}	eon	Compression (🗸)		_		\mathcal{E}		Amiodarone Dose / IV or IO	e ' or	Epinephrine Dose / IV or IO	Lidocaine Dose / IV or IO	essi or		ne	Dobutamine	Epinephrine	Norepinephrine	i.e.: Peripheral/Central Line
Time	tan	ted	tan	essi	BP	Rhythm		Manual (🗸)	es	oda /IV	pin /IV	epł / IV	Lidocaine Dose / IV or			Dopamine	tan	epł	pine	Placement, IO, Chest tube,
	uod	ssis	bon	Id III		hy	AED	an	Joules	mi	tro ose	pin ose	ido ose	aso		do	nqo	pin	ore	Vital Signs, Response to Interventions
	S	•	S	ŭ		~	A	2	ſ	A D	A D	E D		> 0			<u> </u>	<u> </u>	Z	micel ventions
Time	Res	susci	tatio	n Ev	vent E	Ended									tatus:		□Alive		Dead	
Reas	on F	Resus	scita	tion	Ende	d:											minate			nined ROC)
								Med	ical F	utility			□ Adv	vance	Directi	ives		\Box R	Lestric	tions by Family
Rec	orde	r Sig	gnatı	ıre _						_ID#_			P	rovid	er Pri	nted N	Name			ID#
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Page	ICU/Team Nurse Signature ID# Provider Signature Page of Original: Yellow: Provided by American Heart Association's GWTG											eart Association's GWTG-R								