

STANDARD REPORTING OF IN-HOSPITAL CARDIOPULMONARY RESUSCITATION

1. **Date of Event** _____

2. **Location:**

- | | |
|-------------------|------------|
| _____ 1-West | _____ CCU |
| _____ 1-North | _____ ICU |
| _____ 2-West | _____ ED |
| _____ 2-North | _____ PACU |
| _____ 3-North | _____ OR |
| _____ Birth Place | _____ OPNC |
| _____ 4-North | _____ OPS |
| _____ Other | _____ |

3. **Witnessed?** ___ Yes ___ No ___ Unknown

Monitored? ___ Yes ___ No

4. **ACLS Interventions at Time of Event**

(check all that apply)

- | |
|--|
| _____ None |
| _____ IV access |
| _____ IV medications |
| _____ ECG monitor |
| _____ Intubation |
| _____ Mechanical ventilation |
| _____ Implantable defibrillator/cardioverter |
| _____ Intra-arterial catheter |
| _____ Bag mask |
| _____ Transdermal pacing |
| _____ Central line placement/attempt |

Name: _____

Date of Birth: _____

Age: _____ Weight: _____

Male _____ Female _____

Admission Date _____

Medical Record # _____

EVENT VARIABLES:

5. **Immediate Cause** (check one):

- | |
|------------------------------|
| _____ Lethal arrhythmias |
| _____ Hypotension |
| _____ Respiratory depression |
| _____ Metabolic |
| _____ MI or ischemia |
| _____ Unknown |
| _____ Other _____ |

8. **Initial Rhythm:**

- | | |
|-------------------|---------------------------------|
| _____ VF | _____ Asystole |
| _____ VT | _____ Perfusing rhythm |
| _____ PEA | |
| _____ Bradycardia | (includes complete heart block) |

10. **Time CPR Stopped:** _____

Why?

ROSC _____ Futile _____
Death _____ DNR _____

6. **Resuscitation Efforts Attempted?**

(check all used)

- | |
|--------------------------|
| _____ Chest compressions |
| _____ Defibrillation |
| _____ Airway |
| _____ Medications |

7. **Initial Condition:**

Conscious? ___ Yes ___ No
Breathing? ___ Yes ___ No
Pulse? ___ Yes ___ No
Anesthetized? ___ Yes ___ No

9. **Event Times:**

(* Times are required to calculate AHA and ERC in-hospital chain-of-survival intervals)

(TIME)

- | | |
|------------------------------|-------------------|
| * Collapse/onset | _____ |
| CPR team called | _____ |
| * CPR started | _____ = _____ min |
| * First defib shock | _____ = _____ min |
| * Bag mask ventilation begun | _____ = _____ min |
| * Airway achieved | _____ = _____ min |
| * First dose EPI | _____ = _____ min |
| * IV access obtained | _____ = _____ min |
| * ET intubation | _____ = _____ min |

11. **Spontaneous Circulation:**

_____ Returned (if yes, time of ROSC): _____
 _____ Never achieved
 _____ Unsustained ROSC:
 _____ < 20 minutes
 _____ > 20 minutes, but < 24 hours
 _____ > 24 hours

OUTCOME VARIABLES:

12. **In-Hospital Event Outcome** (check a. or b.):

a. _____ Hospital discharge/alive Date: _____

Discharge Destination:

- _____ Other hospital
- _____ Chronic care facility
- _____ Home
- _____ Other

b. _____ In-Hospital death (ROSC > 24 hours) Date: _____

13. **Discharge Diagnosis** (principle dx): _____

14. **If Expired, Principal Cause of Death:**

- _____ Cardiac _____ Pneumonia _____ Other Medical Condition _____ (explain)
- _____ Cancer _____ Sepsis
- _____ CVA _____ Trauma

15. **Information Source:** (for 13 & 14)

- _____ Medical records
- _____ Autopsy
- _____ Other

16. **Provider of CPR:**

- _____ Nurse _____ Respiratory therapist
- _____ Physician _____ Anesthesia (MD or CRNA)
- _____ Other

COMMENTS: _____
