

## Form Preview

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Note: This is a simple form preview. This form may display differently when added to your page based on inheritance from individual theme styles.

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## Out-of-Hospital Cardiac Arrest Review Form - Copy 1

This form is to be completed for each cardiac arrest for which your service responds. One form per one cardiac arrest.

**Agency Name \***

The name of the agency for which information is being reported.

**Agency's Home Region \***

This is the region to which the agency belongs.

**Reviewer's Name \***

This is the name of the person who is submitting information on behalf of the EMS Agency.

First

Last

**Reviewer's Email Address \***

This is the Email address of the person submitting information on behalf of the EMS agency.

Enter Email

Confirm Email

## Patient Care Report Information

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**Run Number \***

This is your service specific run report number for this patient care report.

**Date of Service \*****Patient's Age \*****Patient Gender \*****Location of the out-of-hospital cardiac arrest. \*****Was this cardiac arrest witnessed? \*****Was CPR performed prior to EMS arrival? \*****Was an AED utilized prior to EMS arrival? \*****Suspected arrest etiology? \*****Was resuscitation by EMS attempted? \***

## Resuscitation Information

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**What was the initial (non-perfusing) cardiac rhythm?****During the EMS resuscitation was the patient defibrillated?****How many times, in total, was the patient defibrillated?****How was the airway managed during the resuscitation (CPR)**

**After the initiation of resuscitation, was the patient moved before obtaining ROSC?**

Yes

**Was return of spontaneous circulation (ROSC) achieved?**

Yes

**Was the patient transport to the emergency department actively receiving CPR, before achieving ROSC?**

Yes

## Post-Resuscitation Care Information

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**What was the first perfusing (post-resuscitation) cardiac rhythm of the patient?**

**Did the patient re-arrest before arriving at the emergency department?**

Yes

**If the patient re-arrested after initially obtaining ROSC, how many times did this occur?**

**Did the patient have a pulse on arrival to the destination facility?**

Yes

**How was the airway managed after obtaining ROSC?**

Not Applicable (Spontaneous Respirations)

Please select the option that best describes the most advanced airway management performed on the patient as part of the post-resuscitation care.

**Did the patient have return of spontaneous respiration?**

Yes

**Was a 12 lead EKG performed as part of the post-resuscitation care?**

Yes

**During post-resuscitation care was the patient hypotensive, or did the patient have an episode of hypotension before reaching the emergency department?**

Yes

**Did the patient receive fluid therapy?**

Yes

**Did the patient receive a vasopressor during post-resuscitation care?**

Yes

**What was the total duration (time) of resuscitation before achieving ROSC?**

This can be found by subtracting the at-patient-side-time from the time that CPR was discontinued because ROSC was achieved. Please indicate the duration in "minutes"

## OLMC Information

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**Was online medical control contacted for a specific order, or information?**

Yes

**If online medical control was contacted for an order, what was requested, performed, or administered?**

Please type the responses with individual items separated by commas.

## Termination of Resuscitation

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**Was termination of resuscitation performed in the field?**

Yes

**If termination of resuscitation was performed in the field, what was the total duration of resuscitation time?**

This can be found by subtracting the at-patient-side-time from the termination of CPR time. Please enter the total duration (time) in "minutes"

**Did the patient experience a minimum of 20 consecutive minutes of a non-shockable rhythm (asystole or PEA) prior to consideration of termination of resuscitation?**

Yes

Submit

