

# Cardiac Arrest Data Entry Form

Complete this form if patient required Chest compressions or defibrillation, if not, please fill out RRT form.

Account Number: \_\_\_\_\_

- Patient name/age/sex (auto populate)
- Admitting diagnosis (auto populate)
- Admit date (auto populate)
- location(auto populate)
- admitted from
- Attending MD
- Intensivist MD

Resuscitation status:

- Full Code
- Limited Interventions
- Comfort Care

Time code called: Calendar and Time \_\_:\_\_

Time code ended: Calendar and Time \_\_:\_\_

Rhythm at onset:

- V-Tach,
- V-Fib,
- PEA,
- Asystole,
- Other \_\_\_\_\_

Chest compressions started: Y/N Time \_\_:\_\_

Intubation- Y/N Time \_\_:\_\_

Presumed primary reason for code:

- Respiratory failure
  - CHF/ALI
  - COPD
  - Narcotics
  - Neurologic
- Shock
  - Hemorrhage
  - Hypovolemia
  - Sepsis
  - Cardiomyopathy
  - Obstructive,
    - PE,
    - Tamponade
    - Tension Pneumothorax
  - Vasovagal/Syncope
  - Other \_\_\_\_\_
- Increased intracranial pressure
  - CVA
  - ICH
  - Trauma
  - Other

First defibrillation: Y/N Time \_\_:\_\_

ETCO2 measurement used Y/N

Medications given:

- a. Atropine 0.5 mg IV Calendar and Time \_\_:\_\_, Time \_\_:\_\_, Time \_\_:\_\_, Time \_\_:\_\_
- b. Atropine 1 mg IV Calendar and Time \_\_:\_\_, Time \_\_:\_\_, Time \_\_:\_\_, Time \_\_:\_\_,
- c. Amiodarone 300 mg IV push Calendar and Time \_\_:\_\_
- a. Amiodarone 150 mg IV push Calendar and Time \_\_:\_\_
- b. Amiodarone 150 mg IV over 10 minutes Calendar and Time \_\_:\_\_
- c. Lidocaine Dose : \_\_\_\_\_ - Calendar and Time \_\_:\_\_, Time \_\_:\_\_
- d. Epinephrine 1 mg IV push - Calendar and Time \_\_:\_\_, Time \_\_:\_\_, Time \_\_:\_\_, Time \_\_:\_\_
- e. Epi gtt- 4 mg /250 ml- Calendar and Time \_\_:\_\_
- f. Vasopressin 40 units IV push- Calendar and Time \_\_:\_\_, Time \_\_:\_\_, Time \_\_:\_\_,
- g. Dopamine gtt 400mg/ 500 ml- Calendar and Time \_\_:\_\_
- h. Nor-epinephrine gtt 4mg/250 ml - Calendar and Time \_\_:\_\_
- i. Sodium bicarb 50 MeQ IV - Calendar and Time \_\_:\_\_, Time \_\_:\_\_, Time \_\_:\_\_
- i. Calcium chloride 1 gram IV- Calendar and Time \_\_:\_\_, Time \_\_:\_\_
- j. Other- (text) \_\_\_\_\_ - Calendar and Time \_\_:\_\_
- k. Other- (text) \_\_\_\_\_ - Calendar and Time \_\_:\_\_

Return of spontaneous circulation (ROSC) - Y/ N if Yes, Calendar and Time \_\_:\_\_

- Disposition
- ICU,
- CVICU,
- OR,
- Cath lab,
- Other \_\_\_\_\_
- Pronounced dead

RRT called in the 48hr prior to code Y/N Date time \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_