**Dialysis–related Arrest Chart Abstraction Tool**

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| **Clinic Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Patient Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Patient Code:** | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| **Episode Date:** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ | \_\_ \_\_ : \_\_ \_\_ [ ]  AM [ ]  PM  |

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| **Demographics** |
| **Patient Code:**  | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ **Abstractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Sex:** | [ ]  Male |  **[ ]** Female AGE: \_\_\_\_\_\_\_ years |
| **Race:** | **[ ]** White | [ ]  Black/AA | [ ]  Asian | [ ]  American Indian/Alaskan Native | [ ]  Native Hawaiian/ Pacific Islander |
| **Ethnicity:** | [ ] Hispanic | [ ]  Non-hispanic |

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| **Past Medical History** |
|  | **Yes** | **No** | **Unknown** | **Additional Details** |
| **Stroke/Cerebrovascular Disease** | **[ ]**  | [ ]  | [ ]  |  |
| **CAD/Ischemic Heart Disease** | **[ ]**  | [ ]  | [ ]  |  |
| **Heart Failure** | **[ ]**  | [ ]  | [ ]  | **EF:**\_\_\_\_ **Other:** |
| **Arrhythmia** | **[ ]**  | [ ]  | [ ]  |  |
| **Recent vascularization/Catheterization** | **[ ]**  | [ ]  | [ ]  |  |
| **Implantable Cardiodefbrillator** | **[ ]**  | [ ]  | [ ]  |  |
| **Diabetes** | **[ ]**  | [ ]  | [ ]  | **A1c (if known):**\_\_\_ **Insulin-dep?** [ ]  Yes [ ]  No [ ]  Unk |
| **Cancer** | **[ ]**  | [ ]  | [ ]  |  |
| **Autoimmune Disease** | **[ ]**  | [ ]  | [ ]  |  |
| **Seizure** | **[ ]**  | [ ]  | [ ]  |  |
| **Syncope** | **[ ]**  | [ ]  | [ ]  |  |
| **Any known drug allergies?** | **[ ]**  | [ ]  | [ ]  | **Details:** |
| **Any history of anaphylaxis?** | **[ ]**  | [ ]  | [ ]  | **Details:** |
| **List any other relevant medical conditions and details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Was the patient taking any of the following medications?** |
| **Class** | **Yes/No** | **Name** | **Dose****(mg)** | **Route** | **Frequency** | **Was medicine taken the day of the event?**  |
| **Beta-blocker** | [ ]  Yes [ ]  No [ ]  Unknown  | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ | [ ]  PO | [ ]  Other\_\_\_\_\_\_\_\_\_ | [ ]  Daily | [ ]  BID | [ ]  Yes |  [ ]  No |
| [ ]  TID | [ ]  4x/day | Time taken: [ ]  Unknown\_\_ \_\_ : \_\_ \_\_ [ ]  AM [ ]  PM |
| [ ]  Other \_\_\_\_\_\_\_\_\_\_ |
| **ACEI** | [ ]  Yes [ ]  No [ ]  Unknown | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ | [ ]  PO | [ ]  Other\_\_\_\_\_\_\_\_\_ | [ ]  Daily | [ ]  BID | [ ]  Yes |  [ ]  No |
| [ ]  TID | [ ]  4x/day | Time taken: [ ]  Unknown\_\_ \_\_ : \_\_ \_\_ [ ]  AM [ ]  PM |
| [ ]  Other \_\_\_\_\_\_\_\_\_\_ |
| **ARB** | [ ]  Yes [ ]  No [ ]  Unknown | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ | [ ]  PO | [ ]  Other\_\_\_\_\_\_\_\_\_ | [ ]  Daily | [ ]  BID | [ ]  Yes |  [ ]  No |
| [ ]  TID | [ ]  4x/day | Time taken: [ ]  Unknown\_\_ \_\_ : \_\_ \_\_ [ ]  AM [ ]  PM |
| [ ]  Other \_\_\_\_\_\_\_\_\_\_ |
| **CCB** | [ ]  Yes [ ]  No [ ]  Unknown | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ | [ ]  PO | [ ]  Other\_\_\_\_\_\_\_\_\_ | [ ]  Daily | [ ]  BID | [ ]  Yes |  [ ]  No |
| [ ]  TID | [ ]  4x/day | Time taken: [ ]  Unknown\_\_ \_\_ : \_\_ \_\_ [ ]  AM [ ]  PM |
| [ ]  Other \_\_\_\_\_\_\_\_\_\_ |
| **Diuretic** | [ ]  Yes [ ]  No [ ]  Unknown | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ | [ ]  PO | [ ]  Other\_\_\_\_\_\_\_\_\_ | [ ]  Daily | [ ]  BID | [ ]  Yes |  [ ]  No |
| [ ]  TID | [ ]  4x/day | Time taken: [ ]  Unknown\_\_ \_\_ : \_\_ \_\_ [ ]  AM [ ]  PM |
| [ ]  Other \_\_\_\_\_\_\_\_\_\_ |

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| **List any other home medications:**  |
| **Name** | **Dose** | **Route** | **Frequency** | **Taken on day of event?** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ mg | [ ]  PO [ ]  Other \_\_\_\_\_\_ | [ ]  Daily [ ]  BID[ ]  TID [ ]  4x/day[ ]  Other \_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  NoTime taken: [ ]  Unk\_\_ \_\_ : \_\_ \_\_ [ ]  AM [ ]  PM |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ mg | [ ]  PO [ ]  Other \_\_\_\_\_\_ | [ ]  Daily [ ]  BID[ ]  TID [ ]  4x/day[ ]  Other \_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No [ ]  UnkTime taken: [ ]  Unk \_\_ \_\_ : \_\_ \_\_ [ ]  AM [ ]  PM |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ mg | [ ]  PO [ ]  Other \_\_\_\_\_\_ | [ ]  Daily [ ]  BID[ ]  TID [ ]  4x/day[ ]  Other \_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  NoTime taken: [ ]  Unk\_\_ \_\_ : \_\_ \_\_ [ ]  AM [ ]  PM |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ mg | [ ]  PO [ ]  Other \_\_\_\_\_\_ | [ ]  Daily [ ]  BID[ ]  TID [ ]  4x/day[ ]  Other \_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  NoTime taken: [ ]  Unk\_\_ \_\_ : \_\_ \_\_ [ ]  AM [ ]  PM |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ mg | [ ]  PO [ ]  Other \_\_\_\_\_\_ | [ ]  Daily [ ]  BID[ ]  TID [ ]  4x/day[ ]  Other \_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  NoTime taken: [ ]  Unk\_\_ \_\_ : \_\_ \_\_ [ ]  AM [ ]  PM |

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| **Dialysis (Historical)** |
| **Current Access type:** | [ ]  HD Catheter | [ ]  AV Fistula/Graft | Other current access not being used in dialysis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Access location:** | [ ]  Upper Arm | [ ]  Forearm | [ ]  Chest |
| **Date of access placement/formation** **(if known):** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ |
| **Date of 1st Dialysis****(or approximate** **years on dialysis):** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ or Number of years: \_\_\_\_\_ |
| **Dialysis schedule:** | [ ]  M/W/F | [ ]  T/Th/Sa |
| **Dialysis shift:** | [ ] 1st  | [ ] 2nd | [ ]  3rd | [ ]  4th | [ ]  Nocturnal | Other (write-in):\_\_\_\_\_\_\_\_ |
| **Feel in the following vital signs and laboratory values, if known. Check ‘Unk’ if not available or unknown.** |
|   | **Session prior to event** | **Pre-event** | **First labs after event** |
| Date | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| Temp [ ]  C [ ]  F | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| HR | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| BP | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| RR | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| SpO2 | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| Weight [ ]  lbs [ ]  kg | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| Na | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| K | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| BUN | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| Creatinine | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| Calcium | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| Magnesium | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| Phos | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| Albumin | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| WBC | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| Hemoglobin: | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| pH | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| lactate | [ ]  Unk | [ ]  Unk | [ ]  Unk |

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|   | **Session prior to event** | **Pre-event** | **First labs after event** |
| Other important labs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| Other important labs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Unk | [ ]  Unk | [ ]  Unk |
| Other important labs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Unk | [ ]  Unk | [ ]  Unk |

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| **Did patient miss any dialysis sessions in week or month prior to event?** |
| **In a week prior to event?****In a month prior to event?** | [ ]  Yes | [ ]  No | If yes, how many in preceding week \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Yes | [ ]  No | If yes, how many in preceding month \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Did patient have any hospitalizations in week prior to event?** | [ ]  Yes | [ ]  No | Date: \_\_\_\_\_\_\_\_\_\_\_\_ Reason for admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Event** |
| **Station Number:** | \_\_\_\_\_\_ |  |
| **Dialysis Start Time:**  | \_\_ \_\_ **:** \_\_ \_\_[ ]  AM [ ]  PM | **Stop time:** | \_\_ \_\_ **:** \_\_ \_\_[ ]  AM [ ]  PM |
| **Event date/time:** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_Day of week: \_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ **:** \_\_ \_\_[ ]  AM [ ]  PM **Time into dialysis session: \_\_\_\_\_\_\_\_\_\_min** |

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| **Staff assigned to patient during session event occurred (first and last initials only) and role** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RN/BSN  | Tech | Other (write-in):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RN/BSN  | Tech | Other (write-in):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RN/BSN  | Tech | Other (write-in):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RN/BSN  | Tech | Other (write-in):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Did the patient receive any of the following medications during dialysis?**  |
| **Name** | **Dose** | **Route** | **Time** | **Lot#****(if known)** |
| **Heparin** | \_\_\_\_\_ [ ]  mg [ ]  Units | [ ]  IV [ ]  IM [ ]  PO | **\_\_ \_\_ : \_\_ \_\_** | **[ ]** AM[ ]  PM | #\_\_\_\_\_\_\_\_\_\_[ ]  Unknown |
| **Hectorol****(Cholecalciferol)** | \_\_\_\_\_ [ ]  mg [ ]  Units | [ ]  IV [ ]  IM [ ]  PO | **\_\_ \_\_ : \_\_ \_\_** | **[ ]** AM[ ]  PM | #\_\_\_\_\_\_\_\_\_\_[ ]  Unknown |
| **Erythropoetin or darbopoeitin alpha** | \_\_\_\_\_ [ ]  mg [ ]  Units | [ ]  IV [ ]  IM [ ]  PO | **\_\_ \_\_ : \_\_ \_\_** | **[ ]** AM[ ]  PM | #\_\_\_\_\_\_\_\_\_\_[ ]  Unknown |
| **Ferrous/-ic**Select formulation:[ ]  sucrose[ ]  dextran[ ]  gluconate | \_\_\_\_\_ [ ]  mg [ ]  Units | [ ]  IV [ ]  IM [ ]  PO | **\_\_ \_\_ : \_\_ \_\_** | **[ ]** AM[ ]  PM | #\_\_\_\_\_\_\_\_\_\_[ ]  Unknown |

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| **List all other medications given during dialysis, including dose, route, lot and time of administration (if known):** |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dose:\_\_\_\_\_ [ ]  mg [ ] U | Route:[ ]  IV [ ]  IM [ ]  PO | Lot #:\_\_\_\_\_ | Time:\_\_\_\_ **:** \_\_\_\_[ ]  AM [ ]  PM  |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dose:\_\_\_\_\_ [ ]  mg [ ] U | Route:[ ]  IV [ ]  IM [ ]  PO | Lot #:\_\_\_\_\_ | Time:\_\_\_\_ **:** \_\_\_\_[ ]  AM [ ]  PM  |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dose:\_\_\_\_\_ [ ]  mg [ ] U | Route:[ ]  IV [ ]  IM [ ]  PO | Lot #:\_\_\_\_\_ | Time:\_\_\_\_ **:** \_\_\_\_[ ]  AM [ ]  PM  |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dose:\_\_\_\_\_ [ ]  mg [ ] U | Route:[ ]  IV [ ]  IM [ ]  PO | Lot #:\_\_\_\_\_ | Time:\_\_\_\_ **:** \_\_\_\_[ ]  AM [ ]  PM  |

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| **Dialyzer details:** |  |  |  |  |
| **Dialyzer type:** | Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Lot:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Tubing type:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Sterilization method:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Dialysis machine type**: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Dialysis Bath:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Acid concentrate used:** | Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Lot:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Bicarbonate concentrate used:** | Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Lot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **Was circuit primed with saline before initiation of dialysis?**  | [ ]  Yes  | Volume:\_\_\_\_\_ mL | Brand:\_\_\_\_\_\_\_\_\_\_ | Lot:\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  No  |
| [ ]  Unknown  |
| **Was a prime given back to the patient?** | [ ]  Yes  | If yes, what volume was given back to the patient? \_\_\_\_\_ mL |
| [ ]  No  |
| [ ]  Unknown  |
| **Was circuit primed with heparin before initiation of dialysis?**  | [ ]  Yes  | Dose:\_\_\_\_\_ units | Brand:\_\_\_\_\_\_\_\_\_\_ | Lot:\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  No  |
| [ ]  Unknown  |

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| **Did the patient have any of the following signs or symptoms prior to or during dialysis?** |
| **Clinical Sign** | **Prior to Initiation of Dialysis** | **During Dialysis** | **Time of Sign/****Symptom** | **or** | **# of minutes into dialysis session** |
| **Chest pain** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Bradycardia** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Tachycardia** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Pulselessness** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Palpitations** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Dizzyness** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Extremity swelling/edema** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Hypotension** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Dyspnea, Apneic or agonal respirations** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Wheezing** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Cough** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Fever** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Diaphoresis** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Facial/lip swelling** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Urticaria/hives** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Pruritis** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Nausea/Vomiting** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Numbness/tingling** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Blurry vision/diplopia** | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Other:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |
| **Other:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |  | \_\_\_\_\_ minutes |

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| **Resuscitation** |  |  |  |
| **Was CPR Initiated? If yes, for how long?**  | [ ]  Yes [ ]  No | Duration: | \_\_\_\_\_\_ min | [ ]  Continued through EMS transfer |

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| **Medications given during resuscitation:** | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose:\_\_\_\_\_\_\_ [ ]  mg [ ]  units Route: [ ]  IV [ ]  IM Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose:\_\_\_\_\_\_\_ [ ]  mg [ ]  units Route: [ ]  IV [ ]  IMName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose:\_\_\_\_\_\_\_ [ ]  mg [ ]  units Route: [ ]  IV [ ]  IM Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose:\_\_\_\_\_\_\_ [ ]  mg [ ]  units Route: [ ]  IV [ ]  IM  |
| **Was blood glucose checked? If yes, what was the value?** | [ ]  Yes[ ]  No[ ]  Unknown | **Value:** | \_\_\_\_\_\_\_ mg/dL |

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| **If a defibrillator or other similar device capable of detecting a rhythm was used, was a shockable rhythm detected?** | [ ]  Yes [ ]  No [ ]  UnknownIf known, what rhythm?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Were shocks delivered?** | [ ]  Yes [ ]  No [ ]  UnknownIf yes, how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Was intubation attempted? If yes, by whom.** | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  RN [ ]  MD [ ]  EMS Other:\_\_\_\_\_\_\_\_\_\_\_\_ | **Was intubation successful? (circle)** | [ ]  Yes[ ]  No[ ]  Unknown |
| **Was airway edema noted at intubation?** | [ ]  Yes [ ]  No [ ]  Unknown |

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| **Outcome** |
| **Did patient survive?** | [ ]  Yes [ ]  No, died [ ]  Unknown  |
| If No, location of death:  | [ ]  dialysis clinic [ ]  EMS [ ]  hospital[ ]  other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| If No, cause of death | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Unknown |
| **If patient survived, were they admitted to the hospital?** | [ ]  Yes [ ]  No [ ]  UnknownIf yes, where? [ ]  ICU [ ]  wards [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Hospital Data (if applicable)** |
| **Was patient pulseless upon arrival?**  | [ ]  Yes[ ]  No[ ]  Unknown |  |  |  |  |
| **Were blood cultures obtained?** | [ ]  Yes[ ]  No[ ]  Unknown | **If yes, what were the results?** | [ ]  Positive Result:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Negative[ ]  Unknown |
| **List and describe any significant details of the hospitalization:** |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Medical Examiner Records (if applicable)** |
| **What was determined as the cause of death?** |
| **List any relevant results:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |