**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  No  Time taken:  Unk  \_\_ \_\_ : \_\_ \_\_  AM  PM |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ mg | PO  Other \_\_\_\_\_\_ | Daily  BID  TID  4x/day  Other \_\_\_\_\_\_\_\_ | Yes  No  Unk  Time taken:  Unk    \_\_ \_\_ : \_\_ \_\_  AM  PM |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ mg | PO  Other \_\_\_\_\_\_ | Daily  BID  TID  4x/day  Other \_\_\_\_\_\_\_\_ | Yes  No  Time taken:  Unk  \_\_ \_\_ : \_\_ \_\_  AM  PM |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ mg | PO  Other \_\_\_\_\_\_ | Daily  BID  TID  4x/day  Other \_\_\_\_\_\_\_\_ | Yes  No  Time taken:  Unk  \_\_ \_\_ : \_\_ \_\_  AM  PM |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ mg | PO  Other \_\_\_\_\_\_ | Daily  BID  TID  4x/day  Other \_\_\_\_\_\_\_\_ | Yes  No  Time 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  IM  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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  Unknown  If known, what rhythm?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Were shocks delivered?** | | Yes  No  Unknown  If 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  Unknown  If 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:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |