Patient Code: ____________

Dialysis–related Arrest Chart Abstraction Tool

Patient Code: ____________

Clinic Name:	_____________________	
Patient Name:	_____________________	
Patient Code:	__ __ __ __ __ __ __	
Episode Date:	__ __ / __ __ / __ __	__ __ : __ __ ☐ AM ☐ PM

Patient Code: ____________

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

Patient Code: ____________

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:

____

____

____

Patient Code: ___________

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 ☐ TID ☐ 4x/day ☐ Other __________	☐ Yes ☐ No Time taken: ☐ Unknown __ __ : __ __ ☐ AM ☐ PM
ACEI	☐ Yes ☐ No ☐ Unknown	__________	_____	☐ PO ☐ Other _________	☐ Daily ☐ BID ☐ TID ☐ 4x/day ☐ Other __________	☐ Yes ☐ No Time taken: ☐ Unknown __ __ : __ __ ☐ AM ☐ PM
ARB	☐ Yes ☐ No ☐ Unknown	__________	_____	☐ PO ☐ Other _________	☐ Daily ☐ BID ☐ TID ☐ 4x/day ☐ Other __________	☐ Yes ☐ No Time taken: ☐ Unknown __ __ : __ __ ☐ AM ☐ PM
CCB	☐ Yes ☐ No ☐ Unknown	__________	_____	☐ PO ☐ Other _________	☐ Daily ☐ BID ☐ TID ☐ 4x/day ☐ Other __________	☐ Yes ☐ No Time taken: ☐ Unknown __ __ : __ __ ☐ AM ☐ PM
Diuretic	☐ Yes ☐ No ☐ Unknown	__________	_____	☐ PO ☐ Other _________	☐ Daily ☐ BID ☐ TID ☐ 4x/day ☐ Other __________	☐ Yes ☐ No Time taken: ☐ Unknown __ __ : __ __ ☐ AM ☐ PM

Patient Code: ____________

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

Patient Code: ____________

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

Patient Code: ___________

	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

Did patient miss any dialysis sessions in week or month prior to event?

In a week prior to event? ☐ Yes ☐ No If yes, how many in preceding week _____________

In a month prior to event? ☐ 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: ______________________________

Event

Station Number: ______

Dialysis Start Time: __ __ : __ __ ☐ AM ☐ PM **Stop time:** __ __ : __ __ ☐ AM ☐ PM

Event date/time: __ __ / __ __ / __ __ __ __ : __ __ ☐ AM ☐ PM

Day of week: __________ **Time into dialysis session: __________min**

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):____________________

Patient Code: ____________

Patient Code: ____________

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

List all other medications given during dialysis, including dose, route, lot and time of administration (if known):

Name:	Dose:	Route:	Lot #:	Time:
______________	_____ ☐ mg ☐ U	☐ IV ☐ IM ☐ PO	_____	____ : ____ ☐ AM ☐ PM
______________	_____ ☐ mg ☐ U	☐ IV ☐ IM ☐ PO	_____	____ : ____ ☐ AM ☐ PM
______________	_____ ☐ mg ☐ U	☐ IV ☐ IM ☐ PO	_____	____ : ____ ☐ AM ☐ PM
______________	_____ ☐ mg ☐ U	☐ IV ☐ IM ☐ PO	_____	____ : ____ ☐ AM ☐ PM

Patient Code: ____________

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: ________________	
Was circuit primed with saline before initiation of dialysis?	☐ Yes ☐ No ☐ Unknown	Volume: _____ mL	Brand: ___________ Lot: ____________
Was a prime given back to the patient?	☐ Yes ☐ No ☐ Unknown	If yes, what volume was given back to the patient? _____ mL	
Was circuit primed with heparin before initiation of dialysis?	☐ Yes ☐ No ☐ Unknown	Dose: _____ units	Brand: ___________ Lot: ____________

Patient Code: ____________

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

Patient Code: ____________

Resuscitation

Was CPR Initiated? If yes, for how long?	☐ Yes ☐ No	Duration: ______ min	☐ Continued through EMS transfer

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

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

Patient Code: ___________

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:______________

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:

____

____

____

____

Medical Examiner Records (if applicable)

Patient Code: ____________

What was determined as the cause of death?

List any relevant results:

____

____

____

____

____