**Dialysis–related Cardiac Arrest Data Collection Tool**

**To be used to obtain data from cased received through case finding (Epi X or professional list serve)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date report received** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ | | | | | CDC staff collecting information:\_\_\_\_\_\_\_\_\_\_ | |
| **Report from** | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_ \_\_  Contact number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Facility Name and location** |  | | | | | LDO name (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Case information** | | | | | | | |
| **Sex:** | Male | | Female AGE: \_\_\_\_\_\_\_ years Race/Ethnicity (\*Check all that apply):\_ **American Indian/Alaska Native Asian Black or African American  Hispanic or Latino** \_**Native Hawaiian or Other Pacific Islander White**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Medical history** | [ ] Stroke/CVD [ ] CAD [ ] Arrhythmia [ ] Allergy/anaphylaxis  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Current medication** | [ ] beta blockers [ ] ACEI [ ] ARB [ ] Diuretics [ ] CCB  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Dialysis history** | First dialysis date \_\_ \_\_/\_\_ \_\_/\_\_ \_\_  First dialysis at the clinic \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ | | | | | | |
| **Access type** | [ ] CVC [ ] AVF [ ] AVG [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Event** | | | | | | | |
| **Event Date:** | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ | | Time \_\_ \_\_ : \_\_ \_\_  AM  PM | | | |
| **Dialysis Start Time:** | | \_\_ \_\_ **:** \_\_ \_\_ AM  PM | | | **Stop time:** | | \_\_ \_\_ **:** \_\_ \_\_ AM  PM |
| **Symptoms/signs BEFORE event** | | [ ] Chest pain [ ] Palpitation [ ] Dyspnea [ ] Dizziness [ ] Wheezing  [ ] Facial/lip swelling [ ] Hives/urticaria [ ] Pruritus  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Symptoms/signs AT TIME of event** | | [ ] Loss of consciousness [ ] Pulseless [ ] Hypotension [ ] Chest pain [ ] Palpitation  [ ] Dyspnea [ ] Dizziness [ ] Wheezing [ ] Facial/lip swelling [ ] Hives/urticaria  [ ] Pruritus Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Medications used BEFORE event (and time if available)** | | [ ] Heparin \_\_:\_\_ [ ] Hectorol (Cholecalciferol) \_\_:\_\_ [ ] EPO\_\_:\_\_ [ ] Saline\_\_:\_\_  [ ] Iron \_\_:\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Resuscitation effort** | | Was CPR done: Yes/No Where\_\_\_\_\_\_\_\_\_By whom:\_\_\_\_\_\_\_\_\_\_\_ Time started:\_\_:\_\_  Any data on cardiac rhythm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Blood glucose:\_\_\_\_ Other notable lab (K+, Ca++…) before event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Intubation done: Yes/No If yes, is airway edema noted: Yes/No | | | | | |
| **Outcome** | | [ ] Survived, continue dialysis session [ ] Survived, admitted to hospital [ ] Died | | | | | |
| **Other notes:** | |  | | | | | |
| **Medical examiner notes (if any):** | |  | | | | | |