**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)**

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| --- | --- | --- |
| **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/anaphylaxisOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Current medication** | [ ] beta blockers [ ] ACEI [ ] ARB [ ] Diuretics [ ] CCBOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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):** |  |