Form Approved
OMB No. 0920-XXXX
Exp. Date XX/XX/2016

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)

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

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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/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	

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Other notes:	
Medical examiner notes (if any):	

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