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(Epistry Version 2 - as of 02/09/2007)

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Episode Information:

Date (mm/dd/yyyy)

/ /

Time call received at dispatch

: : (hh:mm:ss; 24hr clock)

- From PCR/other From dispatch Unable to obtain (Non-ROC agency 1st arrival)

CTC Episode ID:

- -

Incident Number (optional)

Site Linking ID (optional)

1. EMS response: (List vehicles in the order that they arrived at the scene)

	Agency Name	Vehicle Name	# of Personnel	Service level				Time of arrival hh:mm:ss	Source		
				BLS	BLS-D	BLS+	ALS		Watch	Dispatch	No Time
1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Episode characteristics: (check only one)

- Cardiac arrest -
 Out-of-hospital cardiac arrest (not associated with burn, blunt or penetrating trauma), evaluated by organized EMS personnel and:
- Treated by EMS - receive attempts at external defibrillation by lay responders or EMS personnel, or receive chest compressions by organized EMS personnel; OR
 - Not treated by EMS - are pulseless but do not receive attempts to defibrillate or CPR by EMS personnel. This group will include patients with do not attempt resuscitative directive signed and dated by a physician, extensive history of terminal illness or intractable disease, or request from the patient's family.
- Traumatic injury -
 Out-of-hospital injury, evaluated by organized EMS personnel and:
- Meets one or more of the following physiologic criteria documented: (check all that apply)
 - Systolic blood pressure ≤ 90 mmHg
 - Respiratory rate < 10 or > 29
 - Advanced airway
 - Glasgow Coma Scale score ≤ 12
 - Dead in field with EMS treatment and no physiologic criteria documented
 - Dead at scene without EMS treatment
- Number of patients on scene including current patient: One Multiple Not Recorded

3. Any indication that the patient was enrolled in another clinical trial?

- No
- Yes, ROC clinical trial
- Cardiac study → PRIMED Study ID: - PR -
 - Trauma study → HS Study ID: - HS -
- Yes, non-ROC clinical trial → Specify: (60)

Person responsible for data on this form:

Complete this form:
 - for each cardiac episode
 Main data source: PCR
 Other data source: Dispatch, family members, witnesses



Pre-hospital Time Record

Cardiac Arrest

Version 2.00.01; Date: 08/14/2007

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Episode Information:

Date (mm/dd/yyyy)
 / /

Time call received at dispatch
 : : (hh:mm:ss; 24hr clock)

From PCR/other From dispatch Unable to obtain (Non-ROC agency 1st arrival)

CTC Episode ID:
 - -

Incident Number (optional)

Site Linking ID (optional)

Time Record:

- Fill in Event Order, Watch time, and/or Dispatch/Defib time for all events that occurred. If an event did not occur, enter "0" for Event Order.
- If the time of event in "Dispatch/Defib" is from Dispatch, enter "0" in the "Source Disp/Defib" box; otherwise enter "1", "2", ... where "1" is the 1st defibrillator used, "2" is the second defibrillator used and so on.
- If the time of event in "Dispatch/Defib" is from a defibrillator and if that defibrillator was synched to the atomic clock, check the "Synched to Atomic Clock" box. If the defibrillator was *not* synched to the atomic clock, enter the probable time in the "Aligned Time" field.
- If no documented time exists (from Watch, Dispatch, or defib) for an event that occurred, fill in event order, leave the time fields blank and check the "No Doc Time" box. The exception is "911 call received at primary PSAP" (enter the event order as "0" if you do not know the time).

Additional Instructions/Documentation

Event	Event Order 1-16 0=NA	Time of Event		Source Disp Defib	Defib Appears Synched to Atomic Clock	No Doc Time	Computer to generate (you may adjust)	
		Watch hh:mm:ss	Dispatch/Defib hh:mm:ss				Aligned Time hh:mm:ss	Adj
911 call received at primary PSAP	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st 911 call received at dispatch	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st vehicle dispatch time	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st vehicle arrival at scene	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st EMS AED/defib turned on	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st ALS arrival at scene	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
Time of arrest if EMS witnessed	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st CA EMS rhythm	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st EMS CPR	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st EMS shock assessment	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st EMS shock	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st ROSC	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
Resus. stopped due to death	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
Patient transported from scene	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
Transferred to aero-medical	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
ED or EMS destination arrival	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>

Sort Event Order Align Times Turn Align Off Original Order Reset Form

Person responsible for data on this form:

Note: Time Intervals will be computed at data entry time

Complete this form:
 - for each trauma episode
 Main data source: PCR
 Other data source: Dispatch, family members, witnesses



Pre-hospital Time Record

Trauma

Version 2.00.00; Date: 11/13/2006

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Episode Information:

Date (mm/dd/yyyy)
 / /

Time call received at dispatch
 : : (hh:mm:ss; 24hr clock)

From PCR/other From dispatch Unable to obtain (Non-ROC agency 1st arrival)

CTC Episode ID:
 - -

Incident Number (optional)

Site Linking ID (optional)

Time Record:

-Fill in Event Order, Watch time, and/or Dispatch time for all events that occurred. If an event did not occur, enter "0" for Event Order.
 -If no documented time exists (from Watch or Dispatch) for an event that occurred, fill in event order, leave the time fields blank and check the "No Doc Time" box. The exception is "911 call received at primary PSAP" (enter the event order as "0" if you do not know the time).

-Additional Instructions/Documentation

Event	Event Order 1-16 0=NA	Time of Event		No Doc Time	Computer to generate (you may adjust)	
		Watch hh:mm:ss	Dispatch hh:mm:ss		Aligned Time hh:mm:ss	Adj
911 call received at primary PSAP	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st 911 call received at dispatch	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st vehicle dispatch time	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st vehicle arrival at scene	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st ALS arrival at scene	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
Resus. stopped due to death	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
Patient transported from scene	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
Transferred to aero-medical	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
ED or EMS destination arrival	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>

Sort Event Order Align Times Turn Align Off Original Order Reset Form

Person responsible for data on this form:

Note: Time Intervals will be computed at data entry time

Episode Information:

Date (mm/dd/yyyy)

 / /

Time call received at dispatch

 : : (hh:mm:ss; 24hr clock)

- From PCR/other From dispatch Unable to obtain (Non-ROC agency 1st arrival)

CTC Episode ID:

 - -

Incident Number (optional)

Site Linking ID (optional)

1. Location of Episode:

a. Location (check one only)

- Census tract:
US: State County Tract Link <http://www.ffiec.gov/geocode/default.htm>
Toronto: CTName/CTUID (nnnn.nn/nnnnnnn.nn)
- Lat/long:
Latitude → Decimal degrees DMS DM
Longitude → Decimal degrees DMS DM
Datum → NAD83 NAD27 WGS84
- UTM:
Easting → Meters Kilometers
Northing → Meters Kilometers
Zone

- Unknown/not noted

b. Public or non-public?

- Public (check one only)
 Street/highway
 Public building (schools, government office)
 Place of recreation (park, stadium, lake)
 Industrial place (factory, warehouse, construction site)
 Other public property (sidewalk, store, church, restaurant, bar, hotel)
- Non public (check one only)
 Home residence (inside or immediately surrounding)
 Farm/ranch
 Healthcare facility
 Residential institution (assisted living, nursing home)
 Other private

2. Demographics:

a. Age:

 years months days

- Calculated from DOB
 Estimated by EMS

If no age available use categories:

- Infant (If < 1 year)
 Child (1 - 11 years)
 Adolescent (12 - 19 years)
 Adult (20 - 39 years)
 Middle age (40 - 60 years)
 Older (61 - 75 years)
 Elderly (> 75 years)
 Unknown/not noted

b. Gender:

- Male Female Unknown/not noted

c. Race/Ethnicity: (check all that apply)

- Hispanic or Latino
 White
 African-American/Black
 American-Indian/Alaska Native
 Asian
 Native Hawaiian/Pacific Islander
 Other
 Unknown/not noted

Episode Information:

Date (mm/dd/yyyy)

/ /

Time call received at dispatch

: : (hh:mm:ss; 24hr clock)

- From PCR/other
 From dispatch
 Unable to obtain (Non-ROC agency 1st arrival)

CTC Episode ID:

- -

Incident Number (optional)

Site Linking ID (optional)

3. Prehospital intervention:

- No EMS Prehospital interventions from the list below were recorded

NA/NR Done

- Airway, bag-mask
 Airway, advanced → Check all attempted/used:
 Combitube/LMA/EOA (or other supraglottic airway)
 Oral ET
 Nasal ET
 Cricothyrotomy
 CPAP
 Ventilator
 RSI

 CPR
 Hemorrhage control
 Hypothermia therapy → Method (optional) (check all) External Internal
 IV/IO line → Check all attempted: IO Initiation and/or continuation of an IV
 Was fluid given? (check one only)
 No
 Unknown/not noted
 TKO (to keep open)
 Yes → (Check all given)

<u>Fluid type</u>	<u>Total volume infused (optional)</u>
<input type="checkbox"/> D5W	<input type="text"/> mls
<input type="checkbox"/> Normal Saline	<input type="text"/> mls
<input type="checkbox"/> Lactated Ringers	<input type="text"/> mls
<input type="checkbox"/> Other	<input type="text"/> mls
<input type="checkbox"/> Unknown/not noted	
- Monitor, advanced → Check all attempted: 12-lead EtCO₂ Pacing

4. Disposition: (check one only)

- Died at scene or en route
 Treated by EMS:
 Why was treatment halted? (check one)
 Considered futile DNR (written or verbal) Obviously dead
 Not treated by EMS:
 Why? (check one)
 Considered futile DNR (written or verbal) Obviously dead
 Transported by EMS to ED/hospital with ROSC or ongoing resuscitation → Complete the **ED hospital** form
 Transported method: By land By air
 Patient status at ED arrival: ROSC present Ongoing resuscitation Unknown/not noted
 Alive and not transported by EMS to ED/hospital

continue to next page

Episode Information:
Date (mm/dd/yyyy)

 / /
Time call received at dispatch
 : : (hh:mm:ss; 24hr clock)

-
- From PCR/other
-
- From dispatch
-
- Unable to obtain (Non-ROC agency 1
- st
- arrival)

CTC Episode ID:
 - -
Incident Number (optional)

Site Linking ID (optional)

Cardiac Only Section:
C1. Cardiac Arrest occurred:

-
- After EMS (includes fire) arrival/witnessed by EMS → skip to
- item C3**
-
-
- Before EMS arrival
- Witnessed (seen or heard) by someone other than EMS personnel
 - Not witnessed (seen or heard)
 - Unknown/not noted

C2. EMS Chest Compressions:

-
- Yes, method (check all that apply) →
-
- Manual
-
- Mechanical
-
-
- No EMS Chest Compressions
-
-
- Unknown/not noted

C3. Was resuscitation attempted by bystanders prior to EMS arrival?

-
- Unknown/not noted
-
-
- No
-
-
- Yes → Was CPR attempted?
-
- Yes
-
- No
-
- Was AED/Defib applied?
-
-
- No
-
-
- Yes → Were shocks delivered?
-
- Yes
-
- No
-
- Unknown/not noted
-
- AED/Defib applied by:
-
- Lay person
-
- Police
-
- Healthcare
-
- Other
-
- Unknown/not noted

C4. Drug therapies noted:

Drug Given		Total Dose	Route (check all attempted)			
NA/NR	Yes Name		IV	ETT	IO	Drip
I. Required:						
<input type="radio"/>	<input type="radio"/> Epinephrine	<input type="text"/> mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Total dose/route are optional for the following:						
<input type="radio"/>	<input type="radio"/> Amiodarone	<input type="text"/> mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input type="radio"/> Atropine	<input type="text"/> mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input type="radio"/> Bicarb	<input type="text"/> mEq	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input type="radio"/> Lidocaine	<input type="text"/> mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Drug name/total dose/route are optional for the following:						
<input type="radio"/>	<input type="radio"/> Calcium	<input type="text"/> mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input type="radio"/> Dextrose	<input type="text"/> g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input type="radio"/> Magnesium	<input type="text"/> mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input type="radio"/> Naloxone	<input type="text"/> mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input type="radio"/> Procainamide	<input type="text"/> mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input type="radio"/> Vasopressin	<input type="text"/> IU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Drug class given are optional for the following:						
<input type="radio"/>	<input type="radio"/> Inotropes					
<input type="radio"/>	<input type="radio"/> Paralytics					

continue to next page

Episode Information:

Date (mm/dd/yyyy)

/ /

Time call received at dispatch

: : (hh:mm:ss; 24hr clock)

- From PCR/other
 From dispatch
 Unable to obtain (Non-ROC agency 1st arrival)

CTC Episode ID:

- -

Incident Number (optional)

Site Linking ID (optional)

C5. Etiology of arrest: Field Classification (from field data) (required)

- No field classification
 No obvious cause identified (includes NEMSIS 2250 presumed cardiac) } *Do Not complete Column A below*
 Obvious cause → (check one cause in **column A** below)

C6. Etiology of arrest: Site Classification (from field data) (required)

- No obvious cause identified (includes NEMSIS 2250 presumed cardiac) → *Do Not complete Column B below*
 Obvious cause → (check one cause in **column B** below)

Obvious Cause	A Field Classification	B Site Classification
Anaphylaxis	<input type="radio"/>	<input type="radio"/>
Chemical poisoning (intentional or unintentional, includes carbon monoxide, toxic gases)	<input type="radio"/>	<input type="radio"/>
Drowning	<input type="radio"/>	<input type="radio"/>
Drug poisoning (intentional or unintentional, includes alcohol)	<input type="radio"/>	<input type="radio"/>
Electrocution (non-lightning)	<input type="radio"/>	<input type="radio"/>
Excessive cold	<input type="radio"/>	<input type="radio"/>
Excessive heat	<input type="radio"/>	<input type="radio"/>
Foreign body obstruction	<input type="radio"/>	<input type="radio"/>
Hanging	<input type="radio"/>	<input type="radio"/>
Lightning	<input type="radio"/>	<input type="radio"/>
Mechanical suffocation	<input type="radio"/>	<input type="radio"/>
Non-traumatic exsanguination	<input type="radio"/>	<input type="radio"/>
Radiation exposure	<input type="radio"/>	<input type="radio"/>
Respiratory	<input type="radio"/>	<input type="radio"/>
SIDS (sudden infant death syndrome)	<input type="radio"/>	<input type="radio"/>
Smoke inhalation	<input type="radio"/>	<input type="radio"/>
Strangulation	<input type="radio"/>	<input type="radio"/>
Terminal illness (includes end-stage diseases such as cancer)	<input type="radio"/>	<input type="radio"/>
Trauma (includes blunt, penetrating or burns)	<input type="radio"/>	<input type="radio"/>
Venomous stings	<input type="radio"/>	<input type="radio"/>
Other obvious cause *	<input type="radio"/>	<input type="radio"/>
* Other cause (A - Field classification):	<input type="text"/>	(60)
* Other cause (B - Site classification):	<input type="text"/>	(60)

continue to next page

Episode Information:**Date** (mm/dd/yyyy) / / **Time call received at dispatch** : : (hh:mm:ss; 24hr clock)

- From PCR/other From dispatch Unable to obtain (Non-ROC agency 1st arrival)

CTC Episode ID: - - **Incident Number** (optional)**Site Linking ID** (optional)**C7. Were there contributing factors directly related to this cardiac arrest?**

(from field data — data guardian abstraction) (required)

See Manual of Operations for expanded definitions

- None noted
- Yes (check all that apply)
- Anaphylaxis
 - Chemical poisoning (intentional or unintentional, includes carbon monoxide and toxic gases)
 - Dialysis
 - Drowning
 - Drug poisoning (intentional or unintentional, includes alcohol)
 - Electrocutation (non-lightning)
 - Excessive cold
 - Excessive heat
 - Foreign body obstruction
 - Hanging
 - Lightning
 - Mechanical suffocation
 - Non-traumatic exsanguination
 - Radiation exposure
 - Respiratory
 - SIDS (sudden infant death syndrome)
 - Smoke inhalation
 - Strangulation
 - Terminal illness (includes end-stage diseases such as cancer)
 - Trauma (includes blunt, penetrating or burns)
 - Venomous stings
 - Other contributing factors, specify:
 (60)

C8. Evidence of implantable cardioverter defibrillator: (optional)

- Yes
 No

continue to next page

Episode Information:**Date** (mm/dd/yyyy) / / **Time call received at dispatch** : : (hh:mm:ss; 24hr clock) From PCR/other From dispatch Unable to obtain (Non-ROC agency 1st arrival)**CTC Episode ID:** - - **Incident Number** (optional)**Site Linking ID** (optional)**Trauma Only Section:****T1. Vital signs:****First Recorded Set**Patient in traumatic arrest or VSA? Yes NoNA/NRDone GCS: Eye Verbal Motor or Total GCS Indicate if: → Advanced airway? Yes NoIndicate if: → Chemically paralyzed or sedated? Yes No SBP: / DBP(optional) SBP Not Detectable Pulse: Resp: SpO₂ → Supplemental oxygen? Yes NoIndicate if more than one set vital signs recorded? Yes No (If No, skip to **item T2**)**Second Recorded Set**Patient in traumatic arrest or VSA? Yes NoNA/NRDone GCS: Eye Verbal Motor or Total GCS Indicate if: → Advanced airway? Yes NoIndicate if: → Chemically paralyzed or sedated? Yes No SBP: / DBP(optional) SBP Not Detectable Pulse: Resp: SpO₂ → Supplemental oxygen? Yes No**Worst Recorded**Patient in traumatic arrest or VSA for all recorded sets? Yes NoNA/NRDone GCS: Eye Verbal Motor or Total GCS Indicate if: → Advanced airway? Yes NoIndicate if: → Chemically paralyzed or sedated? Yes No Lowest SBP: / DBP(optional) SBP Not Detectable Lowest Pulse: Highest Pulse: Lowest Resp: Highest Resp: SpO₂ → Supplemental oxygen? Yes No

continue to next page

Episode Information:**Date** (mm/dd/yyyy) / / **Time call received at dispatch** : : (hh:mm:ss; 24hr clock)

- From PCR/other From dispatch Unable to obtain (Non-ROC agency 1st arrival)

CTC Episode ID: - - **Incident Number** (optional)**Site Linking ID** (optional)**T2. Injury characteristics****a. Type of injury:** (check one)

- Blunt
 Penetrating
 Burn
 Not known
 Other (30)

b. Mechanism of injury: (check one)

- Motor vehicle occupant
 Motorcyclist
 Pedal cyclist
 Pedestrian (struck by or against vehicle)
 Other transport (includes off road vehicle crash, motor vehicle non-traffic accident)
 Fall
 Struck by/against or crushed (includes unarmed fight, rape, child battery, strike by blunt/thrown object)
 Cut/pierce stab
 Fire/burn (includes smoke inhalation)
 Machinery
 Firearm gunshot (includes BB/pellet gunshot, accidental assault, or self-inflicted)
 Natural/environmental (includes dog bite, other bite/sting, overexertion)
 Not known
 Other (includes foreign body, poisoning, radiation exposure, aircraft related accident, water transport)
Specify: (30)

T3. Safety equipment: (check all that apply)

- Restraint use
 Air bag deployment
 Helmet
 None
 Unknown
 Not applicable
 Other: (30)

Person responsible for data on this form:

Episode Information:

Date (mm/dd/yyyy)
[] / [] / []

Time call received at dispatch
[] : [] : [] (hh:mm:ss; 24hr clock)

From PCR/other From dispatch Unable to obtain (Non-ROC agency 1st arrival)

CTC Episode ID:
[] - [] - []

Incident Number (optional)
[]

Site Linking ID (optional)
[]

Mandatory ED/hospital Information:

1. **Name of ED/hospital transported to:** [] ▼

Cath Lab: [] (Auto fill)
EP Lab: [] (Auto fill)
Trauma level: [] (Auto fill)

2. **Date/time of ED arrival/hospital admit:**

Date: [] / [] / [] (mm/dd/yyyy)

Time: (optional) [] : [] 24hr clock (hh:mm)

3. **Was patient transferred to another acute care hospital:**

- No
 Yes → Complete below box

Name of next acute hospital	Date of transfer (mm/dd/yyyy)
[] ▼	[] / [] / []
[] ▼	[] / [] / []
[] ▼	[] / [] / []
[] ▼	[] / [] / []
[] ▼	[] / [] / []

4. **Date/time of final ED/hospital discharge, reclassification, or death:**

Date: [] / [] / [] (mm/dd/yyyy)

Time: (optional) [] : [] 24hr clock (hh:mm)

5. **Final vital status:** (note: death location/discharge location are optional)

- Dead → Died in first ED/Hospital → Specify (optional): ED Hospital
 Died after transfer to another hospital
- Alive → Discharged from first ED/Hospital → Specify (optional): ED Hospital
 Discharged after transfer(s) to a final hospital providing acute care
 Remains in acute care hospital, reclassified as a non-acute patient awaiting placement or chronic care

Episode Information:
Date (mm/dd/yyyy)
 / /
Time call received at dispatch
 : : (hh:mm:ss; 24hr clock)

-
- From PCR/other
-
- From dispatch
-
- Unable to obtain (Non-ROC agency 1
- st
- arrival)

CTC Episode ID:
 - -
Incident Number (optional)

Site Linking ID (optional)

Optional ED/hospital Information (throughout remainder of form):
6. Trauma Registry:

-
- No
-
-
- Yes → Registry ID:
-
- (optional)

7. Cardiac Registry (e.g. ICD Registry, Cath/PCI Registry):

-
- No
-
-
- Yes → Registry ID:
-
- (optional)
-
- Name of registry:
-
- (optional)

8. Residential status at final vital status:

-
- Home →
-
- Independent
-
- With assistance
-
- Unknown/not noted
-
-
- Rehabilitation
-
-
- Assisted living
-
-
- Nursing home
-
-
- Remain in acute care hospital, reclassified as non-acute patient awaiting placement or chronic care
-
-
- Dead at discharge

9. First recorded vital signs in ED/hospital:

-
- NA/NR
-
-
- Done → SBP:
-
- / DBP
-
- Time obtained
-
- :
-
- 24hr clock (hh:mm)
-
- Pulse:
-
-
- Respiration:
-

 Indicate if: → Advanced airway? Yes No
 → Chemically paralyzed or sedated? Yes No

 → Temperature: → Unit C F

 Indicate if: → Source Rectal Axillary Oral Tympanic Core

 → GCS: E V M or Total GCS

 Indicate if: → Advanced airway? Yes No
 → Chemically paralyzed or sedated? Yes No

10. First ED/hospital labs:

NA/NR	Done	Labs	Value/Units	Date (mm/dd/yyyy)	Time 24hr clock (hh:mm)
<input type="radio"/>	<input type="radio"/>	Blood glucose:	<input type="text"/> <input type="radio"/> mg/dL <input type="radio"/> mmol/L	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/>
<input type="radio"/>	<input type="radio"/>	Ethanol level:	<input type="text"/> mg%	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/>
<input type="radio"/>	<input type="radio"/>	Hematocrit:	<input type="text"/> %	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/>
<input type="radio"/>	<input type="radio"/>	Hemoglobin:	<input type="text"/> <input type="radio"/> g/dL <input type="radio"/> g/L	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/>
<input type="radio"/>	<input type="radio"/>	SaO ₂ :	<input type="text"/>		
		<u>Arterial blood gas</u>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/>
<input type="radio"/>	<input type="radio"/>	pH:	<input type="text"/>		
<input type="radio"/>	<input type="radio"/>	pCO ₂ :	<input type="text"/>		
<input type="radio"/>	<input type="radio"/>	paO ₂ :	<input type="text"/> <input type="radio"/> Advanced airway <input type="text"/> % FiO ₂ <input type="radio"/> Nasal cannula/face mask <input type="text"/> L/min		

Episode Information:**Date** (mm/dd/yyyy) / / **Time call received at dispatch** : : (hh:mm:ss; 24hr clock)

- From PCR/other From dispatch Unable to obtain (Non-ROC agency 1st arrival)

CTC Episode ID: - - **Incident Number** (optional)**Site Linking ID** (optional)**11. Demographics:****a. Age:** years months days**b. Race:** (check all that apply)

- American-Indian/Alaska Native
 Asian
 Black/African-American
 Native Hawaiian/Pacific Islander
 White
 Unknown/not noted

c. Ethnicity: (check one only)

- Hispanic or Latino
 Not hispanic or Latino
 Unknown/not noted

12. Residential status prior to event:

- Home → Independent With assistance Unknown/not noted
 Rehabilitation
 Assisted living
 Nursing home
 Unknown/not noted

13. Location of residence prior to event: (check one) Census tract:US: State County Tract Link <http://www.ffiec.gov/geocode/default.htm>Toronto: CTName/CTUID (nnnn.nn/nnnnnnn.nn) Lat/long:Latitude → Decimal degrees DMS DMLongitude → Decimal degrees DMS DMDatum → NAD83 NAD27 WGS84 UTM:Easting → Meters KilometersNorthing → Meters KilometersZone Unknown/not noted**14. Total days in the ICU/CCU:** Number of days in hospital (prefill)**15. Was patient made DNR or care limited or withdrawn while in the ED/hospital?**

- Yes
 No

Episode Information:
Date (mm/dd/yyyy)
 / /
Time call received at dispatch
 : : (hh:mm:ss; 24hr clock)

 From PCR/other
 From dispatch
 Unable to obtain (Non-ROC agency 1st arrival)

CTC Episode ID:
 - -
Incident Number (optional)

Site Linking ID (optional)

16. Major Procedure codes OR Procedure Types while in ED and/or hospital:

Provide up to 15 ICD-9/ICD-10 procedure codes OR provide Procedure Types (below table)

 No major procedures noted

ICD-9 or ICD-10 Procedure codes (List up to 15)		
Indicate ICD version used: <input type="radio"/> ICD-9-CM <input type="radio"/> ICD-10-PCS		
1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
4. <input type="text"/>	5. <input type="text"/>	6. <input type="text"/>
7. <input type="text"/>	8. <input type="text"/>	9. <input type="text"/>
10. <input type="text"/>	11. <input type="text"/>	12. <input type="text"/>
13. <input type="text"/>	14. <input type="text"/>	15. <input type="text"/>

Procedure types (check all that apply)

Cardiac arrest patients	Trauma patients
<input type="checkbox"/> CPR <input type="checkbox"/> Fibrinolytic <input type="checkbox"/> Hypothermia therapy Duration: <input type="text"/> (hours) Method (check all): <input type="checkbox"/> External <input type="checkbox"/> Internal <input type="checkbox"/> Cath, diagnostic <input type="checkbox"/> Cath, interventional <input type="checkbox"/> CABG <input type="checkbox"/> Pacemaker implant <input type="checkbox"/> ICD implant → <input type="radio"/> Biv <input type="radio"/> Other <input type="checkbox"/> None of the above	<input type="checkbox"/> Abdominal surgery <input type="checkbox"/> Thoracic surgery <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Vascular surgery <input type="checkbox"/> Interventional angiography <input type="checkbox"/> Major orthopedic <input type="checkbox"/> Neck surgery <input type="checkbox"/> Airway management <input type="checkbox"/> Blood transfusion # units 1 st 24 hours: <input type="text"/> <input type="checkbox"/> None of the above

17. Optional Patient Identification Information: (for site use only-not transmitted to, or stored at, CTC)

 First Name:

 Last Name:

 DOB: / / (mm/dd/yyyy)

 Social Security # (US):

 Health Care # (Canada):

continue to next page



Episode Information:

Date (mm/dd/yyyy)

□ / □ / □

Time call received at dispatch

□ : □ : □ (hh:mm:ss; 24hr clock)

From PCR/other From dispatch Unable to obtain (Non-ROC agency 1st arrival)

CTC Episode ID:

□ - □ - □

Incident Number (optional)

□

Site Linking ID (optional)

□

Trauma Only Section: (items #T1-T3)

T1. Anatomic Injuries:

(List the Abbreviated Injury Score for the 3 worst injuries in each anatomic region; if no injury, enter "0" to left of decimal point)

Head/Neck:	1. □ . □	2. □ . □	3. □ . □
Face:	1. □ . □	2. □ . □	3. □ . □
Chest:	1. □ . □	2. □ . □	3. □ . □
Abdomen:	1. □ . □	2. □ . □	3. □ . □
Extremity:	1. □ . □	2. □ . □	3. □ . □
External:	1. □ . □	2. □ . □	3. □ . □

Was AIS data based on autopsy results? Yes No

T2. Trauma Scores:

Calculated ISS:	□	Provided ISS:	□
Calculated RTS:	□	Provided RTS:	□
Calculated TRISS:	□	Provided TRISS:	□

T3. Diagnosis codes while in ED/hospital (in order to calculate an ICISS)

Provide up to 15 ICD-9/ICD-10 diagnosis codes

ICD-9 or ICD-10 Diagnosis codes (List up to 15)		
Indicate ICD version used: <input type="radio"/> ICD-9-CM <input type="radio"/> ICD-10-PCS		
1. □	2. □	3. □
4. □	5. □	6. □
7. □	8. □	9. □
10. □	11. □	12. □
13. □	14. □	15. □

continue to next page

Episode Information:**Date** (mm/dd/yyyy) / / **Time call received at dispatch** : : (hh:mm:ss; 24hr clock)

- From PCR/other From dispatch Unable to obtain (Non-ROC agency 1st arrival)

CTC Episode ID: - - **Incident Number** (optional)**Site Linking ID** (optional)**For Cardiac patients only: (items #C1-C4)****C1. Etiology of Arrest:****Data Guardian Classification** (based on all available information including ED/hospital records/notes and public records)

- No obvious cause identified (Utstein "presumed cardiac")
- Obvious cause (check one)
- Anaphylaxis
 - Chemical poisoning (intentional or unintentional, includes carbon monoxide and toxic gases)
 - Drowning
 - Drug poisoning (intentional or unintentional, includes alcohol)
 - Electrocution (non-lightning)
 - Excessive cold
 - Excessive heat
 - Foreign body obstruction
 - Hanging
 - Lightning
 - Mechanical suffocation
 - Non-traumatic exsanguination
 - Radiation exposure
 - Respiratory
 - SIDS (sudden infant death syndrome)
 - Smoke inhalation
 - Strangulation
 - Terminal illness (includes end-stage diseases such as cancer)
 - Trauma (includes blunt, penetrating or burns)
 - Venomous stings
 - Other contributing factors, specify:

 (60)

continue to next page

Episode Information:**Date** (mm/dd/yyyy) / / **Time call received at dispatch** : : (hh:mm:ss; 24hr clock)

- From PCR/other From dispatch Unable to obtain (Non-ROC agency 1st arrival)

CTC Episode ID: - - **Incident Number** (optional)**Site Linking ID** (optional)**C2. Were there contributing factors directly related to this cardiac arrest?**

(based on all available information including ED/hospital records/notes and public records)

— See Manual of Operations for expanded definitions

 None noted Yes (check all that apply)

- Anaphylaxis
- Chemical poisoning (intentional or unintentional, includes carbon monoxide and toxic gases)
- Dialysis
- Drowning
- Drug poisoning (intentional or unintentional, includes alcohol)
- Electrocution (non-lightning)
- Excessive cold
- Excessive heat
- Foreign body obstruction
- Hanging
- Lightning
- Mechanical suffocation
- Non-traumatic exsanguination
- Radiation exposure
- Respiratory
- SIDS (sudden infant death syndrome)
- Smoke inhalation
- Strangulation
- Terminal illness (includes end-stage diseases such as cancer)
- Trauma (includes blunt, penetrating or burns)
- Venomous stings
- Other contributing factors, specify:
 (60)

continue to next page

Episode Information:**Date** (*mm/dd/yyyy*) / / **Time call received at dispatch** : : (*hh:mm:ss; 24hr clock*)

- From PCR/other From dispatch Unable to obtain (*Non-ROC agency 1st arrival*)

CTC Episode ID: - - **Incident Number** (*optional*)**Site Linking ID** (*optional*)**C3. Structured Chart Review Tool for Assessment of Cerebral Performance Category at discharge:****a. Is the patient able to follow any simple commands or say any words?**

- No → skip to item C4 below
 Yes

b. Is the assistance of someone essential for all or part of the day for activities of daily living (dressing, preparing meals, local travel, shopping)?

- No
 Yes → skip to item C4 below

c. Is the patient able to return to work or social activities in any capacity (even limited)?

- No → skip to item C4 below
 Yes

d. Does the patient have any problems that are more than mild i.e. problems that prevent him/her from doing things that he/she would like to do or have to do (dysphasia, hemiplegia, ataxia, dysarthria, memory, cognition, personality)?

- No
 Yes

C4. Modified Rankin Scale at hospital discharge:

- MRS0 -No symptoms at all.
 MRS1 -No significant disability: *despite symptoms, able to carry out all usual duties and activities.*
 MRS2 -Slight disability: *unable to carry out all previous activities but able to look after own affairs without assistance.*
 MRS3 -Moderate disability: *requiring some help, but able to walk without assistance.*
 MRS4 -Moderately severe disability: *unable to walk without assistance, and unable to attend to own bodily needs without assistance*
 MRS5 -Severe disability: *bedridden, incontinent and requiring constant nursing care and attention.*
 Death at discharge

Person responsible for data on this form:



Episode Information:

Date (mm/dd/yyyy) / / **Time call received at dispatch**
 : : (hh:mm:ss; 24hr clock)
 From PCR/other From dispatch Unable to obtain (Non-ROC agency 1st arrival)

CTC Episode ID: - - **Incident Number** (optional) **Site Linking ID** (optional)

1. Does a continuous ECG recording exist for the EMS (includes fire) resuscitation?

- No
 Yes → For the entire resuscitation or only part?
 Entire
 Part of the resuscitation
 → How many EMS recordings are there?

2. Device used:

Order ECG Placed	Manufacturer					(Required)												
	Medtronic	Philips	Zoll	Other	If Other; specify <input type="text"/>	Feedback				Recording Exists		Reviewed		Attach Recording				
						Turned on		Muted		Yes	No	Yes	No	Yes	No	File Name		
						Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="DEL"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="DEL"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="DEL"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="DEL"/>

3. Were any shocks delivered by EMS responders?

- No
 Yes → Number of shocks:

4. Sequence of events:

Rhythm/Shock Event	NA	Time of Rhythm/Shock (hh:mm:ss)	Rhythm (check one)					Source (check one)				
			VF/VT (includes AED shock)	PEA	Asystole	AED-No shock, No strip	Cannot Determine	Continuous ECG	Snapshot ECG	PCR		
1) 1st CA rhythm with Non EMS AED/defibrillator	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) 1st CA EMS rhythm	<input type="checkbox"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If PEA, indicate rate: OR Unknown/not noted

5. ECG Analysis:

Time first EMS machine turned on: : : OR Not available → **STOP HERE IF ONLY 1 DEVICE USED**

Time first EMS pads placed: : :

Time of arrest if EMS witnessed: : :

Time of advanced airway placement: : : OR Unable to determine No advanced airway

Time resuscitation stopped due to death: : : OR Not applicable

Time ED arrival: : : OR Not applicable



Episode Information:

Date (mm/dd/yyyy)
[]/[]/[]

Time call received at dispatch
[]:[]:[] (hh:mm:ss; 24hr clock)

From PCR/other From dispatch Unable to obtain (Non-ROC agency 1st arrival)

CTC Episode ID:
[]-[]-[]

Incident Number (optional)
[]

Site Linking ID (optional)
[]

6. Did the ECG provide CPR process measurements?

- No -> STOP HERE
Yes -> Complete the following section for 5 minutes or more of the resuscitative effort (for optional Ventilation study, complete for entire resuscitation effort)

Options for # seconds with No measures

- 1 - ROSC
2 - Unanalyzable

Table with columns: Device order, Start time (Auto fill), No ECG, # Vent, # Comp, Comp rate, CPR fraction, # secs with No measures -> Why, and optional columns: Comp depth, Comp release, Peak ET CO2, Capnography Vents, # secs missing.

Person responsible for data on this form: []

OPTIONAL FORM

Complete this form:

-for each trauma patient where ventilation data was collected using capnometry and oximetry

Main data source: Capnometry data

**Trauma Ventilation**

Version 2.00.01

Date: 12/14/2006

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Episode Information:**Date** (mm/dd/yyyy)
 / /
Time call received at dispatch
 : : (hh:mm:ss; 24hr clock)

 From PCR/other
 From dispatch
 Unable to obtain (Non-ROC agency 1st arrival)
CTC Episode ID:
 - -
Incident Number (optional)
Site Linking ID (optional)
1. Ventilation monitor used (check all that apply)
 Phillips → Feedback: On Off

 Zoll → Feedback: On Off

 Medtronic

 Other, specify: (30)
2. Ventilation Analysis:
 Time Ventilation monitoring started: : : OR Not available → **STOP HERE**

 Time of advanced airway placement: : : Indicate if → chemically paralyzed or sedated? Yes No
 OR Unable to determine No advanced airway

 Time resuscitation stopped due to death: : : OR Not applicable

 Time ED arrival: : : OR Not applicable
3. Complete the following section for the course of EMS care (for at least 7 minutes):

Min	Start time --Auto fill-- (hh:mm:ss)	Peak SaO ₂	Peak ET CO ₂	Capno- graphy Vents	# secs missing	SBP
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Person responsible for data on this form: