

Incident details	
Incident ID	1602010975
Incident date	[Redacted]
Incident time	17:09

Identifying patients	
Identified On: CAD	<input checked="" type="checkbox"/> Yes
Patient identified in ambulance service data	<input checked="" type="checkbox"/> Yes
Paramedic CRF received	<input checked="" type="checkbox"/> Yes

Resuscitation details	
Was resuscitation attempted?	<input checked="" type="checkbox"/> Yes
If resuscitation was not attempted, reason(s) :-	
Massive cranial and cerebral destruction	<input type="checkbox"/> No
Hemicorporectomy	<input type="checkbox"/> No
Massive truncal injury incompatible with life	<input type="checkbox"/> No
Decomposition/ putrefaction	<input type="checkbox"/> No
Incineration	<input type="checkbox"/> No
Hypostasis	<input type="checkbox"/> No
Rigor mortis	<input type="checkbox"/> No
Patient's wishes/ DNAR	<input type="checkbox"/> No
Death expected due to terminal illness	<input type="checkbox"/> No
Efforts would be futile	<input type="checkbox"/> No
Submersion >1 hour	<input type="checkbox"/> No
Other	<input type="checkbox"/> No
	Details <input type="text"/>

Paramedic details	
Was incident attended by an AIRWAYS-2 paramedic	<input checked="" type="checkbox"/> Yes
If YES, AIRWAYS-2 paramedic ID (of first A2 paramedic on scene)	[Redacted]
If the paramedic who treated or enrolled the patient in the trial was not the first A2 paramedic on scene, please provide reasons and details	<input type="text"/>

[Delete](#) [Save](#)

Form B - COMPLETE FOR OHCA's WITH RESUSCITATION ATTEMPTED

B (1)

Patient Details	
Estimated age or Date of birth	Gender Female ▾
Initial cardiac arrest details	
Presenting rhythm	VF ▾
Was the arrest witnessed?	Yes ▾
If yes, who was it witnessed by?	EMS ▾
Was there bystander CPR?	No ▾
First crew details	
Date of first crew arrival	Time of first crew arrival
01/02/2016 📅	17:26
Delete Save	

Form C - COMPLETE FOR OHCA's WITH RESUSCITATION ATTEMPTED AND ATTENDED BY AIRWAYS-2 PARAMEDIC

C (1)

Patient eligibility	
Did the patient meet eligibility criteria?	Yes ▾
If NO, why?	
- Aged < 18 years	No ▾
- Traumatic cardiac arrest	No ▾
- In-hospital cardiac arrest	No ▾
- Airways paramedic not 1st/2nd at patient's side	No ▾
- Advanced airway management inserted by another HCPC registered paramedic, doctor or nurse already in place when AIRWAYS-2 paramedic arrives at patient's side (when the first paramedic to arrive is not participating in AIRWAYS-2)	No ▾
- Resuscitation was not commenced or continued by ambulance staff or responder	No ▾
- Patient detained by HMP	No ▾
- Previously recruited to trial	No ▾
- Patient previously expressed wishes not to participate	No ▾
- Mouth opening < 2cm	No ▾
- Patient did not have an OHCA	No ▾
ENROLMENT DETAILS	
If patient was eligible (or believed to be eligible at the time of airway management), were they consciously enrolled in AIRWAYS-2?	Yes ▾
If NO, reason	▾
If NO, reason, other	
Delete Save	

Form D - COMPLETE FOR AIRWAYS-2 PATIENTS

D (1)

ED ADMISSION DETAILS	
Patient Name	██████████ (?)
Was patient admitted to ED?	Yes ▾
if YES:	
Which hospital?	SW17 - Southampton General ▾
- If Other hospital, please specify	
Date of arrival	01/02/2016 📅
Approx time of arrival	19:02
Delete Save	

Patient details

Please check the patient details and update as required

Name

Gender

Which hospital?

If other, details

Date admitted

Time admitted

Approximate age (for identification purposes)

ICU (OR EQUIVALENT LEVEL OF CARE) DETAILS

NHS Number

Date of birth

Did patient survive to ICU admission?

If No, date/time of death

If Yes, date/time of arrival in ICU

Did patient survive to ICU discharge?

If No, date/time of death

If Yes, date/time of ICU discharge

Hospital transfer details

Was patient transferred to another hospital prior to approach?

If YES, Which hospital?

- If Other hospital, please specify

Have there been any additional ward movements (post ICU discharge) prior to transfer?

If yes, please complete below

Admission / transfer date	Admission / transfer time	Level of care for this admission	Destination code (i.e. level of care the patient will move to on leaving this admission)
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Date of hospital transfer

Time of hospital transfer

PATIENT CAPACITY (only required if patient survived to ICU discharge)

Does patient have capacity to consent?

[Delete](#) [Save](#)

PATIENT SCREENING

H1 (1)

PATIENT APPROACH: COMPLETE FOR ALL PATIENTS	
Was the patient approached in hospital?	<input type="text" value="Yes"/>
If NO, please provide reason	<i>Research team not notified of patient until 5 months after dis</i>
If YES, date of approach	30/08/2016
If the patient was approached in hospital were they given a PIL?	<input type="text" value="Yes"/>
If NO, please provide reason	
If the patient was not approached in hospital, was study information (including PIL) sent in the post?	<input type="text" value="-"/>
If NO, please provide reason	
If YES:	
Date information sent	
Did the patient respond?	<input type="text" value="-"/>
PATIENT CONSENT: COMPLETE IF PIL GIVEN / PIL SENT AND PATIENT RESPONDED	
Which consent option did the patient select?	<input type="text" value="A (Active follow up)"/>
Date of consent	30/08/2016
Please upload consent form to the database	SW03481_Airways pt consent form [redacted].pdf <input type="checkbox"/> Delete <input type="text" value=""/> <input type="button" value="Browse..."/>
Upload Status:	<input type="text"/>
Name of person completing form:	<i>Clare Bolger</i>
Signature of person completing form completed?:	<input type="text" value="Yes"/>
Date completed	30/08/2016

COMPLETE THIS FORM FOR PATIENTS WHO HAVE CONSENTED UNDER OPTIONS A OR B

Patient address Line 1 [Redacted] Line 2 [Redacted] Town / City [Redacted] County [Redacted] Postcode [Redacted]		GP address Line 1 [Redacted] Line 2 [Redacted] Town / City [Redacted] County [Redacted] Postcode [Redacted]	
Patient phone number [Redacted]		CP name [Redacted]	
Can answer machine messages be left? <input type="button" value="Yes"/>		CP phone number [Redacted]	
Patient email address [Redacted]		Has CP letter been downloaded and filed in patient notes? <input type="button" value="Yes"/>	

Patient's preferred mode of contact for follow up questionnaires (tick all that apply)

Post

Phone

Email/web

WARD MOVEMENTS

Admission / transfer date	Admission / transfer time	Level of care for this admission	Destination code (i.e. level of care the patient will move to on leaving this admission)	
01/02/2016	19:47	Level 3 (e.g. ITU)	2 (Level 2)	1
01/02/2016	21:30	Level 2 (e.g. HDU)	1 (Level 1)	2
03/02/2016	15:53	Level 1 (e.g. General)	4 (Hospital discharge)	3
+ <input type="button" value="1"/>				

* Note:- date/time of first admission should match ICU discharge date/time on Form G/G2

DISCHARGE DETAILS

Did patient survive to hospital discharge?

If NO, date/time of death [Redacted]

If Yes:
 Date/time of discharge: 09/02/2016 18:00
 Discharge destination: Home

If other hospital, please select hospital name: [Redacted]

If other, details: [Redacted]

Name of person completing form: Karen Salmon/ katie sweet

Signature of person completing form completed?:

Date completed: 02/09/2016

[Delete](#) [Save](#)