Do Not Submit This Page to the CDMCC

**For clinical center use only; this page remains at the clinical center**
A. General Patient Information

**Date of Birth**
- [ ] Not Documented
- Month
- Day
- Year

**Gender**
- [ ] Male
- [ ] Female
- [ ] Not Documented

**Race (obtain from chart)**
- [ ] White
- [ ] Black
- [ ] Asian
- [ ] American Indian/Alaskan Native
- [ ] Pacific Islander
- [ ] Stated Unknown
- [ ] Not Documented

**Ethnicity**
- [ ] Hispanic
- [ ] Non-Hispanic
- [ ] Stated Unknown
- [ ] Not Documented

**Date Patient Chart First Reviewed**
- [ ] Not Documented
- Month
- Day
- Year

B. Hospital Admission Information

**Admission Date**
- [ ] Not Documented
- Month
- Day
- Year

**Primary Insurance Payor Type** (check one)
- [ ] Not Documented
- CHAMPUS / Military
- Commercial Insurance
- [ ] Fee for Service
- [ ] Managed Care
- [ ] Unknown
- Medicaid
- [ ] Fee for Service
- [ ] Managed Care
- [ ] Unknown
- Medicare
- [ ] Other Governmental Insurance
- [ ] Self-pay/Uninsured
- [ ] Stated Unknown
- [ ] Workmen Compensation

C. Cardiac Arrest Information (general)

1. **Entry Criteria**
   
   If any of the following statements are "False" patient is excluded, otherwise complete form.
   
   Cardiac Arrest Requiring Chest Compression (CPR) for greater than 1 minute.
   Return of Spontaneous circulation lasted for at least 20 minutes.
   Not Hospitalized in Neonatal ICU (intensive care unit)
   Greater than 24 hours of age at time of cardiac arrest.

<table>
<thead>
<tr>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

2. **Pulseless Cardiac Arrest Requiring CPR:**

   **Arrest Date**
   - [ ] Not Documented
   - Month
   - Day
   - Year

   **Time of Cardiac Arrest**
   (24 hour clock, midnight is 00:00)
   - [ ] Not Documented
   - Hour
   - Minute

   **Time CPR Initiated**
   (24 hour clock, midnight is 00:00)
   - [ ] Not Documented
   - Hour
   - Minute
3. Patient Location at time of first Pulseless Cardiac Arrest Requiring CPR greater than 1 minute:

Out of Hospital Arrest
ED at Outside Referring Hospital
Inpatient at Outside Hospital

ED at PECARN Hospital
Inpatient at PECARN Hospital

D. Out of Hospital Arrests
☐ Not Applicable

1. Arrest Witnessed?
☐ Yes  ☐ No  ☐ Not Documented

2. Bystander CPR?
☐ Yes  ☐ No  ☐ Not Documented

3. Defibrillation prior to EMS arrival?
☐ Yes  ☐ No  ☐ Not Documented

EMS Arrival Time
(24 hour clock, midnight is 00:00)
☐ Not Documented

First Defibrillation Time
(24 hour clock, midnight is 00:00)
☐ Not Documented

Arrival at First Hospital Setting

4. CPR ongoing at time of arrival to initial hospital?
☐ Yes → If yes, go to section E
☐ No → If no, go to section F
☐ Not Documented → If yes, go to section F
E. In Hospital Arrests - Continuation of Resuscitation from Section D.

**First Epinephrine Dose Time**
(24 hour clock, midnight is 00:00)

- Not Documented
- Not Administered

**Total Number of Epinephrine Doses**

- Not Documented

**IV Access Time**
(24 hour clock, midnight is 00:00)

- Not Documented
- Not Achieved

**Intubation (endotracheal, tracheal) Time**
(24 hour clock, midnight is 00:00)

- Not Documented
- Not Achieved

**Present at Time of Arrest?**

- Yes
- No

**First Defibrillation Time**
(24 hour clock, midnight is 00:00)

- Not Documented
- Not Defibrillated

**Was open chest CPR performed?**

- Yes
- No
- Not Documented

If yes, estimate percent of time open chest CPR was done of the total CPR time:

- < 25
- 25
- 50
- > 75
- Unknown

**Medications** (check all medications administered during cardiac arrest.)

- Fluid Bolus
- Atropine
- Sodium bicarbonate
- Calcium chloride/gluconate
- Other (Specify):

- Not Documented
- Vasopressin
- Lidocaine
- Amiodarone
- Procainamide
- Dopamine drip
- Epinephrine drip
- Norepinephrine drip

**F. Cardiac Rhythm Documentation**

**First Rhythm Described**
(check one best)

- Not Documented
- Asytole
- Bradycardia / Heart Block
- Pulseless Electrical Activity (PEA) minimum rate: [ ] [ ] bpm
- Other (specify):

- Not Documented
- Ventricular Fibrillation
- Ventricular Tachycardia

**Other Reported Cardiac Rhythms Described During CPR**
(check all that apply)

- Not Documented
- Asytole
- Bradycardia / Heart Block
- Pulseless Electrical Activity (PEA) minimum rate: [ ] [ ] bpm
- Other (specify):
1. Time of return of spontaneous circulation (ROSC) lasting for at least 20 minutes?
   Date: [ ] Not Documented
   Time: (24 hour clock, midnight is 00:00)
   [ ] Not Documented

2. Time of arrival at PECARN ED?  [ ] Not applicable, direct ICU admission  [ ] Same ED as initial ED
   Date: [ ] Not Documented
   Time: (24 hour clock, midnight is 00:00)
   [ ] Not Documented

Arrival at PECARN PICU

Date: [ ] Not Documented
Time: (24 hour clock, midnight is 00:00)
[ ] Not Documented

Parents Arrived for Informed Consent (time parents physically present at PECARN Hospital)

Date: [ ] Not Documented
Time: (24 hour clock, midnight is 00:00)
[ ] Not Documented

G. Etiology of Initial Cardiac Arrest (check all that apply) [ ] Not Documented

Cardiovascular
[ ] Cardiac Arrhythmia without Congenital Heart Disease
[ ] Hypovolemic Shock (Dehydration)
[ ] Septic Shock with Hypotension
[ ] Other (Specify): __________________________

Congenital Heart Disease
[ ] Arrhythmia
[ ] Hypoxemia
[ ] Low Cardiac Output
[ ] Postoperative During Hospitalization
[ ] Tamponade (Pericardial, Pneumothorax)
[ ] Other (Specify): __________________________

Drug Overdose/Ingestion
[ ] Respiratory (Apnea)
[ ] Cardiac (Shock)
[ ] Other (Specify): __________________________

Neurologic
[ ] Non Trauma Apnea Secondary to Intracranial Process
[ ] Non Trauma Secondary to Seizures
[ ] Other (Specify): __________________________

Respiratory
[ ] ALTE or SIDS like event
[ ] Drownings
[ ] Endotracheal Tube Misplacement
[ ] Respiratory Failure
[ ] Other (Specify): __________________________

Terminal Condition Leading to Cardiac Arrest
[ ] Cancer with Full code Status
[ ] Terminal Neurologic Condition (Spinal Muscular Atrophy)
[ ] Other Terminal Illness with Full Code Status (Specify): __________________________
Hypothermia
Enrollment Packet
Page 6 of 25

Electrolyte Imbalance
☐ Hyperkalemia
☐ Other (Specify): ____________________________

Trauma
☐ Apnea Secondary to Head Injury
☐ Cardiac Injury
☐ Hemorrhagic Shock
☐ Pulmonary Injury With Hypoxemia
☐ Other (Specify): ____________________________

2. Briefly Describe Cardiac Event: (Example: Renal failure with hyperkalemia caused VT cardiac arrest.)

H. Hospital Admission Data

1. Admission Weight: ________ • ________ ☐ Kilograms/KG ☐ Pounds/lb ☐ Weight Not Documented

2. ECMO used following cardiac arrest? ☐ Yes ☐ No ☐ Not Documented

Date ECMO Support Initiated
☐ Not Documented

Month / Day / Year

Time Initiated ECMO Support
(24 hour clock, midnight is 00:00)

Hour : Minute ☐ Not Documented

Date ECMO Support Discontinued
☐ Not Documented

Month / Day / Year

3. Therapeutic (intentional) hypothermia used? ☐ Yes ☐ No — If no, go to question 7

Date Initiated
☐ Not Documented

Month / Day / Year

Time Initiated
(24 hour clock, midnight is 00:00)

Hour : Minute

4. Time until patient temperature cooled to < 34 C

Date
☐ Not Available

Month / Day / Year

Time (24 hour clock, Midnight 00:00)

Hour : Minute

5. Time of rewarming to temperature > 36 C

Date
☐ Not Available

Month / Day / Year

Time (24 hour clock, Midnight 00:00)

Hour : Minute

6. Lowest Temperature recorded during hypothermic period

☐ Not Documented

7. Total number of cardiac arrests requiring chest compressions for greater than 1 minute during the first 24 hours following the original event

☐ Yes ☐ No ☐ Not Documented

8. For inpatient cardiac arrests, was initial reason for ICU admission post operative care?

☐ Yes ☐ No ☐ Not Documented
9. For inpatient cardiac arrests, was there a previous ICU admission during this hospitalization?  
   - Yes  
   - No  
   - Not Documented

10. Initial ICU admission was for diabetes (diabetic ketoacidosis or DKA).  
   - Yes  
   - No  
   - Not Documented

11. ICU admission was for cardiovascular disease (either congenital or acquired cardiac or valvular) that was not due to postoperative management?  
   - Yes  
   - No  
   - Not Documented

I. Pediatric Cerebral and Overall Performance Category Measurement

### Pediatric Cerebral Performance Category (PCPC)

<table>
<thead>
<tr>
<th>Prior to Cardiac Arrest</th>
<th>PICU Discharge after Cardiac Arrest</th>
<th>At Hospital Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>Mild Disability</td>
<td>Mild Disability</td>
<td>Mild Disability</td>
</tr>
<tr>
<td>Moderate Disability</td>
<td>Moderate Disability</td>
<td>Moderate Disability</td>
</tr>
<tr>
<td>Severe Disability</td>
<td>Severe Disability</td>
<td>Severe Disability</td>
</tr>
<tr>
<td>Coma/Vegetative</td>
<td>Coma/Vegetative</td>
<td>Coma/Vegetative</td>
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<tr>
<td>Died</td>
<td>Died</td>
<td>Died</td>
</tr>
<tr>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

### Pediatric Overall Performance Category (POPC)

<table>
<thead>
<tr>
<th>Prior to Cardiac Arrest</th>
<th>PICU Discharge after Cardiac Arrest</th>
<th>At Hospital Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
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</tr>
<tr>
<td>Died</td>
<td>Died</td>
<td>Died</td>
</tr>
<tr>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

J. Neuro-Rehabilitation

1. Clinical Seizures described?  
   - Yes  
   - No  
   - Not Documented

   If yes, check all that apply:  
   - Partial onset
   - Generalized
   - Myoclonic
   - Status epilepticus
   - Not Otherwise Described

2. Anticonvulsant administered to stop initial seizure?  
   - Yes  
   - No  
   - Not Documented

   If yes, check all that apply:  
   - Lorazepam
   - Phenobarbital
   - Phenytoin
   - Other

---

### Date of Initial Seizure

- Not Documented

---

### Time of Initial Seizure

(24 hour clock, Midnight 00:00)  

- Not Documented
K. Outcomes

1. Live Hospital Discharge?  ☐ Yes  ☐ No  ➔  If No, specify reason for death below

Reason for Death (check best category)  ☐ Not Applicable
☐ Cardiovascular Failure/Futility
☐ Neurologic Brain Death Declared
☐ Respiratory Failure/Futility
☐ Withdrawal for Poor Neurologic Prognosis
☐ Withdrawal for Other System Failure
☐ Other (Specify):

PICU Discharge  ☐ Not Documented

Date of PICU Discharge

[ ] / [ ] / [ ]
Month Day Year

Hospital Discharge  ☐ Not Documented

Date of Hospital Discharge

[ ] / [ ] / [ ]
Month Day Year

Date No Longer Receiving Supplemental Oxygen for 24 hours

(If not prior to Hospital Discharge, record that date)

[ ] / [ ] / [ ]
Month Day Year

Still Receiving O2 at discharge  ☐ Yes  ☐ No  ☐ Not Documented

Rehabilitation Services Planned (check all that apply)

☐ OT
☐ PT
☐ Speech
☐ Neuropsychological Testing
☐ Other (Specify):

PICU Discharge Location  ☐ Not Documented

[ ] / [ ] / [ ]
Month Day Year

Hospital Discharge Location  ☐ Not Documented

[ ] / [ ] / [ ]
Month Day Year

Another Acute Care Hospital
☐ Home or Foster Home
☐ Rehabilitation Center or Chronic Care Facility
☐ Remains in PICU (Jan. 1, 2005)
☐ Step Down or Floor Unit
☐ Other (Specify):
2. Tracheostomy placed during hospitalization after cardiac arrest event?  □ Yes  □ No  □ Not Documented

**Date Tracheostomy Placed**  □ Not Documented

[ ] / [ ] / [ ]

Month  Day  Year

3. If placed, did patient require home mechanical ventilation device at discharge?  □ Yes  □ No  □ Not Documented

**Date Taking Oral Feeds Ad Lib for 24 hours**  □ Not Documented

If not prior to Hospital Discharge Date, record that date)

[ ] / [ ] / [ ]  □ Not Taking Oral Feeds

Month  Day  Year

4. Gastric or small bowel feeding tube devise placed during hospitalization after arrest?  □ Yes  □ No  □ Not Documented

**If Yes, Date Feeding Tube Device Placed**  □ Not Documented

[ ] / [ ] / [ ]

Month  Day  Year

Comments (optional)
Please use the provided space for any additional information. (For example, if a patient's hospitalization was prolonged because of social issues, please describe). Describe any new medical problems diagnosed during this hospitalization.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

L. Pre-Existing Chronic Condition Diagnoses (Existing prior to cardiac arrest event)

1. Full term infant or child with no preexisting conditions?  □ Yes  □ No  □ Not Documented

2. Pre-term (EGA < 37 wk), with no preexisting conditions?  □ Yes  □ No  □ Not Documented

**Prenatal Conditions or Complications** (check all that apply)

□ Apnea of Prematurity
□ Birth Asphyxia / Hypoxic Ischemic Encephalopathy
□ ICH (Intracranial Hemorrhage)
□ Meconium Aspiration

□ Neonatal Sepsis
□ PFC (Persistent Fetal Circulation)
□ RDS (Respiratory Distress Syndrome)
□ SGA (Small for Gestational Age)

□ Other Newborn Diagnoses (Specify):
**Lung or Airway Disease Conditions** (check all that apply)

- Aspiration Pneumonia History
- Asthma or History of Reactive Airway Disease
- BPD (Bronchopulmonary Dysplasia)
- CDH (Congenital Diaphragmatic Hernia)
- CF (Cystic Fibrosis)
- Choanal Atresia, Subglottic Stenosis or Upper Airway Obstruction
- Other Lung or Airway Disease Conditions (Specify): __________________________

**Heart Disease Conditions** (check all that apply)

- Anomalous Pulmonary Venous Return
- Aortic Stenosis / Atresia
- ASD (Atrial Septal Defect)
- COA (Coartation of the Aorta) / Interrupted Aortic Arch
- Hypoplastic Left Heart Syndrome
- PDA (Patent Ductus Arterious)
- Pulmonary Stenosis / Atresia
- TOF (Tetralogy of Fallot)
- Transposition of the Great Arteries
- Tricuspid Atresia
- Truncus Arteriosus
- Single Ventricular (Not HLHS)
- VSD (Ventricular Septal Defect)
- Other (Specify): __________________________

**Acquired Heart Disease** (check all that apply)

- Arrhythmia
- Bacterial / Fungal Endocarditis
- Cardiomyopathy
- Kawasaki's Disease
- Myocarditis
- Pericarditis
- Other (Specify): __________________________

**Cardiac Medications for Congestive Heart Failure** - at time of hospitalization (check all that apply)

- Afterload Reducing Agents (Hydralazine, Captopril, Enalapril)
- Antiarrrhythmia Medications
- Aspirin
- Coumadin
- Digoxin
- Diuretics (Lasix, Diuril, Aldactone)
- Other (Specify): __________________________

**Miscellaneous**

- Cyanosis (Chronic Saturation < 85% in Room Air)
- Pulmonary Hypertension (MPAP > 20 mm Hg)
- Failure to thrive nutritional status (< 5% adjusted for EGA)
- Other (Specify): __________________________
Hematologic, Oncologic, or Immune Compromising Condition (check all that apply)

☐ Cancer
☐ Chemotherapy (in past month)
☐ Chronic Steroid Use Currently
☐ Cyclosporin or Tacrolimus Use
☐ HIV Infection
☐ Immune Deficiency or Chronic Neutropenia (not HIV)
☐ Leukemia
☐ Transplant

☐ Bone Marrow
☐ Kidney
☐ Liver
☐ Other: ________________________________

☐ Other Immune Suppression (i.e. Cyclosporin) (In past month)

☐ Other (Specify): ________________________

Gastrointestinal conditions (check all that apply)

☐ Biliary Atresia
☐ Chronic Hepatitis / Liver Failure
☐ Gastrochisis or Omphalocele
☐ Gastroesophageal Reflux
☐ Necrotizing Enterocolitis

☐ Other (Specify): ________________________

Genetic Metabolic Conditions (check all that apply)

☐ Trisomy 21 (Down's Syndrome)
☐ Other Chromosomal, Metabolic, or Syndrome (Specify):

☐ Other Chromosomal, Metabolic, or Syndrome (Specify):

Endocrine Conditions

☐ Diabetes

☐ Other (Specify): ________________________

Neurologic Condition (check all that apply)

☐ Central Apnea (pre-existing)
☐ Cerebral Palsy (pre-existing)
☐ Development Delay or Mental Retardation (pre-existing)
☐ Hydrocephalous / Myelomeningocele

☐ Other (Specify): ________________________

Renal Conditions

☐ Acute Renal Failure
☐ Chronic Renal Failure

☐ Other (Specify): ________________________

☐ Muscular Dystrophy or other Myopathy
☐ Seizures (pre-existing)
☐ Spinal Muscular Atrophy (Werdnig-Hoffmann or related)
☐ Static Encephalopathy

Miscellaneous - other significant conditions:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List all past surgical procedures not previously described:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**M. Additional Hospital Admission Data**

**Date 2 Hours Prior to Cardiac Arrest**  □ Not Documented

- Month:  
- Day:  
- Year:  

**Drug Therapies** (check if present during described time interval)

- Anti-Arrhythmics
  - Amiodarone
  - Lidocone
  - Other

- Anti-Convulsants
  - Dilantin
  - Pentobarb
  - Phenobarb
  - Other

- Vasopressor / Inotropic
  - Dopamine
  - Dobutamine
  - Epinephrine
  - Milrinone or Amrinone
  - Norepinephrine
  - Vasopression
  - Other

- Miscellaneous
  - Antimicrobials
  - Decadron
  - Enteral Tube Feed
  - H₂ Blockers
  - Mannitol
  - Steroids
  - TPN
  - 3% NaCl
  - Other

**Physiologic Variables**

**Cardiovascular Data**

- Temperature:  
- Heart Rate:  bpm  
- Respiratory Rate:  bpm  
- Systolic BP:  mm Hg  
- Diastolic BP:  mm Hg  
- Saturation:  %  

- Minimum:  
- Maximum:  

**Acid Base / Blood Gas**

- pH:  
- PaCO₂:  mm Hg  
- PaO₂:  mm Hg  

- Minimum:  
- Maximum:  

**Chemistry Tests**

- Albumin:  g/dL  
- Biocarbonate:  mEq/L  
- BUN:  mg/dL  
- Creatinine:  mg/dL  

- Minimum:  
- Maximum:  

*This time interval is only applicable for in hospital arrest patients.*
Chemistry Tests Continued:

<table>
<thead>
<tr>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose:</td>
<td>mg/dL</td>
</tr>
<tr>
<td>Ionized Calcium (Ca++):</td>
<td>mg/dL</td>
</tr>
<tr>
<td>Lactate:</td>
<td>mMoles/L</td>
</tr>
<tr>
<td>Total Calcium (Ca):</td>
<td>mg/dL</td>
</tr>
<tr>
<td>Potassium (K+):</td>
<td>mmol/L</td>
</tr>
<tr>
<td>Sodium (Na+):</td>
<td>mEq/L</td>
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</tbody>
</table>

Hematology Tests

<table>
<thead>
<tr>
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<th>Maximum</th>
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</thead>
<tbody>
<tr>
<td>Hemoglobin:</td>
<td>g/dL</td>
</tr>
<tr>
<td>Platelet Count:</td>
<td>x 10^3/p.L</td>
</tr>
<tr>
<td>PT (Prothrombin Time):</td>
<td>seconds</td>
</tr>
<tr>
<td>PTT:</td>
<td>seconds</td>
</tr>
<tr>
<td>WBC:</td>
<td>x 10^3/p.L</td>
</tr>
<tr>
<td>% Segmented Forms:</td>
<td>%</td>
</tr>
</tbody>
</table>

Worst Pupillary Reflexes (check one)

- Both Reactive (BR)
- 1 Non- Reactive (>3mm) (OR)
- 2 Non- Reactive (>3mm) (BNR)

Pupil Size

<table>
<thead>
<tr>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupil Size</td>
<td>mm</td>
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</tbody>
</table>

Worst Coma Status (check one)

- Coma
- Lethargy
- Normal
- Stupor

Glasgow Coma Score

<table>
<thead>
<tr>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glascow Coma Score</td>
<td></td>
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</table>

Therapeutic and Monitoring Interventions

<table>
<thead>
<tr>
<th>Therapeutic / Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Venous Catheter</td>
</tr>
<tr>
<td>CVP (Browiac, LA, PICC &amp; RA)</td>
</tr>
<tr>
<td>Dialysis</td>
</tr>
<tr>
<td>CVVH/HD (continuous)</td>
</tr>
<tr>
<td>Hemodialysis (intermittent)</td>
</tr>
<tr>
<td>Peritoneal</td>
</tr>
<tr>
<td>ECMO</td>
</tr>
<tr>
<td>Foley Catheter</td>
</tr>
<tr>
<td>ICP Monitor</td>
</tr>
<tr>
<td>Ventriculostomy</td>
</tr>
<tr>
<td>Not Ventriculostomy</td>
</tr>
<tr>
<td>Vascular Access</td>
</tr>
<tr>
<td>Arterial Line</td>
</tr>
<tr>
<td>Intraosseous Line</td>
</tr>
<tr>
<td>Peripheral IV</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Mechanical Ventilator (endotracheal or tracheal)</td>
</tr>
<tr>
<td>Monitors</td>
</tr>
<tr>
<td>Apnea Monitor</td>
</tr>
<tr>
<td>Cardiac Monitor</td>
</tr>
<tr>
<td>Pulse Oximeter</td>
</tr>
<tr>
<td>Nasogastric / Orogastric Tube</td>
</tr>
<tr>
<td>PA Catheter</td>
</tr>
</tbody>
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- Not Documented
N. Additional Hospital Admission Data

**Date**

- Not Documented

**Arrest Time** (24 hour clock, Midnight 00:00)

- Not Documented

**Drug Therapies** (check if present during described time interval)

**0-3 hours**

- None Documented

- Anti-Arrhythmics
  - Amiodarone
  - Lidocaine
  - Other

- Anti-Convulsants
  - Dilantin
  - Pentobarb
  - Phenobarb
  - Other

- Vasopressor / Inotropic
  - Dopamine
  - Dobutamine
  - Epinephrine
  - Milrinone or Amrinone
  - Norepinephrine
  - Vasopressin
  - Other

- Miscellaneous
  - Antimicrobials
  - Decadron
  - Enteral Tube Feed
  - H2 Blockers
  - Mannitol
  - Steroids
  - TPN
  - 3% NaCl
  - Other

**4-6 hours**

- None Documented

- Anti-Arrhythmics
  - Amiodarone
  - Lidocaine
  - Other

- Anti-Convulsants
  - Dilantin
  - Pentobarb
  - Phenobarb
  - Other

- Vasopressor / Inotropic
  - Dopamine
  - Dobutamine
  - Epinephrine
  - Milrinone or Amrinone
  - Norepinephrine
  - Vasopression
  - Other

- Miscellaneous
  - Antimicrobials
  - Decadron
  - Enteral Tube Feed
  - H2 Blockers
  - Mannitol
  - Steroids
  - TPN
  - 3% NaCl
  - Other

**Physiologic Variables**

**Cardiovascular Data**

**Temperature:**

- Minimum
  - Not Documented

- Maximum
  - Not Documented

**Heart Rate:**

- Minimum
  - Not Documented

- Maximum
  - Not Documented

**Respiratory Rate:**

- Minimum
  - Not Documented

- Maximum
  - Not Documented

**Systolic BP:**

- Minimum
  - Not Documented

- Maximum
  - Not Documented

**Diastolic BP:**

- Minimum
  - Not Documented

- Maximum
  - Not Documented

**Saturation:**

- Minimum
  - Not Documented

- Maximum
  - Not Documented

**Acid Base / Blood Gas**

**pH:**

- Minimum
  - Not Documented

- Maximum
  - Not Documented

**PaCO2:**

- Minimum
  - Not Documented

- Maximum
  - Not Documented

**PaO2:**

- Minimum
  - Not Documented

- Maximum
  - Not Documented
### Chemistry Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Minimum</th>
<th>Maximum</th>
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<tbody>
<tr>
<td>Albumin</td>
<td>g/dL</td>
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</tr>
<tr>
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<td>mEq/L</td>
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</tr>
<tr>
<td>BUN</td>
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<tr>
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</tr>
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### Hematology Tests

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</tr>
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<td>x 10^3/p.L</td>
</tr>
<tr>
<td>% Segmented Forms</td>
<td>%</td>
<td>%</td>
</tr>
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</table>

### Worst Pupillary Reflexes
- **Both Reactive (BR)**
- **1 Non-Reactive (>3mm) (OR)**
- **2 Non-Reactive (>3mm) (BNR)**

### Pupil Size

<table>
<thead>
<tr>
<th>Minimum</th>
<th>Maximum</th>
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<tbody>
<tr>
<td>mm</td>
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</table>

### Worst Coma Status
- **Coma**
- **Lethargy**
- **Normal**
- **Stupor**

### Glasgow Coma Score

<table>
<thead>
<tr>
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<tr>
<td></td>
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</table>

### Therapeutic and Monitoring Interventions

- **Therapeutic / Monitoring**
  - Central Venous Catheter
  - CVP (Broviac, LA, PICC & RA)
  - Dialysis
    - CVVH/HD (continuous)
    - Hemodialysis (intermittent)
    - Peritoneal
  - ECMO
  - Foley Catheter
  - ICP Monitor
  - Ventriculostomy
  - Not Ventriculostomy
  - Mechanical Ventilator (endotracheal or tracheal)
  - Monitors
    - Apnea Monitor
    - Cardiac Monitor
    - Pulse Oximeter
  - Nasogastric / Orogastric Tube
  - PA Catheter
  - Vascular Access
    - Arterial Line
    - Intraosseous Line
    - Peripheral IV
    - Other
## O. Additional Hospital Admission Data

### Date
- [ ] Not Documented

### Time (24 hour clock, Midnight 00:00)
- [ ] Not Documented

### Drug Therapies
(Select if present during described time interval)

#### 7-12 hours
- [ ] None Documented

### Physiologic Variables

#### Cardiovascular Data

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<td>[ ] bpm</td>
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<tr>
<td>Respiratory Rate</td>
<td>[ ] bpm</td>
<td>[ ] bpm</td>
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<tr>
<td>Systolic BP</td>
<td>[ ] mm Hg</td>
<td>[ ] mm Hg</td>
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<tr>
<td>Diastolic BP</td>
<td>[ ] mm Hg</td>
<td>[ ] mm Hg</td>
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<td>[ ] %</td>
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#### Acid Base / Blood Gas

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#### Chemistry Tests

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<tr>
<td>Creatinine</td>
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### Hematology Tests

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### Worst Pupillary Reflexes
- [ ] Both Reactive (BR)
- [ ] 1 Non-Reactive (>3mm) (OR)
- [ ] 2 Non-Reactive (>3mm) (BNR)

### Worst Coma Status
- [ ] Coma
- [ ] Lethargy
- [ ] Normal
- [ ] Stupor

### Therapeutic and Monitoring Interventions

**Therapeutic / Monitoring**
- [ ] Central Venous Catheter
- [ ] CVP (Browiac, LA, PICC & RA)
- [ ] Dialysis
  - [ ] CVVH/HD (continuous)
  - [ ] Hemodialysis (intermittent)
  - [ ] Peritoneal
- [ ] ECMO
- [ ] Foley Catheter
- [ ] ICP Monitor
  - [ ] Ventriculostomy
  - [ ] Not Ventriculostomy
- [ ] Vascular Access
  - [ ] Arterial Line
  - [ ] Intravenous Line
  - [ ] Peripheral IV
  - [ ] Other
- [ ] Mechanical Ventilator (endotracheal or tracheal)
- [ ] Monitors
  - [ ] Apnea Monitor
  - [ ] Cardiac Monitor
  - [ ] Pulse Oximeter
- [ ] Nasogastric / Orogastric Tube
- [ ] PA Catheter
### P. Additional Hospital Admission Data

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**Time (24 hour clock, Midnight 00:00)**

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**Drug Therapies** (check if present during described time interval)

**13-24 hours**  
- None Documented

**Physiologic Variables**

#### Cardiovascular Data

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<tbody>
<tr>
<td><strong>Temperature:</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Heart Rate:</strong> bpm</td>
<td></td>
<td></td>
</tr>
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<td></td>
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#### Acid Base / Blood Gas

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<tr>
<td><strong>pH:</strong></td>
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#### Chemistry Tests

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<td></td>
</tr>
<tr>
<td><strong>Creatinine:</strong> mg/dL</td>
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### Chemistry Tests

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</tr>
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### Hematology Tests

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### Worst Pupillary Reflexes

- Both Reactive (BR)
- 1 Non-Reactive (>3mm) (OR)
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### Pupil Size

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### Worst Coma Status

- Coma
- Lethargy
- Normal
- Stupor

### Glasgow Coma Score

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<tr>
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### Therapeutic and Monitoring Interventions

**Therapeutic / Monitoring**

- Central Venous Catheter
- CVP (Broviac, LA, PICC & RA)
- Dialysis
- CVVH/HD (continuous)
- Hemodialysis (intermittent)
- Peritoneal
- ECMO
- Foley Catheter
- ICP Monitor
- Not Ventriculostomy
- Ventriculostomy
- Mechanical Ventilator (endotracheal or tracheal)
- Monitors
- Apnea Monitor
- Cardiac Monitor
- Pulse Oximeter
- Nasogastric / Orogastric Tube
- PA Catheter
Q. Additional Hospital Admission Data

Date: [Not Documented]
Month / Day / Year

Time: [Not Documented]
Hour : Minute

Drug Therapies (check if present during described time interval)

- 25-48 hours
  - None Documented

Physiologic Variables

Cardiovascular Data

- Temperature: [Not Documented]
- Heart Rate: [Not Documented]
- Respiratory Rate: [Not Documented]
- Systolic BP: [Not Documented]
- Diastolic BP: [Not Documented]
- Saturation: [Not Documented]

Acid Base / Blood Gas

- pH: [Not Documented]
- PaCO2: [Not Documented]
- PaO2: [Not Documented]

Chemistry Tests

- Albumin: [Not Documented]
- Biocarbonate: [Not Documented]
- BUN: [Not Documented]
- Creatinine: [Not Documented]
### Hypothermia

**Page 21 of 25**

**Chemistry Tests Continued:**

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**Hematology Tests**

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<td></td>
<td>%</td>
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</tbody>
</table>

**Worst Pupillary Reflexes (check one)**

- Both Reactive (BR)
- 1 Non-Reactive (>3mm) (OR)
- 2 Non-Reactive (>3mm) (BNR)

**Pupil Size**

<table>
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<tr>
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<tr>
<td>mm</td>
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**Worst Coma Status (check one)**

- Coma
- Lethargy
- Normal
- Stupor

**Glasgow Coma Score**

<table>
<thead>
<tr>
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<tr>
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**Therapeutic and Monitoring Interventions**

**Therapeutic / Monitoring (check all that were present prior to cardiac arrest)**

- Central Venous Catheter
- CVP (Broviac, LA, PICC & RA)
- Dialysis
  - CVVH/HD (continuous)
  - Hemodialysis (intermittent)
  - Peritoneal
- ECMO
- Foley Catheter
- ICP Monitor
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### Physiologic Variables

#### Cardiovascular Data

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<tbody>
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<td>Temperature</td>
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<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biocarbonate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BUN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
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</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Test</th>
<th>Minimum</th>
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</tr>
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<tbody>
<tr>
<td>Glucose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ionized Calcium (Ca++)</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
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</tr>
<tr>
<td>Total Calcium (Ca)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potassium (K+)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium (Na+)</td>
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</tbody>
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### Hematology Tests

<table>
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<tbody>
<tr>
<td>Hemoglobin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Platelet Count</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PT (Prothrombin Time)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WBC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Segmented Forms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pupil Size

- **Worst Pupillary Reflexes** (check one)
  - Both Reactive (BR)
  - 1 Non-Reactive (>3mm) (OR)
  - 2 Non-Reactive (>3mm) (BNR)

<table>
<thead>
<tr>
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### Glasgow Coma Score

- **Worst Coma Status** (check one)
  - Coma
  - Lethargy
  - Normal
  - Stupor

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### Therapeutic and Monitoring Interventions

- **Therapeutic / Monitoring** (check all that were present prior to cardiac arrest)
  - Central Venous Catheter
  - CVP (Browiac, LA, PICC & RA)
  - Dialysis
  - CVVH/HD (continuous)
  - HEModialysis (intermittent)
  - Peritoneal
  - ECMO
  - Foley Catheter
  - ICP Monitor
  - Ventriculostomy
  - Not Ventriculostomy
  - Vascular Access
  - Arterial Line
  - Intraosseous Line
  - Peripheral IV
  - Other
  - Mechanical Ventilator (endotracheal or tracheal)
  - Monitors
  - Apnea Monitor
  - Cardiac Monitor
  - Pulse Oximeter
  - Nasogastric / Orogastric Tube
  - PA Catheter
S. Additional Hospital Admission Data

Date: Not Documented

Time: (24 hour clock, Midnight 00:00)

- Not Documented

Drug Therapies (check if present during described time interval)

- None Documented

Physiologic Variables

Cardiovascular Data

Temperature: Not Documented

Heart Rate: Not Documented

Respiratory Rate: Not Documented

Systolic BP: Not Documented

Diastolic BP: Not Documented

Saturation: Not Documented

Acid Base / Blood Gas

pH: Not Documented

PaCO₂: Not Documented

PaO₂: Not Documented

Chemistry Tests

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BUN: Not Documented

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- Cardiac Monitor
- Pulse Oximeter
- Nasogastric / Orogastric Tube
- PA Catheter
Fill out CT Head form for each CT done during the first week.

1. CT Result Normal?
   - Yes
   - No  If no, describe:
     - ICH
     - Loss of gray/white distinction
     - Ventricular effacement
     - Effacement of basal cisterns
     - Midline Shift
     - Water-shed distributed low attenuation lesions
     - Other

2. If ICH above yes, ICH Location
   - Epidural
   - Intraparenchymal
   - Subarachnoid
   - Subdural
   - Other (Specify):

3. Describe Interpretation of Head CT Results

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Fill out EEG form for each EEG one during the first week.

1. Electrical Seizure recorded?
   - Yes
   - No
   - Not Documented

2. EEG Background
   - Activity
     - Normal
     - Slow
     - Not Described
   - Amplitude
     - Normal
     - Suppressed
     - Not Described
   - Reactivity
     - Normal
     - Reduced
     - Absent
     - Not Described

3. EEG Results: Impression (Interpretation)
Fill out a Nosocomial Infection form for each sample taken during the first week.

Date of Sample  ☐  Not Documented

Month  Day  Year

Site of Nosocomial Infection (check all that apply)

☐ Blood: ________________________________

☐ Respiratory: ________________________________

☐ CNS: ________________________________

☐ Urine: ________________________________

Patient Study ID Number

Site ID #: ____________________

Random Number: ____________________

Not Documented