



# Central State Hospital

## Data Collection of In-hospital Cardiopulmonary Resuscitation



Name \_\_\_\_\_ M    F    DOB \_\_\_\_\_ Age \_\_\_\_\_ MD# \_\_\_\_\_  
Month Day Year

Event Date \_\_\_\_\_ Admission Date \_\_\_\_\_ MR# \_\_\_\_\_  
Month Day Year Month Day Year

**1. Location**

- CHD: Unit: \_\_\_\_\_
- DDD: Unit: \_\_\_\_\_
- PSD: Unit: \_\_\_\_\_
- Other: \_\_\_\_\_

- 2. Witnessed?**  yes  no  unknown  
**Monitored?**  yes  no

**3. ACLS Interventions**

- |   |                          |
|---|--------------------------|
| Prior to Code                                   | During Code              |
| <input type="checkbox"/> None                   | <input type="checkbox"/> |
| <input type="checkbox"/> IV Access              | <input type="checkbox"/> |
| <input type="checkbox"/> ECG Monitor            | <input type="checkbox"/> |
| <input type="checkbox"/> Intubation             | <input type="checkbox"/> |
| <input type="checkbox"/> External Pacing        | <input type="checkbox"/> |
| <input type="checkbox"/> Transvenous Pacing     | <input type="checkbox"/> |
| <input type="checkbox"/> Mechanical Ventilation | <input type="checkbox"/> |

**4. Neuro Assessment Prior to Code**

- Alert & Oriented
- Drowsy/Easy to arouse
- Lethargic/Difficult to arouse
- Responds to pain purposefully
- Responds to pain non-purposefully
- Unresponsive

**EVENT VARIABLES**

**5. Immediate Cause**

- Lethal arrhythmias
- Hypotension
- Respiratory Depression
- Metabolic
- MI or Ischemia
- Unknown
- Other: \_\_\_\_\_

**6. Resuscitation Attempted?**

- yes (check all used)  no
- Defibrillation  Found Dead
- Airway  Futile
- Compressions  DNR

**7. Initial Condition**

- Conscious:  yes  no
- Breathing:  yes  no
- Pulse:  yes  no

**8. Event Times**

- Collapse/Onset \_\_\_\_\_:\_\_\_\_
- CPR team called \_\_\_\_\_:\_\_\_\_
- 1<sup>st</sup> MD arrived \_\_\_\_\_:\_\_\_\_
- Attending MD arrived \_\_\_\_\_:\_\_\_\_
- CPR started \_\_\_\_\_:\_\_\_\_ = \_\_\_\_\_ mins.
- 1<sup>st</sup> defib shock \_\_\_\_\_:\_\_\_\_ = \_\_\_\_\_ mins.
- Airway achieved \_\_\_\_\_:\_\_\_\_ = \_\_\_\_\_ mins.
- 1<sup>st</sup> dose EPI \_\_\_\_\_:\_\_\_\_ = \_\_\_\_\_ mins.

**10. Initial Rhythm**

- VF  Bradycardia
- VT  Pulseless elec. activity
- Asystole  Perfusing rhythm
- CPR Stopped \_\_\_\_\_:\_\_\_\_
- Why?
- ROSC  Death
- Spontaneous Circulation
- Returned \_\_\_\_\_:\_\_\_\_
- Never achieved \_\_\_\_\_:\_\_\_\_
- Unsustained ROSC \_\_\_\_\_:\_\_\_\_
- # 20 mins.
- > 20 mins. But # 24 hours
- > 24 hours

**9. Code Leader ACLS Certified**

- yes  no

**OUTCOME VARIABLES**

**11. End of Code Neuro Assessment**

- Alert & Oriented
- Drowsy/Easy to arouse
- Lethargic/Difficult to arouse
- Responds to pain purposefully
- Responds to pain non-purposefully
- Unresponsive

**12. Return to Baseline Status**

- yes \_\_\_\_\_:\_\_\_\_ am/pm  no
- Date: \_\_\_\_\_
- Month Day Year

**13. In-hospital Event Outcome**

- Hospital discharge
- Date: \_\_\_\_\_
- Month Day Year
- In-hospital death <24hours following ROSC
- Date: \_\_\_\_\_
- Month Day Year
- In-hospital death >24hours following ROSC
- Date: \_\_\_\_\_
- Month Day Year

**15. Alive at one year?**

- yes  no  unknown
- Date of death: \_\_\_\_\_
- Month Day Year

**16. If Died, Principal Cause of Death**

- CAD  Trauma
- Cancer  Other medical
- Unknown

**17. ICD-CM Code \_\_\_\_\_**

**14. Alive at six months?**

- yes  no  unknown
- Date of death: \_\_\_\_\_
- Month Day Year

**\*Additional Comments on Back\***

# Cardiopulmonary Resuscitation Report

Central State Hospital  
Milledgeville, Georgia



Date \_\_\_\_\_ Time Code Blue Called \_\_\_\_\_:\_\_\_\_\_ am/pm

Diagnosis \_\_\_\_\_

Initial Condition: Conscious yes no Breathing yes no Pulse yes no

Witnessed: yes no unknown Monitored: yes no

BP \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ (at time of arrest)

Pre-code Condition:  Stable  Unstable

	<b>Time</b>		<b>Time</b>
Mouth-to-mouth/microshield _____		Attending MD notified _____	
Bag/mask with airway _____		Attending MD arrived _____	
O2 at _____		Code responding MD arrived _____	
Chest compressions _____			
Connected to monitor _____		<u>Time</u> <u>BP</u> <u>P</u> <u>R</u>	
Initial cardiac rhythm _____		_____	
Intubated oral/nasal _____		_____	
ETT size _____ <input type="checkbox"/> intubated prior to code		_____	
O2 at _____ Bilateral Breath Sounds <input type="checkbox"/> Yes <input type="checkbox"/> No		_____	

TIME	THERAPEUTIC ACTION (meds, shock)	AMOUNT/ROUTE	RESPONSE	INITIALS

**IV FLUIDS:**      Time      Solution      Amount      Additives

**IMMEDIATE CAUSE:**  Lethal arrhythmias  Hypotension  Respiratory depression  Metabolic  MI or ischemia  unknown  other: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**RESUSCITATION RESULTS:**  
 Time CPR stopped: \_\_\_\_\_ am/pm  
 Complete Restoration to Pre-code Status:  Yes  No  
**Signatures: (Other code members on back of form)**  
 \_\_\_\_\_ Code Physician  
 \_\_\_\_\_ Attending Physician  
 \_\_\_\_\_ Medication Nurse  
 \_\_\_\_\_ Recording Nurse

Stamp Plate

