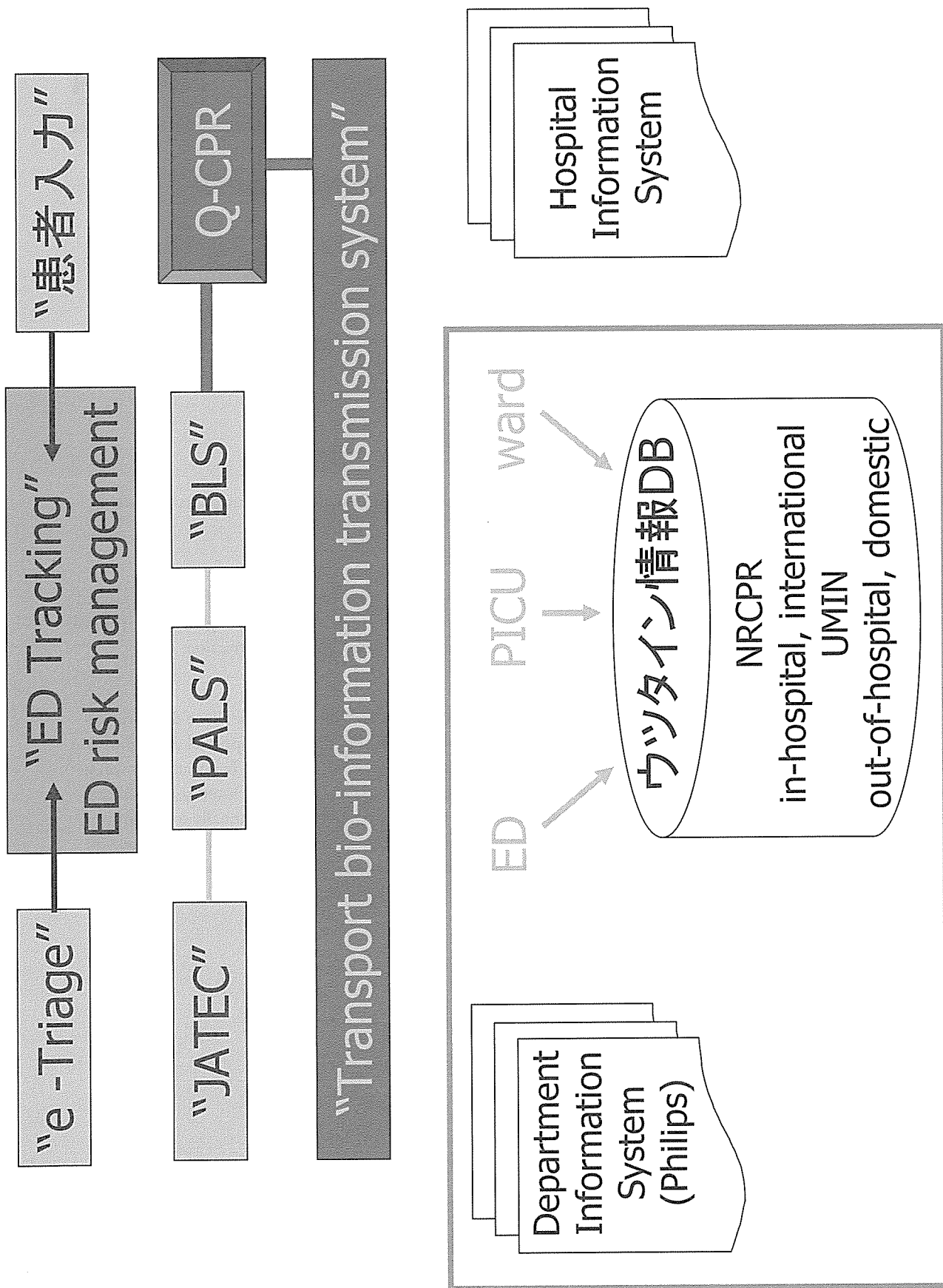


本研究に用いる小児心停止症例レジストリによるウェブベースの概略





NRCPR Version 6.0 Data Collection Forms (Optional Sections Shaded)

This file contains a full set of the NRCPR Version 6.0 Data Collection Forms (DCF's). This document includes DCF's for CPA, MET and ARC events. Because the NRCPR v6.0 dataset now provides several Optional Datapoints, two versions are available.

- **NRCPR V6.0 DCF's – No Shading**
 - This version of the DCF's has no shaded areas. It is intended for participants who are collecting the full dataset.
- **NRCPR V6.0 DCF's – All Optional Datapoints Shaded**
 - This version has ALL of the optional datapoints shaded in a light grey. If you have elected not to collect some of these fields, use these forms and draw a line through sections you will not be collecting prior to making copies to be used for your data abstraction.
- **NRCPR V6.0 DCF's – Partial Shading**
 - It is anticipated that some hospitals will want to collect some, but not all, of the optional datapoints. If you would like to have a set of DCF's specific to the optional datapoints you will be collecting, please send a note to DataManager@NRCPR.org. Every attempt will be made to accommodate your request in a timely manner. During the interim, you should use one of the existing formats and make the appropriate changes manually to the form prior to making copies to be used for data abstraction (e.g. mark out the sections you will NOT be collecting). Over time, the most common variations will be made available on the NRCPR website.

NRCPR v6.0
CPA Event
Data Collection Form

1.1 Admission Data

System Entry Date*: _____ Time: ____:____ Time Not Documented (*System Entry date/time depends on subject type, see op-defs)

Last Name: _____ First: _____ MI: _____ (Local)

Medical Record #: _____ (Local)

Date of Birth: _____ DOB Unknown/Not Documented (Local)

Born this admission (or transferred from birth hospital)? Yes No/Not Documented

If Yes, Time of Birth: ____:____ Time Not Documented

Age at System Entry: _____ in years | months | weeks | days | hours | minutes Estimated? Age Unknown/Not Documented

Gender: Male Female

Race: White Black Asian/Pacific Islander American Indian/Eskimo/Aleut Other (specify) _____ Unknown/Not Documented

Hispanic Origin? Yes No/Not Documented

Weight: _____ Units: pounds kilograms grams Weight Unknown/Not Documented

Height/Length: _____ Units: inches centimeters meters Height/Length Unknown/Not Documented

Prior Residence:

<input type="checkbox"/> Home	<input type="checkbox"/> Other supervised residential facility	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Other acute care hospital	<input type="checkbox"/> Hospice (includes home hospice)	<input type="checkbox"/> Unknown/Not Documented
<input type="checkbox"/> Rehabilitation center	<input type="checkbox"/> Newborn (this admission)	
<input type="checkbox"/> Skilled nursing facility	<input type="checkbox"/> Mental health facility (psychiatric, substance abuse)	

Prior CPR Events (check all that apply): Pre-Hospital (precipitating this admission) Other (previous admission) None/Not Documented

CPC/PCPC: _____ Unknown/Not Documented/Not Applicable (newborn)

1.2 Newborn/Neonate (for patients born this admission or transferred from delivering hospital)

Did mother receive prenatal care? Yes No/Not Documented

Maternal Conditions (check all that apply):

<input type="checkbox"/> None	<input type="checkbox"/> GHTN (Pregnancy induced / gestational hypertension)	<input type="checkbox"/> Narcotic given to mother w/in 4 hrs of delivery
<input type="checkbox"/> Alcohol use	<input type="checkbox"/> Magnesium exposure	<input type="checkbox"/> Narcotics addiction and/or on methadone maintenance
<input type="checkbox"/> Chorioamnionitis	<input type="checkbox"/> Major trauma	<input type="checkbox"/> Pre-eclampsia
<input type="checkbox"/> Cocaine/Crack use	<input type="checkbox"/> Maternal Group B Strep (Positive)	<input type="checkbox"/> Prior cesarean
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Maternal infection	<input type="checkbox"/> Urinary tract infection (UTI)
<input type="checkbox"/> Eclampsia	<input type="checkbox"/> Methamphetamine/ICE use	<input type="checkbox"/> Other (specify) _____

Delivery Details:

Fetal Monitoring: External Internal Performed, method unknown None **1 min APGAR:** _____ Unk/Not documented

Delivery Mode: Vaginal/spontaneous Vaginal/assisted C-section Unk. **5 min APGAR:** _____ Unk/Not documented

Presentation: Cephalic Breech Unk/Not documented **Cord pH:** _____ Unk/Not documented

Estimate of gestational age (weeks): _____ Unk/Not documented

Special Circumstances Recognized at Birth (select all that apply):

<input type="checkbox"/> None	<input type="checkbox"/> Decelerations	<input type="checkbox"/> Placenta Abruption
<input type="checkbox"/> Cardiac Malformation/Abnormality – Acyanotic	<input type="checkbox"/> Fetal Hydrops	<input type="checkbox"/> Placenta Previa
<input type="checkbox"/> Cardiac Malformation/Abnormality – Cyanotic	<input type="checkbox"/> Meconium Aspiration	<input type="checkbox"/> Shoulder Dystocia
<input type="checkbox"/> Congenital Malformation/Abnormality (Non-Cardiac)	<input type="checkbox"/> Multiple Gestations	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cord Prolapse	<input type="checkbox"/> Nuchal Cord	

1.3 Discharge Data

Discharge Disposition: Dead Alive Disposition Pending [>90 days post event(s)]

Date/Time of Hospital Discharge/Death: _____ Time Not Documented

Declared DNAR during this admission? Yes No

Date/Time of DNAR order: _____ Time Not Documented

If patient died:

Was Life Support Withdrawn? Yes No

If patient survived to discharge:

Discharge Destination:

<input type="checkbox"/> Home	<input type="checkbox"/> Skilled nursing facility	<input type="checkbox"/> Mental health facility
<input type="checkbox"/> Other acute care hospital	<input type="checkbox"/> Other supervised residential facility	<input type="checkbox"/> Other
<input type="checkbox"/> Rehabilitation center	<input type="checkbox"/> Hospice (inc. home hospice)	<input type="checkbox"/> Unknown/Not Documented

CPC/PCPC at Discharge: _____ Unknown/Not Documented

Comments: _____

2.1 Pre-Event

- Was pt discharged from an Intensive Care Unit (ICU) prior to this CPA event? Yes No
 If yes, date admitted to non-ICU unit (after ICU discharge): _____/_____/_____
- Was pt discharged from a Post Anesthesia Care Unit (PACU) within 24 hrs prior to this CPA event? Yes No
- Was patient in the ED within 24 hours prior to this CPA event? Yes No
- Did pt receive conscious/procedural sedation or general anesthesia within 24 hrs prior to this CPA event? Yes No

Vital Signs (all vital signs taken in the last 4 hrs prior to this CPA event. If none, indicate last documented vital signs prior to CPA event)

Date/Time	HR	BP	Resp Rate	SpO2	Temp./Units	Date/Time	HR	BP	Resp Rate	SpO2	Temp./Units
_____	_____	_____/____	_____	_____	_____ C F	_____	_____	_____/____	_____	_____	_____ C F
_____	_____	_____/____	_____	_____	_____ C F	_____	_____	_____/____	_____	_____	_____ C F

2.2 Pre-existing Conditions

Pre-existing Conditions at Time of Event (check all that apply & review op-defs carefully):

- | | | |
|--|---|--|
| <input type="checkbox"/> None (review options below carefully) | <input type="checkbox"/> Congestive heart failure (this admission) | <input type="checkbox"/> Metastatic or hematologic malignancy |
| <input type="checkbox"/> Acute CNS non-stroke event | <input type="checkbox"/> Congestive heart failure (prior to this admission) | <input type="checkbox"/> Metabolic/electrolyte abnormality |
| <input type="checkbox"/> Acute stroke | <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Myocardial ischemia/infarction (this admission) |
| <input type="checkbox"/> Arrhythmia (excludes sinus tachycardia) | <input type="checkbox"/> Hepatic insufficiency | <input type="checkbox"/> Myocardial ischemia/infarction (prior to admit) |
| <input type="checkbox"/> Baseline depression in CNS function | <input type="checkbox"/> HIV Positive | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Cardiac malformation/abnormality – acyanotic | <input type="checkbox"/> AIDS (if HIV Positive) | <input type="checkbox"/> Renal insufficiency |
| <input type="checkbox"/> Cardiac malformation/abnormality – cyanotic | <input type="checkbox"/> Hypotension/hypoperfusion | <input type="checkbox"/> Respiratory insufficiency |
| <input type="checkbox"/> Congenital malformation/abnormality (Non-Cardiac) | <input type="checkbox"/> Major trauma | <input type="checkbox"/> Septicemia |

2.3 Interventions Already in Place

Interventions ALREADY IN PLACE when need for chest compressions and/or defibrillation was first recognized (check all that apply):

Part A: None

- | | | |
|---|--|---|
| <input type="checkbox"/> Assisted or mechanical ventilation (includes CPAP/BiPAP) | Monitoring: | Vascular access |
| <input type="checkbox"/> Intra-arterial catheter | <input type="checkbox"/> ECG | <input type="checkbox"/> Peripheral vein |
| <input type="checkbox"/> Invasive airway | <input type="checkbox"/> Apnea | <input type="checkbox"/> Central vein |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Apnea/bradycardia | <input type="checkbox"/> Intraosseous (IO) |
| | <input type="checkbox"/> Pulse oximetry | <input type="checkbox"/> Umbilical vein (UVC) |
| | | <input type="checkbox"/> Umbilical artery (UAC) |

Part B: None

- | | | |
|--|--|---|
| IV/IO continuous infusion of antiarrhythmic(s): | IV/IO continuous infusion of vasoactive agent(s): | <input type="checkbox"/> Chest tube(s) |
| <input type="checkbox"/> Amiodarone/Cordarone | <input type="checkbox"/> Dobutamine | <input type="checkbox"/> Conscious/procedural sedation |
| <input type="checkbox"/> Lidocaine | <input type="checkbox"/> Dopamine > 3 mcg/kg/min | <input type="checkbox"/> Dialysis/extracorporeal filtration therapy (ongoing) |
| <input type="checkbox"/> Procainamide | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Inhaled nitric oxide therapy (newborn/neonate) |
| <input type="checkbox"/> Other antiarrhythmics:
(specify) _____ | <input type="checkbox"/> Nitroglycerin | <input type="checkbox"/> Internal cardiac defibrillator (ICD) |
| | <input type="checkbox"/> Norepinephrine | <input type="checkbox"/> Intra-aortic balloon pump |
| | <input type="checkbox"/> Phenylephrine | <input type="checkbox"/> Prostaglandins – cont. infusion (newborn/neonate) |
| | <input type="checkbox"/> Other vasoactive agents:
(specify) _____ | <input type="checkbox"/> Pulmonary artery (PA) catheter |
| | | <input type="checkbox"/> Sedative/narcotic – cont. infusion (including PCA) |
| | | <input type="checkbox"/> Supplemental oxygen (cannula, mask, hood or tent) |
| | | <input type="checkbox"/> Other prior interventions in place:
(specify) _____ |

3.1 Event

Local Event ID (optional): _____

Did pt. receive chest compressions and/or defibrillation during this event? Yes No/Not Documented (does NOT meet inclusion criteria)

Date/Time 1st recognized need for chest compressions (or defib. when initial rhythm VF/pulseless VT): _____ Time Not Doc.

Age at Event: _____ in years | months | weeks | days | hours | minutes Estimated? Age Unk./Not Documented

Subject Type:

- Ambulatory/Outpatient
- Emergency Department
- Hospital Inpatient -
(rehab, skilled nursing, mental health wards)
- Rehab Facility Inpatient
- Skilled Nursing Facility Inpatient
- Mental Health Facility Inpatient
- Visitor or Employee

Illness Category:

- Medical-Cardiac
- Medical-Noncardiac
- Surgical-Cardiac
- Surgical-Noncardiac
- Newborn
- Obstetric
- Trauma
- Other (Visitor/Employee)

Event Location (area):

- Ambulatory/Outpatient Area
- Adult Coronary Care Unit (CCU)
- Adult ICU
- Cardiac Catheterization Lab
- Delivery Suite
- Diag./Interv. Area (excl. Cath Lab)
- Emergency Department (ED)
- General Inpatient Area
- Neonatal ICU (NICU)
- Newborn Nursery
- Operating Room (OR)
- Pediatric ICU (PICU)
- Post-anesthesia recovery room (PACU)
- Rehab, Skilled Nursing, or Mental Health unit/facility
- Same-day surgical area
- Telemetry unit or Step-down unit
- Other
- Unknown/Not Documented

Event Location (name): _____

Event Witnessed? Yes No/Not Documented

Was a hospital-wide resuscitation response activated? Yes No/Not Documented

If yes, date/time call made to (or received by) hospital switchboard/paging system: _____ Time Not Documented

Was call made prior to recognition of need for chest compressions and/or defibrillation? Yes No/Not Documented

4.1 Immediate Cause (record all that directly contributed to event)

- Abdominal silo reduction (newborn/neonate ≤ 28 days)
- Active myocardial ischemia (acute coronary syndrome)/evolving myocardial infarction
- Acute pneumothorax
- Acute pulmonary edema
- Acute pulmonary embolism
- Acute respiratory insufficiency
- Acute stroke
- Arrhythmia (excluding sinus tachycardia)
- Conscious/procedural sedation
- Hypotension/hypoperfusion
- Hypothermia
- Inadequate or obstruction of invasive airway
- Inadequate or obstruction of natural airway
- Invasive airway displacement
- Malfunction of device for assisted ventilation
- Status epilepticus
- Metabolic/electrolyte abnormality (if newborn/neonate, specify)
 - Acidosis (pH < 7.2 arterial, venous, or capillary)
 - Glucose < 40 mg/dL
 - Ionized Calcium < 1 mmol/L or < 4 mg/dL
 - Sodium < 125 mEq/L
 - Magnesium > 4 mEq/L
 - Potassium > 6.5 mEq/L
- Toxicological problem (specify):
 - Adverse drug effect/reaction: _____
 - Drug overdose: _____
 - Poisoning: _____
- Unknown/Not Documented

5.1 Initial Condition

Condition that best describes this event:

- Patient was PULSELESS when need for chest compressions and/or need for defibrillation of initial rhythm VF/Pulseless VT was first identified
- Patient had a pulse (poor perfusion) requiring chest compressions PRIOR to becoming pulseless*
- Patient had a pulse (poor perfusion) requiring chest compressions, but did NOT become pulseless at any time during this event*

Did patient receive chest compressions (includes open cardiac massage)? Yes No/Not Documented No, Per Advance Directive

Compression Method(s) used:

- Standard Manual Compression
- Mechanical piston CPR
- Open chest CPR (direct [internal] cardiac compression)
- Active Compression-Decompression device (ACD-CPR) (see OpDefs)
- Load-distributing band (LDB) CPR / Circumferential CPR
- Interposed Abdominal Compression CPR (IAC-CPR) (see OpDefs)

Date/Time compressions started: _____ Time Not Documented

Was Impedance Threshold Device used? Yes No/Not Documented

If compressions provided while pulse present:

Rhythm when pt. w/ pulse 1st received chest compressions during event?

- Accelerated idioventricular rhythm (AIVR)
- Bradycardia
- Pacemaker
- Supraventricular tachyarrhythmia (SVTarryh)*
- Sinus (inc. sinus tachycardia)
- VT w/ pulse
- Unknown/Not Documented

(*See OpDefs)

Was pt. w/pulse CONSCIOUS when need for compression 1st identified?

Yes No Unknown/Not Documented

Was pt. w/ pulse BREATHING when need for compressions 1st identified?

Yes No Agonal Assisted Ventilation Unknown/Not Documented

If pulseless at ANY time during event:

Date/Time pulselessness 1st ID'd: _____ Time Not Doc.

First documented pulseless rhythm:

- Asystole
- Pulseless Electrical Activity (PEA)
- Pulseless ventricular tachycardia
- Ventricular fibrillation (VF)
- Unknown/Not Documented

5.2 AED and VF/Pulseless VT

Was automated external defibrillator (AED) applied? Yes No/Not Documented Not Applicable (not used by facility)
 Date/Time AED applied: _____ Unknown/Not Documented

Ventricular fibrillation OR pulseless ventricular tachycardia ANY time during event? Yes No/Not Documented
 Date/Time 1st VF or pulseless VT: _____ Unknown/Not Documented

Defibrillation shock provided? Yes No/Not Documented No, Per Advance Directive
 Total # shocks: _____ Unknown/Not Documented

Time	Defibrillator Type/Mode	Waveform	Energy	Pulse Return?	Rhythm After Shock and compressions (circle ONE, refer to op-defs for additional information)
_____	AED Manual ICD Unk	Bi Mono Unk	_____	Yes No Unk/ND	Asystole AIVR Bradycardia Pacemaker PEA Sinus SVTarrhy VT+pulse VT no pulse VF Unk
_____	AED Manual ICD Unk	Bi Mono Unk	_____	Yes No Unk/ND	Asystole AIVR Bradycardia Pacemaker PEA Sinus SVTarrhy VT+pulse VT no pulse VF Unk
_____	AED Manual ICD Unk	Bi Mono Unk	_____	Yes No Unk/ND	Asystole AIVR Bradycardia Pacemaker PEA Sinus SVTarrhy VT+pulse VT no pulse VF Unk
_____	AED Manual ICD Unk	Bi Mono Unk	_____	Yes No Unk/ND	Asystole AIVR Bradycardia Pacemaker PEA Sinus SVTarrhy VT+pulse VT no pulse VF Unk
_____	AED Manual ICD Unk	Bi Mono Unk	_____	Yes No Unk/ND	Asystole AIVR Bradycardia Pacemaker PEA Sinus SVTarrhy VT+pulse VT no pulse VF Unk

5.3 Ventilation

Types of Ventilation/Airways used:
 None
 Unknown/Not Documented

Non-Invasive Device/Assisted Ventilation

- Bag- Valve-Mask
- Mask and/or Nasal CPAP/BiPAP
- Mouth-to-Barrier Device
- Mouth-to-Mouth
- Other Non-Invasive Ventilation:
 (specify) _____

Invasive Airway Device

- Endotracheal Tube (ET)
- Laryngeal Mask Airway (LMA)
- Tracheostomy Tube
- Other Invasive Airway/Ventilation:
 (specify) _____

Any invasive airway inserted/re-inserted during event?

- Yes, initial insertion of invasive airway achieved
- Yes, re-insertion of invasive airway achieved
- No, already in place
- No, per Advance Directive
- No, responded to non-invasive therapy
- No, not inserted (includes unsuccessfully attempted)

Date/Time invasive airway inserted/re-inserted: _____ Time Not Documented

Method(s) of confirmation used to ensure correct placement of invasive airway (check all that apply):

- Auscultation
- Esophageal detector device (EDD)
- Exhaled CO₂ detector
- Flexible fiberoptic laryngoscope
- X-ray (w/ results prior to end of event)
- Other: _____
- Performed, method unknown/not documented
- None/Not Documented

6.1 Epinephrine/Vasopressin

Was Epinephrine BOLUS administered? Yes No/Not Documented

Via (check all that apply): Intravascular/Intraosseous (IV/IO) Endotracheal/Tracheostomy Tube Other: _____ Not Documented

Date/Time 1st IV/IO bolus dose: _____ Time Not Documented # Doses: _____ Unknown/Not Documented

Highest IV/IO Epinephrine bolus given: _____ mg. OR _____ cc of 1:1,000 OR _____ cc of 1:10,000 Unknown/Not Documented

Was Vasopressin BOLUS administered? Yes No/Not Documented

Via (check all that apply): Intravascular/Intraosseous (IV/IO) Endotracheal/Tracheostomy Tube Other: _____ Not Documented

Date/Time 1st IV/IO bolus dose: _____ Time Not Documented # Doses: _____ Unknown/Not Documented

6.2 Other Drug Interventions (select all either initiated, or if already in place immediately prior to, continued during event)

- None (select only after careful review of options below)
- Antiarrhythmic medication(s):
 - Adenosine/Adenocard
 - Amiodarone/Cordarone
 - Lidocaine
 - Procainamide
 - Other antiarrhythmics: _____
- Vasopressor(s) other than epinephrine bolus and vasopressin bolus:
 - Dobutamine
 - Dopamine > 3 mcg/kg/min
 - Norepinephrine
 - Phenylephrine
 - Other vasopressors: _____
- Atropine
- Calcium chloride/Calcium gluconate
- Dextrose bolus
- Dextrose bolus w/ insulin
- Fluid bolus for volume expansion
- Glycopyrrolate
- Magnesium sulfate
- Neuromuscular blocker/muscle relaxant
- Prostaglandin E₁ (PGE)
- Reversal agent (e.g., naloxone/Narcan, flumazenil/Romazicon, neostigmine/Prostigim)
- Sedative/induction agent
- Sodium bicarbonate
- THAM (alkalinizing agent)
- Other alkalinizing agents: _____
- Other drug interventions: _____

6.3 Non-Drug Interventions

- | | |
|---|--|
| <input type="checkbox"/> None (review options below carefully) | <input type="checkbox"/> Needle thoracostomy |
| <input type="checkbox"/> Blood transfusion | <input type="checkbox"/> Pacemaker, transcutaneous |
| <input type="checkbox"/> Cardiopulmonary bypass / extracorporeal CPR (ECPR) | <input type="checkbox"/> Pacemaker, transvenous or epicardial |
| <input type="checkbox"/> Central venous line inserted | <input type="checkbox"/> Pericardiocentesis |
| <input type="checkbox"/> Chest tube(s) inserted | <input type="checkbox"/> Thoracentesis |
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Tracheostomy/Cricothyrotomy (placed during event) |
| <input type="checkbox"/> Ice to the head (for cooling) | <input type="checkbox"/> Other non-drug interventions: _____ |

7.1 Event Outcome

Was ANY documented return of circulation [ROC] (return of pulse/heart rate by palpation, auscultation, Doppler, arterial blood pressure waveform, or documented blood pressure) achieved during the event in the absence of ongoing compressions?

- Yes No/Not Documented

Date/Time 1st return of circulation (ROC): _____ Time Not Documented

- Reason resuscitation ended:
- Survived – ROC
 - Died – Advance directive
 - Died – Efforts terminated, no sustained ROC
 - Died – Medical futility
 - Died – Restrictions by family

Date/Time sustained ROC began (lasting > 20 min) OR resuscitation efforts were terminated: _____ Time Not Documented

7.2 Post-ROC Care

Was induced hypothermia initiated after return of circulation (ROC) achieved? Yes No/Not Documented

Lowest/highest patient temperatures during first 24 hrs after ROC (*if only one temperature is documented, enter as BOTH the highest and lowest temperature)

Temperature/Units	Site (see OpDefs)	Date/Time Recorded
Lowest*: _____ C F	Axillary Bladder Blood Brain Oral Rectal Surface (skin) Tympanic Other Unk	_____ <input type="checkbox"/> Time Not Doc.
Highest*: _____ C F	Axillary Bladder Blood Brain Oral Rectal Surface (skin) Tympanic Other Unk	_____ <input type="checkbox"/> Time Not Doc.

Lowest/highest blood glucose levels during first 24 hrs after ROC (*if only one glucose level is documented, enter as BOTH the highest and lowest level)

Lowest*: _____ Unknown/Not Documented Date/Time: _____ Time Not Documented
 Highest*: _____ Unknown/ Not Documented Date/Time: _____ Time Not Documented

8.1 CPR Quality

Was continuous end tidal CO2 monitoring used to monitor quality of CPR? Yes No/Not Documented

If yes, was an end tidal CO2 value of >10 mmHg achieved? Yes No/Not Documented

Was arterial line diastolic pressure used to monitor compression quality? Yes No/Not Documented N/A (arterial line not in place)

Was a *device or technology used to monitor quality of compressions? Yes No/Not Documented

(* e.g., an electronic sensor which connects to a monitoring device to measure, compression rate and depth, ventilation rate and volume, and hands off period)?

If Yes,

Was a compression rate of about 100/minute maintained during CPR? Yes No/Not Documented

Were compressions interrupted (hands off period) for > 10 seconds at any time during CPR (other than for interventions such as ET placement)?
 Yes No/Not Documented

Were compressions interrupted for > 15 sec (20 seconds for neonates) for interventions such as invasive airway placement during CPR?
 Yes No/Not Documented

Did ventilation rate exceed 10/min (20/min for ped patients), excluding the initial confirmation of tracheal tube placement?
 Yes No/Not Documented

8.2 Resuscitation Related Events and Issues

Universal Precautions: Not followed by all team members (specify in comments section)

Documentation: Signature of code team leader not on code sheet Initial ECG rhythm not documented Incomplete documentation
 Missing other signatures Medication route(s) not documented Other (specify in comments section)

Alerting Hospital-Wide Resuscitation Response: Delay Pager issue(s) Other (specify in comments section)

Airway:

Aspiration related to provision of airway Intubation attempted, not achieved
 Delay Multiple intubation attempts → Number of attempts: _____ Unk/Not Doc
 Delayed recognition of airway misplacement/displacement Other (specify in comments section)

Vascular Access: Delay Inadvertent arterial cannulation Infiltration/Disconnection Other (specify in comments section)

Chest Compression: Delay No board Other (specify in comments section)

Defibrillation(s):

Energy level lower / higher than recommended Equipment malfunction
 Initial delay, personnel not available to operate defibrillator Given, not indicated
 Initial delay, issue with defibrillator access to patient Indicated, not given
 Initial delay, issue with pad or paddle placement Other (specify in comments section)

Medications: Delay Route Dose Selection Other (specify in comments section)

Leadership:

Delay in identifying leader Knowledge of medications/protocols Team oversight Other (specify in comments section)
 Knowledge of equipment Knowledge of roles Too many team members

Protocol Deviation: ALS/PALS NRP Other (specify in comments section)

Equipment: Availability Function Other (specify in comments section)

Comments: _____

NRCPR v6.0
ARC Event
Data Collection Form

1.1 Admission Data

System Entry Date: _____ Time: ____:____ Time Not Documented (*System Entry date/time depends on subject type, see op-defs)
Last Name: _____ First: _____ MI: _____ (Local)
Medical Record #: _____ (Local)
Date of Birth: _____ DOB Unknown/Not Documented (Local)
Born this admission (or transferred from birth hospital)? Yes No/Not Documented
If Yes, Time of Birth: ____:____ Time Not Documented
Age at System Entry: _____ in years | months | weeks | days | hours | minutes Estimated? Age Unknown/Not Documented
Gender: Male Female
Race: White Black Asian/Pacific Islander American Indian/Eskimo/Aleut Other (specify) _____ Unknown/Not Documented
Hispanic Origin? Yes No/Not Documented
Weight: _____ Units: pounds kilograms grams Weight Unknown/Not Documented
Height/Length: _____ Units: inches centimeters meters Height/Length Unknown/Not Documented
Prior Residence:
 Home Other supervised residential facility Other (specify) _____
 Other acute care hospital Hospice (includes home hospice) Unknown/Not Documented
 Rehabilitation center Newborn (this admission)
 Skilled nursing facility Mental health facility (psychiatric, substance abuse)

Prior CPR Events (check all that apply): Pre-Hospital (precipitating this admission) Other (previous admission) None/Not Documented
CPC/PCPC: _____ Unknown/Not Documented/Not Applicable (newborn)

1.2 Newborn/Neonate (for patients born this admission or transferred from delivering hospital)

Did mother receive prenatal care? Yes No/Not Documented
Maternal Conditions (check all that apply):
 None GHTN (Pregnancy induced / gestational hypertension) Narcotic given to mother w/in 4 hrs of delivery
 Alcohol use Magnesium exposure Narcotics addiction and/or on methadone maintenance
 Chorioamnionitis Major trauma Pre-eclampsia
 Cocaine/Crack use Maternal Group B Strep (Positive) Prior cesarean
 Diabetes Maternal infection Urinary tract infection (UTI)
 Eclampsia Methamphetamine/ICE use Other (specify) _____
Delivery Details:
Fetal Monitoring: External Internal Performed, method unknown None **1 min APGAR:** _____ Unk/Not documented
Delivery Mode: Vaginal/spontaneous Vaginal/assisted C-section Unk. **5 min APGAR:** _____ Unk/Not documented
Presentation: Cephalic Breech Unk/Not documented **Cord pH:** _____ Unk/Not documented
Estimate of gestational age (weeks): _____ Unk/Not documented
Special Circumstances Recognized at Birth (select all that apply):
 None Decelerations Placenta Abruptio
 Cardiac Malformation/Abnormality – Acyanotic Fetal Hydrops Placenta Previa
 Cardiac Malformation/Abnormality – Cyanotic Meconium Aspiration Shoulder Dystocia
 Congenital Malformation/Abnormality (Non-Cardiac) Multiple Gestations Other: _____
 Cord Prolapse Nuchal Cord

1.3 Discharge Data

Discharge Disposition: Dead Alive Disposition Pending [>90 days post event(s)]
Date/Time of Hospital Discharge/Death: _____ Time Not Documented
Declared DNAR during this admission? Yes No
Date/Time of DNAR order: _____ Time Not Documented
If patient died:
Was Life Support Withdrawn? Yes No
If patient survived to discharge:
Discharge Destination:
 Home Skilled nursing facility Mental health facility
 Other acute care hospital Other supervised residential facility Other
 Rehabilitation center Hospice (inc. home hospice) Unknown/Not Documented
CPC/PCPC at Discharge: _____ Unknown/Not Documented
Comments: _____

2.1 Pre-Event

- Was pt discharged from an Intensive Care Unit (ICU) prior to this ARC event? Yes No
 If yes, date admitted to non-ICU unit (after ICU discharge): _____ / _____ / _____
- Was pt discharged from a Post Anesthesia Care Unit (PACU) within 24 hrs prior to this ARC event? Yes No
- Was patient in the ED within 24 hours prior to this ARC event? Yes No
- Did pt receive conscious/procedural sedation or general anesthesia within 24 hrs prior to this ARC event? Yes No

Vital Signs (all vital signs taken in the last 4 hrs prior to this ARC event. If none, indicate last documented vital signs prior to ARC event)

Date/Time	HR	BP	Resp Rate	SpO2	Temp./Units	Date/Time	HR	BP	Resp Rate	SpO2	Temp./Units
_____	_____	_____/_____	_____	_____	_____ C F	_____	_____	_____/_____	_____	_____	_____ C F
_____	_____	_____/_____	_____	_____	_____ C F	_____	_____	_____/_____	_____	_____	_____ C F

2.2 Pre-existing Conditions

- Pre-existing Conditions at Time of Event (check all that apply & review op-defs carefully):
- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Cardiac malformation/abnormality - acyanotic | <input type="checkbox"/> Hypotension/hypoperfusion | <input type="checkbox"/> Major trauma |
| <input type="checkbox"/> Acute CNS non-stroke event | <input type="checkbox"/> Cardiac malformation/abnormality - cyanotic | <input type="checkbox"/> HIV Positive | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Acute stroke | <input type="checkbox"/> Congenital malformation/abnormality (non-cardiac) | <input type="checkbox"/> AIDS (if HIV Positive) | <input type="checkbox"/> Septicemia |
| | <input type="checkbox"/> Congestive heart failure (this admission) | | |

2.3 Interventions Already in Place

- Interventions ALREADY IN PLACE when need for emergency assisted ventilation was first recognized (check all that apply):
- | | | | |
|--|---|---|---|
| Part A:
<input type="checkbox"/> None (Part A)
<input type="checkbox"/> Invasive airway
<input type="checkbox"/> Mechanical ventilation (incl. CPAP/BiPAP)
<input type="checkbox"/> Nebulized therapies (within 4 hrs of event) | Monitoring:
<input type="checkbox"/> ECG
<input type="checkbox"/> Apnea
<input type="checkbox"/> Apnea/bradycardia
<input type="checkbox"/> Pulse oximetry | Vascular access
<input type="checkbox"/> Peripheral vein
<input type="checkbox"/> Central vein
<input type="checkbox"/> Intraosseous (IO)
<input type="checkbox"/> Umbilical vein (UVC)
<input type="checkbox"/> Umbilical artery (UAC) | Part B:
<input type="checkbox"/> None (Part B)
<input type="checkbox"/> Chest tube(s)
<input type="checkbox"/> Inhaled nitric oxide therapy
<input type="checkbox"/> Prostaglandins - continuous infusion (newborn/neonate)
<input type="checkbox"/> Supplemental oxygen (cannula, mask, hood or tent)
<input type="checkbox"/> Other prior interventions: _____ |
|--|---|---|---|

3.1 Event

- Local Event ID (optional): _____
- Date/Time need for emergency assisted ventilation first recognized: _____ Time Not Documented
- Age at Event: _____ in years | months | weeks | days | hours | minutes Estimated? Age Unk./Not Documented
- | | | | |
|---|--|---|--|
| Subject Type:
<input type="checkbox"/> Ambulatory/Outpatient
<input type="checkbox"/> Emergency Department
<input type="checkbox"/> Hospital Inpatient - (rehab, skilled nursing, mental health wards)
<input type="checkbox"/> Rehab Facility Inpatient
<input type="checkbox"/> Skilled Nursing Facility Inpatient
<input type="checkbox"/> Mental Health Facility Inpatient
<input type="checkbox"/> Visitor or Employee | Illness Category:
<input type="checkbox"/> Medical-Cardiac
<input type="checkbox"/> Medical-Noncardiac
<input type="checkbox"/> Surgical-Cardiac
<input type="checkbox"/> Surgical-Noncardiac
<input type="checkbox"/> Newborn
<input type="checkbox"/> Obstetric
<input type="checkbox"/> Trauma
<input type="checkbox"/> Other (Visitor/Employee) | Event Location (area):
<input type="checkbox"/> Ambulatory/Outpatient Area
<input type="checkbox"/> Adult Coronary Care Unit (CCU)
<input type="checkbox"/> Adult ICU
<input type="checkbox"/> Cardiac Catheterization Lab
<input type="checkbox"/> Delivery Suite
<input type="checkbox"/> Diag./Interv. Area (excl. Cath Lab)
<input type="checkbox"/> Emergency Department (ED)
<input type="checkbox"/> General Inpatient Area
<input type="checkbox"/> Neonatal ICU (NICU) | <input type="checkbox"/> Newborn Nursery
<input type="checkbox"/> Operating Room (OR)
<input type="checkbox"/> Pediatric ICU (PICU)
<input type="checkbox"/> Post-anesthesia recovery room (PACU)
<input type="checkbox"/> Rehab, Skilled Nursing, or Mental Health unit/facility
<input type="checkbox"/> Same-day surgical area
<input type="checkbox"/> Telemetry unit or Step-down unit
<input type="checkbox"/> Other
<input type="checkbox"/> Unknown/Not Documented |
|---|--|---|--|
- Event Location (name): _____
- Witnessed? Yes No/Not Documented
- Conscious? Yes No Unknown/Not Documented
- Breathing? Yes No Agonal Assisted Ventilation Unknown/Not Documented
- Rhythm: Accelerated Idioventricular Rhythm (AIVR) Supraventricular Tachyarrhythmia (SVTarry - see OpDefs)
 Bradycardia Ventricular Tachycardia w/ pulse
 Pacemaker Unknown/Not Documented
 Sinus
- Was a hospital-wide resuscitation response activated? Yes No/Not Documented
- Date/time call made to (or received by) hospital switchboard/paging system: _____ Time Not Documented
- Was call made prior to recognition of need for emergency assisted ventilation? Yes No/Not Documented
- Was patient apneic or respirations agonal ANY time during ARC event? Yes No/Not Doc.
- Date/Time patient became apneic or respirations agonal: _____ Time Not Documented

4.1 Immediate Cause(s) Precipitating Acute Respiratory Compromise (record all that directly contributed to event)

- Abdominal silo reduction (newborn/neonate [≤ 28 days])
 - Acute aspiration
 - Acute exacerbation of COPD
 - Acute pneumothorax
 - Acute pulmonary edema
 - Acute pulmonary embolism
 - Acute respiratory insufficiency
 - Acute stroke
 - Conscious/procedural sedation
 - Hypotension/hypoperfusion
 - Hypothermia
 - Inadequate airway clearance
 - Inadequate or obstruction of invasive airway
 - Inadequate or obstruction of natural airway
 - Invasive airway displacement
 - Malfunction of device for assisted ventilation
 - Meconium aspiration (newborn/neonate [≤ 28 days])
 - Neuromuscular, skeletal, or anatomical disorder
 - Status asthmaticus
 - Status epilepticus
 - Metabolic/electrolyte abnormality
- If newborn/neonate, specify metabolic/electrolyte abnormality:*
- Acidosis (pH < 7.2 arterial, venous, or capillary)
 - Glucose < 40 mg/dL
 - Ionized calcium < 1 mmol/L or < 4 mg/dL
 - Sodium < 125 mEq/L
 - Magnesium > 4 mEq/L
 - Potassium > 6.5 mEq/L
- Toxicological problem (specify):**
- Adverse drug effect/reaction: _____
 - Drug overdose: _____
 - Poisoning: _____
 - Unknown/Not Documented

5.1 Ventilation

- Types of Ventilation/Airways used:**
- None
 - Unknown/Not Documented
- Non-Invasive Device/Assisted Ventilation**
- Bag-Valve-Mask
 - Mask and/or Nasal CPAP/BiPAP
 - Mouth-to-Barrier Device
 - Mouth-to-Mouth
 - Other Non-Invasive Ventilation: (specify) _____
- Invasive Airway Device**
- Endotracheal Tube (ET)
 - Laryngeal Mask Airway (LMA)
 - Tracheostomy Tube
 - Other Invasive Airway/Ventilation: (specify) _____
- Date/Time 1st emergency assisted ventilation during event:** _____ Time Not Documented
- Any invasive airway inserted/re-inserted during event?**
- Yes, initial insertion of invasive airway achieved
 - Yes, re-insertion of invasive airway achieved
 - No, already in place
 - No, per Advance Directive
 - No, responded to non-invasive therapy
 - No, not inserted (includes unsuccessfully attempted)
- Date/Time inserted/re-inserted:** _____ Time Not Documented
- Method(s) of confirmation used to ensure correct placement of invasive airway** (check all that apply):
- Auscultation
 - Esophageal detector device (EDD)
 - Exhaled CO₂ detector
 - Flexible fiberoptic laryngoscope
 - X-ray (w/ results prior to end of event)
 - Other: (specify) _____
 - Performed, method unknown/not documented
 - None/Not Documented

6.1 Other Interventions (select all interventions either initiated OR if in place prior, continued during event)

- Drug Interventions** (check all that apply):
- None (review options below carefully)
 - Bronchodilator: Inhaled
 - Bronchodilator: Sub Q or IV/IO
 - Calcium chloride/Calcium gluconate
 - Dextrose bolus
 - Fluid bolus for volume expansion
 - Magnesium sulfate
 - Neuromuscular blocker/muscle relaxant
 - Prostaglandins E₁ (PGE)
 - Reversal agent
 - Sedative/induction agent
 - Sodium bicarbonate
 - Other drug interventions: (specify) _____
- Non-Drug Interventions** (check all that apply):
- None
 - Central venous catheter inserted
 - Chest tube(s) inserted
 - Needle thoracostomy
 - Nasogastric (NG) / Orogastric (OG) Tube
 - Thoracentesis
 - Tracheostomy/cricothyrotomy (placed during event)
 - Tracheostomy change/replacement
 - Other non-drug interventions: _____

7.1 Event Outcome

- ANY return of spontaneous respiration documented during event (excluding agonal/gasping)?** Yes No/Not Documented
- Date/Time FIRST return of spontaneous ventilation (ROSV):** _____ Unknown/Not Documented
- Reason ARC event ended:**
- Return of spontaneous ventilation (ROSV) that was sustained for > 20 minutes
 - Control of ventilation w/ assisted ventilation that is sustained for > 20 minutes (<= 20 minutes if transferred quickly out of unit) either:
 - a. non-invasively (includes mask/nasal CPAP/BiPAP, negative pressure ventilation; excludes manual bag-valve-mask ventilation); **OR**
 - b. via an invasive airway (includes assisted ventilation via endotracheal/tracheostomy tube, assist control, IMV, pressure support, high freq. mech vent.)
 - Transfer of newborn out of delivery room prior to 20 min of spontaneous/controlled vent.
 - Progressed to CPA; or ARC interventions terminated because of advance directive.
- If progressed to CPA, does CPA portion of event meet NRCPR inclusion criteria?** Yes No, not being entered (e.g., DNAR)
- Date/Time ARC event ended (as defined above):** _____ Time Not Documented

8.1 Resuscitation Related Events and Issues

Universal Precautions: Not followed by all team members (specify in comments section)

Documentation: Signature of code team leader not on code sheet Missing other signatures Incomplete documentation
 Initial ECG rhythm not documented Medication route(s) not documented Other (specify in comments section)

Airway:

Aspiration related to provision of airway Intubation attempted, not achieved
 Delay Multiple intubation attempts → Number of attempts: _____ Unk/Not Doc
 Delayed recognition of airway misplacement/displacement Other (specify in comments section)

Vascular Access: Delay Inadvertent arterial cannulation Infiltration/Disconnection Other (specify in comments section)

Medications: Delay Route Dose Selection Other (specify in comments section)

Leadership:

Delay in identifying leader Knowledge of medications/protocols Team oversight Other (specify in comments section)
 Knowledge of equipment Knowledge of roles Too many team members

Protocol Deviation ALS/PALS NRP Other (specify in comments section)

Equipment Availability Function Other (specify in comments section)

Comments: _____

NRCPR v6.0
MET Event
Data Collection Form

MET Event Data Collection Form

1.1 Admission/Discharge Data

System Entry Date*: _____ Time: ____:____ Time Not Documented (*System Entry date/time depends on subject type, see op-defs)

Last Name: _____ First: _____ MI: _____ (Local)

Medical Record #: _____ (Local)

Date of Birth: _____ DOB Unknown/Not Documented (Local)

Born this Admission or Transferred from Birth Hospital: Yes No If Yes, Time of Birth: _____

Age at System Entry: _____ in yrs | months | weeks | days | hours Estimated? Age Unknown/Not Documented

Gender: Male Female Race: White Black Asian/Pacific Islander American Indian/Eskimo/Aleut Other: _____ Unknown/Not Documented Hispanic Origin? Yes No/Not Documented

Discharge Disposition: Dead Alive Disposition Pending [>90 days post event(s)]

Date/Time of Hospital Discharge/Death: _____ Time Not Documented

Was Patient Declared DNAR during this admission? Yes No Date/Time of Order: _____ Time Not Documented

2.1 Pre-Event

Was pt discharged from an Intensive Care Unit (ICU) prior to this MET call? Yes No
If yes, date admitted to non-ICU unit (after ICU discharge): ____/____/____

Was pt discharged from a Post Anesthesia Care Unit (PACU) within 24 hrs prior to this MET call? Yes No

Was patient in the ED within 24 hours prior to MET call? Yes No

Did pt receive conscious/procedural sedation or general anesthesia within 24 hrs prior to this MET call? Yes No

Vital Signs (all vital signs taken in the last 4 hrs prior to this CPA event. If none, indicate last documented vital signs prior to MET event)

Date/Time	HR	BP	Resp Rate	SpO2	Temp./Units	Date/Time	HR	BP	Resp Rate	SpO2	Temp./Units
____/____/____	____	____/____	____	____	____ C F	____/____/____	____	____/____	____	____	____ C F
____/____/____	____	____/____	____	____	____ C F	____/____/____	____	____/____	____	____	____ C F

3.1 Event

Local Event ID: _____ (Optional)

Date/Time MET was activated: _____ Time Not Documented

Age at Event (if different from age at system entry): _____ in yrs | months | weeks | days Estimated? Age Unknown/Not Documented

Time 1st MET Team Member Arrived: _____ Time Not Documented

Time Last Team Member Departed: _____ Time Not Documented

Illness Category: Medical – Cardiac Surgical – Cardiac Newborn Trauma
 Medical – Non-Cardiac Surgical – Non-Cardiac Obstetric Other (Visitor/Employee)

Event Location: Ambulatory/Outpatient Area Newborn Nursery Same-Day Surgical Area
 Delivery Suite Post-Anesthesia Recovery Room (PACU) Telemetry Unit or Step-Down Unit
 Diagnostic/Intervention Area Rehab, Skilled Nursing or Mental Health Other: _____
 General Inpatient Area (excl. Telemetry) Unit/Facility Unknown/Not Documented

Event Location (Name): _____

Vital Signs (at time of event): Heart Rate: _____ BP: ____/____ Resp. Rate: _____ SpO2: _____ Temp/Units: _____ C | F

3.2 MET Activation Triggers – Check all that apply

Trigger Unknown/Not Documented

Respiratory:

- Respiratory Depression
- Tachypnea
- New onset of difficulty breathing
- Reversal agent without immediate response (e.g. naloxone/Narcan, flumazenil/Romazicon, neostigmine/Prostigmin)
- Bleeding into airway
- Decreased oxygen saturation

Cardiac:

- Bradycardia
- Tachycardia
- Hypotension
- Symptomatic Hypertension with end organ signs/symptoms
- Chest pain unresponsive to Nitroglycerin (NTG)

Neurological:

- Mental status change
- Acute Loss of Consciousness (LOC)
- Seizure
- Suspected acute stroke
- Unexplained agitation or delirium

Medical:

- Acute decrease in urine output
- Rising lactate to > 4 mEq/L
- Uncontrolled bleeding

Other:

- Staff member acutely worried about patient
- > 1 stat page required to summon patient's regular team for acute problem
- Other: _____

MET Event Data Collection Form

4.1 Drug Interventions – Check all given during MET event

- | | | |
|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Glucose Bolus | <input type="checkbox"/> Reversal agent |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Heparin/Low Molecular Weight Heparin (LMWH) | (e.g. naloxone/Narcan, flumazenil/Romazicon, neostigmine/Prostigmin) |
| <input type="checkbox"/> Antiarrhythmic Agent | <input type="checkbox"/> Inhaled Bronchodilator | <input type="checkbox"/> Sodium bicarbonate |
| <input type="checkbox"/> Anti-epileptic | <input type="checkbox"/> Insulin/Glucose | <input type="checkbox"/> Thrombolytic |
| <input type="checkbox"/> Atropine | <input type="checkbox"/> Magnesium | <input type="checkbox"/> Vasoactive Agent Infusion (not bolus) |
| <input type="checkbox"/> Calcium | <input type="checkbox"/> Mannitol | <input type="checkbox"/> Other Drug Intervention(s): |
| <input type="checkbox"/> Diuretic (IV) | <input type="checkbox"/> Nitroglycerin (IV) | _____ |
| <input type="checkbox"/> Fluid Bolus (IV) | <input type="checkbox"/> Nitroglycerin (SL) | _____ |

4.2 Non-Drug Interventions (Diagnostic and Therapeutic) – Check all done or ordered during MET event

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Bedside Cardiac Ultrasound (echo) |
| Respiratory Management: | <input type="checkbox"/> Bronchoscopy |
| <input type="checkbox"/> Elective intubation for airway protection | <input type="checkbox"/> Cardioversion |
| <input type="checkbox"/> Mechanical Ventilation (includes CPAP/BiPAP) | <input type="checkbox"/> Chest Tube |
| <input type="checkbox"/> Supplemental O ₂ | <input type="checkbox"/> Chest X-ray |
| <input type="checkbox"/> Suctioning | <input type="checkbox"/> Coma position |
| <input type="checkbox"/> Tracheostomy Care/Replacement | <input type="checkbox"/> CPR |
| <input type="checkbox"/> Ventilation: | <input type="checkbox"/> Cricothyrotomy |
| <input type="checkbox"/> Bag-Valve-Mask | <input type="checkbox"/> Defibrillation of VF/pulseless-VT |
| <input type="checkbox"/> Mask CPAP/BiPAP | <input type="checkbox"/> Electroencephalogram (EEG) |
| <input type="checkbox"/> Nasal Airway | <input type="checkbox"/> Foley catheter |
| <input type="checkbox"/> Oral Airway | <input type="checkbox"/> Gastric lavage |
| <input type="checkbox"/> Endotracheal Tube (ET) | <input type="checkbox"/> Gastrointestinal Endoscopy (Upper GI) |
| <input type="checkbox"/> Laryngeal Mask Airway (LMA) | <input type="checkbox"/> Gastrointestinal Endoscopy (Lower GI) |
| <input type="checkbox"/> Combitube | <input type="checkbox"/> Head CT (stat) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Hyperventilation |
| | <input type="checkbox"/> Nasogastric (NG) / Orogastric (OG) Tube |
| Monitoring: | <input type="checkbox"/> Neonatal Head Ultrasound (echo) |
| <input type="checkbox"/> Apnea/Bradycardia (stand alone) | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> ECG | <input type="checkbox"/> Pericardiocentesis |
| <input type="checkbox"/> Non-Invasive BP (NIBP) Monitor | <input type="checkbox"/> Serum Lactate |
| <input type="checkbox"/> Pulse Oximetry | <input type="checkbox"/> Thoracentesis |
| <input type="checkbox"/> 12-lead ECG | <input type="checkbox"/> Other Non-Drug Interventions: |
| | _____ |

5.1 MET Outcome

Did patient require emergency assisted ventilation Acute Respiratory Compromise (ARC) OR Compressions/Defibrillation (CPA) during the MET event?

- No
- ARC Event >>> Did ARC event meet NRCPR Inclusion Criteria? Yes No (e.g. DNAR) N/A (not collecting ARC data in NRCPR)
- CPA Event >>> Did CPA event meet NRCPR Inclusion Criteria? Yes No (e.g. DNAR) N/A (not collecting CPA data in NRCPR)

Patient Transferred To:

- Not Transferred (remained on unit) Critical Care Area (ICU, CCU, Ped/Neo ICU...) → Post-MET ICU length of stay for this ICU admission: _____ (days)
- Cardiac Catheterization Lab Telemetry/Step-Down Morgue (Died)
- Operating Room Other Hospital Other: _____

Did patient die during MET event? Yes No

Was MET response scope of care limited by patient/family end of life decisions or physician decision of medical futility? Yes No

6.1 Review of MET Response

- | | |
|---|---|
| <input type="checkbox"/> MET trigger(s) present, but team not immediately activated | <input type="checkbox"/> Essential Patient Data Not Available |
| <input type="checkbox"/> MET Response Delay: | <input type="checkbox"/> Medication Delay |
| <input type="checkbox"/> MET criteria/process not known or misunderstood by those calling MET | <input type="checkbox"/> Equipment Issue: Specify Equipment: _____ |
| <input type="checkbox"/> MET communication system not working (e.g., phone, operator, pager) | <input type="checkbox"/> Availability <input type="checkbox"/> Function |
| <input type="checkbox"/> Incomplete or inaccurate information communicated | <input type="checkbox"/> Issues Between MET team and Other Caregivers/Departments |
| <input type="checkbox"/> Other Specify: _____ | <input type="checkbox"/> Prolonged MET Event Duration |

7.1 Comments

Local Event Comments/Notes (These comments will NOT be submitted to the NRCPR)

Submitted Event Comments/Notes (These comments WILL be submitted to the NRCPR)