

Condition when need for chest compressions/defibrillation was identified? ☐ Pulseless ☐ Pulse (poor perfusion)
 Interventions Already in Place: ☐ Assisted or mechanical ventilation (includes CPAP/BiPAP) ☐ Intra-arterial catheter ☐ ETCO₂ monitoring
☐ Vascular Access ☐ Vasoactive drug ☐ Supplemental O₂ **Monitoring at Onset:** ☐ ECG ☐ Pulse Oximeter

Time of First Assisted Ventilation: _____
 Ventilation: ☐ BVM ☐ ETT ☐ LMA ☐ Tracheostomy tube
☐ Mask or Nasal CPAP/BiPAP ☐ Other _____
 Invasive Airway: ☐ In place at time event ☐ Inserted ☐ Reinserted
 If inserted/reinserted: By whom: _____
 Time: _____
 Confirmation: ☐ Waveform ETCO₂ ☐ Numeric ETCO₂
☐ Color ETCO₂ ☐ Direct laryngoscopy

First Rhythm Requiring Compressions: _____
 First Documented PULSELESS Rhythm: _____
 Time Chest Compressions Started: _____
 Compression Method Used: ☐ Standard manual ☐ IAC-CPR
☐ Active Compression-Decompression Device
☐ Automatic Compressor ☐ Open Chest ☐ Other _____
 AED or Defibrillator in AED mode applied? ☐ Yes ☐ No
 If yes, time AED applied: _____

[illegible]

Time Event Ended: _____ Status: ☐ Survived - ROC ☐ Expired - Efforts terminated, no ROC
Was CPR Performance Monitored or Guided by? ☐ Waveform ETCO₂ ☐ Arterial Waveform/Diastolic Pressure ☐ CPR Mechanics Device
☐ Metronome ☐ Other _____
Recorder Signature: _____
Recorder Printed Name: _____
Provider Signature: _____
Provider Printed Name: _____

Patient Identification

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KJ Lindholm-Leary



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