

Save Hearts in Arizona Registry & Education (SHARE): Initiative for Excellence in CPR

Out-of-Hospital Cardiac Arrest Documentation Aid

One of the major goals of the SHARE Program is to identify areas of excellence and areas of limitation in our provision of medical care to the citizens of Arizona. We cannot know the quality of what we are doing if we don't document thoroughly, learn from and use the information provided. Anecdotes are interesting and a pleasure to hear, but they don't lead to large scale beneficial revisions.

Much of the following patient/incident information is included in providers OHCA documentation (Standard = S), so all standard requirements are not included here. You know them already! The additional information listed is not currently being widely documented (Expanded = E) but should be whenever possible.

- Patient name, gender, age (S): Take care with spelling a patient's name
 - Pediatric arrests: Age documented in months if under 2 years
- Patient date of birth, for outcome and follow-up purposes (E)
- If patient is <10 years old, estimated weight (E)
- Ethnicity is valuable data for certain issues, i.e. cause of arrest, bystander CPR, survival, and should be included (E)
- Medical history and patient complaints: Immediate and over previous 2 weeks (S)
- Estimated time of collapse, if witnessed (S)
- Last known alive, if unwitnessed (E)
- Time 911 called, time EMS dispatched, time EMS arrive scene, depart scene and arrive hospital ED (S)
- Times of EMS defibrillations (E)
- Number of EMS defibrillations and energy levels with response (S)
- AED being used by lay person on EMS arrival (E)
- Patient defibrillated by AED prior to EMS arrival and number of shocks (E)
- Medications and other interventions with response (S)
- Presumed etiology of arrest: Cardiac, trauma, drowning, respiratory, other? (S)
- Location of incident: SFD, apartment, mobile home, school, mall, etc. (E)
- Witnessed arrest, seen or heard (S)
- Arrest occurred after EMS was with the patient (S)
- Was bystander CPR being performed on EMS arrival? (S)
 - Who was performing CPR: Spouse, family member, friend, neighbor, off duty medical personnel, law enforcement, etc.? (E)
 - Type and quality of CPR: Standard and seemed adequate, standard and seemed inadequate, CCC and seemed adequate, or CCC but seemed inadequate (E)
- Initial monitored cardiac rhythm (S)
- Cardiac rhythm on arrival destination hospital (E)
- Destination hospital (S) and transfer hospital if applicable and known (E)
- Was there a response of any kind prior to hospital arrival: Pulse, BP, respiratory effort, gagging, any other change both positive and negative (S)
- Outcome: Patient's condition when you went back in service (E)
- Problems/unusual circumstances encountered (S)
- Unique to this call or call type: Study participant, SHARE protocol used, evaluated for Stroke Center
- Specify SHARE protocol: Document each step