

ARC Event

Note: Optional data elements appear in the Get With The Guidelines® - Resuscitation PMT as dark grey shaded areas.

OPTIONAL: Local Event ID:  	Date/Time need for emergency assisted ventilation first recognized  _____/_____/_____:_____  <input type="checkbox"/> Time Not Documented
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ARC 2.1 Pre-Event

Pre-Event Tab

ARC 2.1 Pre-Event	Pre-Event Tab
Was patient discharged from an Intensive Care Unit (ICU) within 24 hours prior to this ARC event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date admitted to non-ICU unit (after ICU discharge): ____/____/____	
Was patient discharged from ICU prior to this event? If yes, date admitted to non-ICU unit (after ICU discharge):	

OPTIONAL: Was patient discharged from a Post Anesthesia Care Unit (PACU) within 24 hours prior to this ARC event?  
☐ Yes  
☐ No

OPTIONAL: Was patient in the Emergency Department (ED) within 24 hours prior to this ARC event?  
☐ Yes  
☐ No

OPTIONAL: Did patient receive conscious/procedural sedation or general anesthesia within 24 hours prior to this ARC event?  
☐ Yes  
☐ No

REQUIRED: Enter **last set** of vital signs within 4 hours of event. –

Date/Time	Heart Rate	Systolic BP	Diastolic BP	Respiratory Rate	SpO2	Temp	Units
	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND	<input type="checkbox"/> ND		<input type="checkbox"/> ND

ARC 2.2 Pre-Existing Conditions

Pre-Event Tab

Pre-existing Conditions at Time of Event (check all that apply):  <input type="checkbox"/> None <input type="checkbox"/> Acute CNS non-stroke event <input type="checkbox"/> Acute stroke <input type="checkbox"/> Baseline depression in CNS function <input type="checkbox"/> Cardiac malformation/abnormality – acyanotic (pediatric and newborn/neonate only) <input type="checkbox"/> Cardiac malformation/abnormality – cyanotic (pediatric and newborn/neonate only) <input type="checkbox"/> Congenital malformation/abnormality (Non-Cardiac) (pediatric and newborn/neonate only) <input type="checkbox"/> Congestive heart failure (this admission) <input type="checkbox"/> Congestive heart failure (prior to this admission) <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Hepatic insufficiency <input type="checkbox"/> Hypotension/hypoperfusion	<input type="checkbox"/> Major trauma <input type="checkbox"/> Metastatic or hematologic malignancy <input type="checkbox"/> Hypotension/hypoperfusion <input type="checkbox"/> Major trauma <input type="checkbox"/> Metastatic or hematologic malignancy <input type="checkbox"/> Metabolic/electrolyte abnormality <input type="checkbox"/> Myocardial ischemia/infarction (this admission) <input type="checkbox"/> Myocardial ischemia/infarction (prior to admit) <input type="checkbox"/> Pneumonia <input type="checkbox"/> Renal insufficiency <input type="checkbox"/> Respiratory insufficiency <input checked="" type="checkbox"/> Sepsis
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ARC 2.3 Interventions Already in Place

Pre-Event Tab

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Interventions ALREADY IN PLACE

Part A:

☐ None

☐ Non-invasive assisted ventilation

☐ Bag-Valve-Mask

☐ Mask and/or Nasal CPAP

☐ Mouth-to-Barrier Device

☐ Mouth-to-Mouth

☐ Laryngeal Mask Airway (LMA)

☐ Other Non-Invasive Ventilation: (specify)\_\_\_\_\_

☐ Intra-arterial catheter

☐ Conscious/procedural sedation

☐ End Tidal CO2 (ETCO2) Monitoring

☐ Supplemental oxygen (cannula, mask, hood, or tent)

☐ Invasive assisted ventilation, via an:

☐ Endotracheal Tube (ET)

☐ Tracheostomy Tube

Select Method(s) of confirmation used to ensure correct placement of Endotracheal Tube (ET) or Tracheostomy Tube placement in trachea (check all that apply):

☐ Waveform capnography (waveform ETCO2)

☐ Capnometry (numeric ETCO2)

☐ Exhaled CO2 colorimetric monitor (ETCO2 by color change)

☐ Esophageal detection devices

☐ Revisualization with direct laryngoscopy

☐ None of the above

☐ Not Documented

Monitoring (specify):

☐ ECG

☐ Pulse oximetry

Vascular access:

☐ Yes

☐ No

☐ Not Documented

Any vasoactive agent in place?

☐ Yes

☐ No

☐ Not Documented

OPTIONAL: Part B:

☐ None

☐ IV/IO continuous infusion of antiarrhythmic(s)

☐ Dialysis/extracorporeal filtration therapy (ongoing)

☐ Implantable cardiac defibrillator (ICD)

☐ Extracorporeal membrane oxygenation (ECMO)

ARC 3.1 Event

Event Tab

## ARC Event

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Date/Time of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_

Age at Event: \_\_\_\_\_ in years | months | weeks | days | hours | minutes

- ☐ Estimated?  
☐ Age Unknown/Not Documented

Subject Type:

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

Illness Category:

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

Event Location (area):

- ☐ Ambulatory/Outpatient Area  
☐ Adult Coronary Care Unit (CCU)  
☐ Adult ICU  
☐ Cardiac Catheterization Lab  
☐ Delivery Suite  
☐ Diagnostic/Intervention. Area (excludes Cath Lab)  
☐ Emergency Department (ED)  
☐ General Inpatient Area  
☐ Neonatal ICU (NICU)  
☐ Newborn Nursery  
☐ Operating Room (OR)  
☐ Pediatric ICU (PICU)  
☐ Pediatric Cardiac Intensive Care  
☐ Post-Anesthesia Recovery Room  
☐ Rehab, Skilled Nursing, or Mental  
☐ PACU  
☐ 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

Rhythm when the need for emergency assisted ventilation was first identified:

- ☐ Accelerated idioventricular rhythm (AIVR)  
☐ Bradycardia  
☐ Pacemaker  
☐ Sinus (including sinus tachycardia)  
☐ Supraventricular tachyarrhythmia (SVTarrhy)  
☐ Ventricular Tachycardia (VT) with a pulse  
☐ Unknown  
☐ Not Documented

Was a hospital-wide resuscitation response activated?

- ☐ Yes  
☐ No  
☐ Not Documented

Was there an emergency airway team called?

- ☐ Yes  
☐ No  
☐ Not Documented

**Resuscitation Patient Management Tool®****ARC Event**

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**Types of Ventilation/Airways used**

- ☐ Bag-Valve-Mask (if selected, enter date/time initiated)  
 \_\_\_\_/\_\_\_\_/\_\_\_\_:\_\_\_\_  
☐ Time Not Documented
- ☐ Mask and/or Nasal CPAP/BiPAP
- ☐ Mouth-to-Barrier Device
- ☐ Mouth-to-Mouth
- ☐ Other Non-Invasive Ventilation: (specify)
- ☐ Laryngeal Mask Airway (LMA)
- ☐ Endotracheal Tube (ET) (if selected, enter date/time inserted/re-inserted)  
 \_\_\_\_/\_\_\_\_/\_\_\_\_:\_\_\_\_  
☐ Time Not Documented
- ☐ Tracheostomy Tube (if selected, enter date/time inserted/re-inserted)  
 \_\_\_\_/\_\_\_\_/\_\_\_\_:\_\_\_\_  
☐ Time Not Documented
- ☐ None
- ☐ Unknown
- ☐ Not Documented

**Method(s) of confirmation used to ensure correct placement of Endotracheal Tube (ET) or Tracheostomy Tube placement in trachea (check all that apply):**

- ☐ Waveform capnography (waveform ETCO2)
- ☐ Capnometry (numeric ETCO2)
- ☐ Exhaled CO2 colorimetric monitor (ETCO2 by color change)
- ☐ Esophageal detection devices
- ☐ Revisualization with direct laryngoscopy
- ☐ None of the above
- ☐ Not Documented

**ARC 5.1 Other Interventions****Other Interventions Tab****Select each intervention that was employed during the ARC event****Drug Interventions (check all that apply)**

- ☐ None (review options below carefully)
- ☐ Bronchodilator: Inhaled
- ☐ Bronchodilator: Sub Q or IV/IO
- ☐ Calcium chloride/Calcium gluconate
- ☐ Fluid bolus for volume expansion
- ☐ Magnesium sulfate
- ☐ Neuromuscular blocker/muscle relaxant
- ☐ Prostaglandin E1 (PGE)
- ☐ Reversal agent
- ☐ Sedative/induction agent  
☐ Enter agent name \_\_\_\_\_
- ☐ Other drug interventions: \_\_\_\_\_

**Non-Drug Interventions (check all that apply)**

- ☐ None (review options below carefully)
- ☐ 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:

**ARC 6.1 Event Outcome****Event Outcome Tab****Was ANY return of spontaneous respiration documented during event (excluding agonal/gasping respirations)?**

- ☐ Yes
- ☐ No
- ☐ Not Documented

Date/time FIRST return of spontaneous respiration (ROSV): \_\_\_\_/\_\_\_\_/\_\_\_\_:\_\_\_\_

- ☐ Time Not Documented

**Reason ARC event ended:**

- ☐ Return of spontaneous ventilation (ROSV) (no further need for assisted ventilation) that was sustained for > 20 minutes
- ☐ Control of ventilation with assisted ventilation that was sustained for > 20 minutes either:
- ☐ Non-invasively (includes mask/nasal CPAP/BiPAP, negative pressure ventilation; excludes manual bag-valve-mask ventilation); OR
- ☐ via an invasive airway
- ☐ Transfer of newborn out of delivery room prior to 20 min of spontaneous/controlled ventilation
- ☐ Progressed to Cardiopulmonary Arrest
- ☐ ARC interventions terminated because of advance directive

**If progressed to CPA, does CPA portion of event meet GWTG-R inclusion criteria?**

- ☐ Yes
- ☐ No, not being entered (e.g., DNAR)

Enter Date/Time of the BEGINNING of sustained ROSV or control of ventilation or need for chest compression and/or defibrillation (CPA) first identified:

\_\_\_\_/\_\_\_\_/\_\_\_\_:\_\_\_\_

- ☐ Time Not Documented

**ARC 7.1 Events and Issues****Events and Issues Tab**

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<div>Universal Precautions</div> <div><input type="checkbox"/> Not followed by all team members (specify in comments section)</div> <div>Documentation</div> <div><input type="checkbox"/> Signature of code team leader not on code sheet</div> <div><input type="checkbox"/> Missing other signatures</div> <div><input type="checkbox"/> Initial ECG rhythm not documented</div> <div><input type="checkbox"/> Medication route(s) not documented</div> <div><input type="checkbox"/> Incomplete documentation</div> <div><input type="checkbox"/> Other (specify in comments section)</div> <div>Airway</div> <div><input type="checkbox"/> Aspiration related to provision of airway</div> <div><input type="checkbox"/> Delay</div> <div><input type="checkbox"/> Delayed recognition of airway misplacement/displacement</div> <div><input type="checkbox"/> Intubation attempted, not achieved</div> <div><input type="checkbox"/> Multiple intubation attempts    Number of attempts: _____    <input type="checkbox"/> Unknown    <input type="checkbox"/> Not Documented</div> <div><input type="checkbox"/> Other (specify in comments section)</div> <div>Vascular Access</div> <div><input type="checkbox"/> Delay</div> <div><input type="checkbox"/> Inadvertent arterial cannulation</div> <div><input type="checkbox"/> Infiltration/Disconnection</div> <div><input type="checkbox"/> Other (specify in comments section)</div> <div>Medications</div> <div><input type="checkbox"/> Delay</div> <div><input type="checkbox"/> Route</div> <div><input type="checkbox"/> Dose</div> <div><input type="checkbox"/> Selection</div> <div><input type="checkbox"/> Other (specify in comments section)</div> <div>Leadership</div> <div><input type="checkbox"/> Delay in identifying leader</div> <div><input type="checkbox"/> Knowledge of equipment</div> <div><input type="checkbox"/> Knowledge of medications/protocols</div> <div><input type="checkbox"/> Knowledge of roles</div> <div>Team oversight</div> <div><input type="checkbox"/> Too many team members</div> <div><input type="checkbox"/> Other (specify in comments section)</div> <div>Protocol Deviation</div> <div><input type="checkbox"/> ALS/PALS</div> <div><input type="checkbox"/> NRP</div> <div><input type="checkbox"/> Other (specify in comments section)</div> <div>Equipment:</div> <div><input type="checkbox"/> Availability</div> <div><input type="checkbox"/> Function</div> <div><input type="checkbox"/> Other (specify in comments section)</div>							
<div>Comments</div>							
<div>Do not enter any Personal Health Information/Protected Health Information into this section.</div> <table><tr><td>Field 1</td><td>Field 2</td></tr><tr><td>Field 3</td><td>Field 4</td></tr><tr><td>Field 5</td><td>Field 6</td></tr></table>		Field 1	Field 2	Field 3	Field 4	Field 5	Field 6
Field 1	Field 2						
Field 3	Field 4						
Field 5	Field 6						

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Field 7	Field 8
Field 9	Field 10
Field 11	Field 12
Field 13 ____/____/____:____	Field 14 ____/____/____:____

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