

Patient Study ID Number

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Site ID #      Random Number

Medical Record Number

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Do Not Submit This Page to the CDMCC

\*\*For clinical center use only; this page remains at the clinical center\*\*



# Hypothermia Enrollment Packet

Page 2 of 25



**Patient Study ID Number**

		-					
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Site ID #      Random Number

Name or Initials of Person Completing this Form:	
(Name)	(Date)

Name or Initials of Person Entering Data Electronically:	
(Name)	(Date)

Name or Initials of CDMCC Employee Screening Data:	
(Name)	(Date)

Name or Initials of CDMCC when Notified of Record Completion:	
(Name)	(Date)

## A. General Patient Information

**Date of Birth**     Not Documented

		/			/				
Month			Day			Year			

**Gender**

Male

Female

Not Documented

**Race** (obtain from chart)

- White
- Black
- Asian
- American Indian/Alaskan Native
- Pacific Islander
- Stated Unknown
- Not Documented
- Other

**Ethnicity**

- Hispanic
- Non-Hispanic
- Stated Unknown
- Not Documented

## B. Hospital Admission Information

**Admission Date**     Not Documented

		/			/				
Month			Day			Year			

**Date Patient Chart First Reviewed**     Not Documented

		/			/				
Month			Day			Year			

**Primary Insurance Payor Type** (check one)     Not Documented

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> CHAMPUS / Military<br><input type="checkbox"/> Commercial Insurance<br>↳ <input type="checkbox"/> Fee for Service<br><input type="checkbox"/> Managed Care<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Medicaid<br>↳ <input type="checkbox"/> Fee for Service<br><input type="checkbox"/> Managed Care<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Medicare<br><input type="checkbox"/> Other Governmental Insurance<br><input type="checkbox"/> Self-pay/Uninsured<br><input type="checkbox"/> Stated Unknown<br><input type="checkbox"/> Workmen Compensation |
|---|--|---|

## C. Cardiac Arrest Information (general)

1. Entry Criteria      *If any of the following statements are "False" patient is excluded, otherwise complete form.*

- Cardiac Arrest Requiring Chest Compression (CPR) for greater than 1 minute.
- Return of Spontaneous circulation lasted for at least 20 minutes.
- Not Hospitalized in Neonatal ICU (intensive care unit)
- Greater than 24 hours of age at time of cardiac arrest.

True	False	
<input type="checkbox"/>	<input type="checkbox"/>	If False, Patient Excluded/Stop
<input type="checkbox"/>	<input type="checkbox"/>	If False, Patient Excluded/Stop
<input type="checkbox"/>	<input type="checkbox"/>	If False, Patient Excluded/Stop
<input type="checkbox"/>	<input type="checkbox"/>	If False, Patient Excluded/Stop

2. Pulseless Cardiac Arrest Requiring CPR:

**Arrest Date**     Not Documented

		/			/				
Month			Day			Year			

**Time of Cardiac Arrest**  
(24 hour clock, midnight is 00:00)

		:			:			:			:		
Hour			Minute			Hour			Minute			Hour	

Not Documented

**Time CPR Initiated**  
(24 hour clock, midnight is 00:00)

		:			:			:			:		
Hour			Minute			Hour			Minute			Hour	

Not Documented

# Hypothermia Enrollment Packet

**Patient Study ID Number**

--	--	--	--	--	--	--	--	--	--

Site ID #

Random Number

3. Patient Location at time of **first** Pulseless Cardiac Arrest Requiring CPR greater than 1 minute:

	<u>Yes</u>	<u>No</u>	
Out of Hospital Arrest	<input type="checkbox"/>	<input type="checkbox"/>	→ If yes, go to D. If no, go to E.
ED at Outside Referring Hospital	<input type="checkbox"/>	<input type="checkbox"/>	
Inpatient at Outside Hospital	<input type="checkbox"/>	<input type="checkbox"/>	→ If yes, specify: <input type="checkbox"/> General Ward <input type="checkbox"/> ICU <input type="checkbox"/> Intermediate Care <input type="checkbox"/> Other
ED at PECARN Hospital	<input type="checkbox"/>	<input type="checkbox"/>	
Inpatient at PECARN Hospital	<input type="checkbox"/>	<input type="checkbox"/>	→ If yes, specify: <input type="checkbox"/> General Ward <input type="checkbox"/> ICU <input type="checkbox"/> Intermediate Care <input type="checkbox"/> Other

## D. Out of Hospital Arrests Not Applicable

- Arrest Witnessed?  Yes  No  Not Documented
- Bystander CPR?  Yes  No  Not Documented
- Defibrillation prior to EMS arrival?  Yes  No  Not Documented

**Date of EMS Arrival**  Not Documented

/	/						
Month	Day	Year					

**EMS Arrival Time**

*(24 hour clock, midnight is 00:00)*

:					
Hour		Minute			

 Not Documented

**First Epinephrine Dose Time**

*(24 hour clock, midnight is 00:00)*

:					
Hour		Minute			

 Not Documented  
 Not Administered

**Total Number of Epinephrine Doses**

*(Prior to Hospital Arrival By EMS)*

--	--	--

 Not Documented

**IV Access Time** *(24 hour clock, midnight is 00:00)*

:					
Hour		Minute			

 Not Documented  
 Not Achieved

**Intubation (endotracheal, tracheal) Time**

*(24 hour clock, midnight is 00:00)*

:					
Hour		Minute			

 Not Documented  
 Not Achieved

**First EMS Defibrillation Time**

*(24 hour clock, midnight is 00:00)*

:					
Hour		Minute			

 Not Documented  
 Not Defibrillated

**Total Number of Defibrillations by EMS**

--	--	--

 Not Documented

**Medications** *(check all medications administered during cardiac arrest.)*

Not Documented

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Fluid Bolus                | <input type="checkbox"/> Vasopressin  | <input type="checkbox"/> Dopamine drip       |
| <input type="checkbox"/> Atropine                   | <input type="checkbox"/> Lidocaine    | <input type="checkbox"/> Epinephrine drip    |
| <input type="checkbox"/> Sodium bicarbonate         | <input type="checkbox"/> Amiodarone   | <input type="checkbox"/> Norepinephrine drip |
| <input type="checkbox"/> Calcium chloride/gluconate | <input type="checkbox"/> Procainamide |  |
| <input type="checkbox"/> Other (Specify): _____     |                                       |  |

## Arrival at First Hospital Setting

**Date**  Not Documented

/	/						
Month	Day	Year					

**Time** *(24 hour clock, midnight is 00:00)*

:				
Hour		Minute		

 Not Documented

4. CPR ongoing at time of arrival to initial hospital?
- Yes → If yes, go to section E
- No → If no, go to section F
- Not Documented → If yes, go to section F

# Hypothermia Enrollment Packet

**Patient Study ID Number**

		-					
--	--	---	--	--	--	--	--

Site ID #      Random Number

## E. In Hospital Arrests - Continuation of Resuscitation from Section D.

Not Applicable

### First Epinephrine Dose Time

(24 hour clock, midnight is 00:00)

<input type="text"/>	:	<input type="text"/>	<input type="checkbox"/> Not Documented
Hour		Minute	<input type="checkbox"/> Not Administered

### Total Number of Epinephrine Doses

<input type="text"/>	<input type="checkbox"/> Not Documented
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### IV Access Time (24 hour clock, midnight is 00:00)

<input type="text"/>	:	<input type="text"/>	<input type="checkbox"/> Not Documented
Hour		Minute	<input type="checkbox"/> Not Achieved

### Present at Time of Arrest?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

### Intubation (endotracheal, tracheal) Time

(24 hour clock, midnight is 00:00)

<input type="text"/>	:	<input type="text"/>	<input type="checkbox"/> Not Documented
Hour		Minute	<input type="checkbox"/> Not Achieved

### Present at Time of Arrest?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

### First Defibrillation Time

(24 hour clock, midnight is 00:00)

<input type="text"/>	:	<input type="text"/>	<input type="checkbox"/> Not Documented
Hour		Minute	<input type="checkbox"/> Not Defibrillated

Was open chest CPR performed?

<input type="checkbox"/> Yes	→	If yes, estimate percent of time open chest CPR was done of the total CPR time.	<input type="checkbox"/> < 25	<input type="checkbox"/> 75
<input type="checkbox"/> No			<input type="checkbox"/> 25	<input type="checkbox"/> > 75
<input type="checkbox"/> Not Documented			<input type="checkbox"/> 50	<input type="checkbox"/> Unknown

### Medications (check all medications administered during cardiac arrest.)

Not Documented

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Fluid Bolus                | <input type="checkbox"/> Vasopressin  | <input type="checkbox"/> Dopamine drip       |
| <input type="checkbox"/> Atropine                   | <input type="checkbox"/> Lidocaine    | <input type="checkbox"/> Epinephrine drip    |
| <input type="checkbox"/> Sodium bicarbonate         | <input type="checkbox"/> Amiodarone   | <input type="checkbox"/> Norepinephrine drip |
| <input type="checkbox"/> Calcium chloride/gluconate | <input type="checkbox"/> Procainamide |  |
- Other (Specify): \_\_\_\_\_

## F. Cardiac Rhythm Documentation

### First Rhythm Described (check one best)

Not Documented

- |   |   |
|---|---|
| <input type="checkbox"/> Asystole   | <input type="checkbox"/> Ventricular Fibrillation |
| <input type="checkbox"/> Bradycardia / Heart Block  | <input type="checkbox"/> Ventricular Tachycardia  |
| <input type="checkbox"/> Pulseless Electrical Activity (PEA) minimum rate: <input type="text"/> bpm |   |
| <input type="checkbox"/> Other (specify): _____   |   |

### Other Reported Cardiac Rhythms Described During CPR (check all that apply)

Not Documented

- |   |   |
|---|---|
| <input type="checkbox"/> Asystole   | <input type="checkbox"/> Ventricular Fibrillation |
| <input type="checkbox"/> Bradycardia / Heart Block  | <input type="checkbox"/> Ventricular Tachycardia  |
| <input type="checkbox"/> Pulseless Electrical Activity (PEA) minimum rate: <input type="text"/> bpm |   |
| <input type="checkbox"/> Other (specify): _____   |   |

# Hypothermia Enrollment Packet

**Patient Study ID Number**

-

Site ID #

Random Number

1. Time of return of spontaneous circulation (ROSC) lasting for at least 20 minutes?

Date  Not Documented

/   /

Month Day Year

Time (24 hour clock, midnight is 00:00)

:

Hour Minute

Not Documented

2. Time of arrival at PECARN ED?  Not applicable, direct ICU admission  Same ED as initial ED

Date  Not Documented

/   /

Month Day Year

Time (24 hour clock, midnight is 00:00)

:

Hour Minute

Not Documented

## Arrival at PECARN PICU

Date  Not Documented

/   /

Month Day Year

Time (24 hour clock, midnight is 00:00)

:

Hour Minute

Not Documented

Arrest Occurred in PICU

Yes

No

Not Documented

**Parents Arrived for Informed Consent** (time parents physically present at PECARN Hospital) \_\_\_\_\_

Date  Not Documented

/   /

Month Day Year

Time (24 hour clock, midnight is 00:00)

:

Hour Minute

Not Documented

**G. Etiology of Initial Cardiac Arrest** (check all that apply)  Not Documented

### Cardiovascular

Cardiac Arrhythmia without Congenital Heart Disease

Hypovolemic Shock (Dehydration)

Septic Shock with Hypotension

Other (Specify): \_\_\_\_\_

### Neurologic

Non Trauma Apnea Secondary to Intracranial Process

Non Trauma Secondary to Seizures

Other (Specify): \_\_\_\_\_

### Congenital Heart Disease

Arrhythmia

Hypoxemia

Low Cardiac Output

Postoperative During Hospitalization

Tamponade (Pericardial, Pneumothorax)

Other (Specify): \_\_\_\_\_

### Respiratory

ALTE or SIDS like event

Drownings

Endotracheal Tube Misplacement

Respiratory Failure

Other (Specify): \_\_\_\_\_

### Drug Overdose/Ingestion

Respiratory (Apnea)

Cardiac (Shock)

Other (Specify): \_\_\_\_\_

### Terminal Condition Leading to Cardiac Arrest

Cancer with Full code Status

Terminal Neurologic Condition (Spinal Muscular Atrophy)

Other Terminal Illness with Full Code Status

(Specify): \_\_\_\_\_

# Hypothermia Enrollment Packet

**Patient Study ID Number**

		-					
--	--	---	--	--	--	--	--

Site ID #

Random Number

## Electrolyte Imbalance

- Hyperkalemia
- Other (Specify): \_\_\_\_\_

## Trauma

- Apnea Secondary to Head Injury
- Cardiac Injury
- Hemorrhagic Shock
- Pulmonary Injury With Hypoxemia
- Other (Specify): \_\_\_\_\_

2. Briefly Describe Cardiac Event: (Example: Renal failure with hyperkalemia caused VT cardiac arrest.)

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## H. Hospital Admission Data

*Complete additional forms for day one*

1. Admission Weight: 

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 . 

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 Kilograms/KG  Pounds/lb  Weight Not Documented

2. ECMO used following cardiac arrest?  Yes  No  Not Documented

### Date ECMO Support Initiated

Not Documented

		/			/				
Month	Day		Year						

### Time Initiated ECMO Support

(24 hour clock, midnight is 00:00)

		:		
Hour	Minute			

 Not Documented

### Date ECMO Support Discontinued

Not Documented

		/			/				
Month	Day		Year						

3. Therapeutic (intentional) hypothermia used?  Yes  No → If no, go to question 7

### Date Initiated

Not Documented

		/			/				
Month	Day		Year						

### Time Initiated (24 hour clock, midnight is 00:00)

		:		
Hour	Minute			

 Not Documented

4. Time until patient temperature cooled to < 34 C

Date  Not Available Time (24 hour clock, Midnight 00:00)

		/			/					:		
Month	Day		Year							Hour	Minute	

5. Time of rewarming to temperature > 36 C

Date  Not Available Time (24 hour clock, Midnight 00:00)

		/			/					:		
Month	Day		Year							Hour	Minute	

6. Lowest Temperature recorded during hypothermic period 

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 . 

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 Not Documented

7. Total number of cardiac arrests requiring chest compressions for greater than 1 minute during the first 24 hours following the original event. 

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8. For inpatient cardiac arrests, was initial reason for ICU admission post operative care?  Yes  No  Not Documented

# Hypothermia Enrollment Packet

**Patient Study ID Number**

--	--	--	--	--	--	--	--	--	--

Site ID #

Random Number

9. For inpatient cardiac arrests, was there a previous ICU admission during this hospitalization?  Yes  No  Not Documented
10. Initial ICU admission was for diabetes (diabetic ketoacidosis or DKA).  Yes  No  Not Documented
11. ICU admission was for cardiovascular disease (either congenital or acquired cardiac or valvular) that was not due to postoperative management?  Yes  No  Not Documented

## I. Pediatric Cerebral and Overall Performance Category Measurement

### Pediatric Cerebral Performance Category (PCPC)

Prior to Cardiac Arrest

- Normal
- Mild Disability
- Moderate Disability
- Severe Disability
- Coma/Vegetative
- Unknown

PICU Discharge after Cardiac Arrest

- Normal
- Mild Disability
- Moderate Disability
- Severe Disability
- Coma/Vegetative
- Died
- Unknown

At Hospital Discharge

- Normal
- Mild Disability
- Moderate Disability
- Severe Disability
- Coma/Vegetative
- Died
- Unknown

### Pediatric Overall Performance Category (POPC)

Prior to Cardiac Arrest

- Normal
- Mild Disability
- Moderate Disability
- Severe Disability
- Coma/Vegetative
- Unknown

PICU Discharge after Cardiac Arrest

- Normal
- Mild Disability
- Moderate Disability
- Severe Disability
- Coma/Vegetative
- Died
- Unknown

At Hospital Discharge

- Normal
- Mild Disability
- Moderate Disability
- Severe Disability
- Coma/Vegetative
- Died
- Unknown

## J. Neuro-Rehabilitation

1. Clinical Seizures described?  Yes  No  Not Documented → If yes, check all that apply
- Partial onset
  - Generalized
  - Myoclonic
  - Status epilepticus
  - Not Otherwise Described

Date of Initial Seizure  Not Documented

		/			/			
Month			Day			Year		

Time of Initial Seizure

*(24 hour clock, Midnight 00:00)*

		:			:		
Hour			Minute			<input type="checkbox"/> Not Documented	

2. Anticonvulsant administered to stop initial seizure?  Yes  No  Not Documented → If yes, check all that apply
- Lorazepam
  - Phenobarbital
  - Phenytoin
  - Other

# Hypothermia Enrollment Packet

**Patient Study ID Number**

		-					
--	--	---	--	--	--	--	--

Site ID #      Random Number

3. Cerebral blood flow (CBF) measurement:     Yes       No       Not Documented

**Date**       Not Documented

		/			/				
--	--	---	--	--	---	--	--	--	--

Month      Day      Year

<u>CBF</u>	<u>Present</u>	<u>Absent</u>	<u>Not Performed</u>
Nuclear Flow Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. **Initial Rehabilitation Consult**     Not Documented

		/			/				
--	--	---	--	--	---	--	--	--	--

Month      Day      Year

**Rehabilitation Services Planned** (check all that apply)

- OT
- PT
- Speech
- Neuropsychological Testing
- Other (Specify): \_\_\_\_\_

5. Patient transferred to rehabilitation unit?     Yes       No       Not Documented

**Date of Rehabilitation Unit Transfer**

		/			/				
--	--	---	--	--	---	--	--	--	--

Month      Day      Year

- Not Documented
- Not Done

## K. Outcomes

1. Live Hospital Discharge?     Yes       No      → If No, specify reason for death below

**Reason for Death** (check best category)     Not Applicable

- Cardiovascular Failure/Futility
- Neurologic Brain Death Declared
- Respiratory Failure/Futility
- Withdrawal for Poor Neurologic Prognosis
- Withdrawal for Other System Failure

Other (Specify): \_\_\_\_\_

**PICU Discharge**     Not Documented

		/			/				
--	--	---	--	--	---	--	--	--	--

Month      Day      Year

**Hospital Discharge**     Not Documented

		/			/				
--	--	---	--	--	---	--	--	--	--

Month      Day      Year

**PICU Discharge Location**     Not Documented

- Another Acute Care Hospital
- Home or Foster Home
- Rehabilitation Center or Chronic Care Facility
- Remains in PICU (Jan. 1, 2005)
- Step Down or Floor Unit

Other (Specify): \_\_\_\_\_

**Hospital Discharge Location**     Not Documented

- Another Acute Care Hospital
- Home or Foster Home
- Rehabilitation Center or Chronic Care Facility
- Remains in PECARN Hospital

Other (Specify): \_\_\_\_\_

**Date No Longer Receiving Supplemental Oxygen for 24 hours**

(If not prior to Hospital Discharge, record that date)

		/			/				
--	--	---	--	--	---	--	--	--	--

Month      Day      Year

- Not Documented
- Still Receiving O2 at discharge



# Hypothermia Enrollment Packet

## Patient Study ID Number

		-					
--	--	---	--	--	--	--	--

Site ID #

Random Number

2. Tracheostomy placed during hospitalization after cardiac arrest event?  Yes  No  Not Documented

**Date Tracheostomy Placed**  Not Documented

		/			/				
--	--	---	--	--	---	--	--	--	--

Month Day Year

3. If placed, did patient require home mechanical ventilation device at discharge?  Yes  No  Not Documented

**Date Taking Oral Feeds Ad Lib for 24 hours**  Not Documented

If not prior to Hospital Discharge Date, record that date)

		/			/					<input type="checkbox"/> Not Taking Oral Feeds
--	--	---	--	--	---	--	--	--	--	--

Month Day Year

4. Gastric or small bowel feeding tube device placed during hospitalization after arrest?  Yes  No  Not Documented

**If Yes, Date Feeding Tube Device Placed**  Not Documented

		/			/				
--	--	---	--	--	---	--	--	--	--

Month Day Year

### Comments (optional)

Please use the provided space for any additional information. (For example, if a patient's hospitalization was prolonged because of social issues, please describe). Describe any new medical problems diagnosed during this hospitalization.

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## L. Pre-Existing Chronic Condition Diagnoses (Existing prior to cardiac arrest event)

1. Full term infant or child with no preexisting conditions?  Yes  No  Not Documented

2. Pre-term (EGA < 37 wk), with no preexisting conditions?  Yes  No  Not Documented

### Prenatal Conditions or Complications (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Apnea of Prematurity                             | <input type="checkbox"/> Neonatal Sepsis                     |
| <input type="checkbox"/> Birth Asphyxia / Hypoxic Ischemic Encephalopathy | <input type="checkbox"/> PFC (Persistent Fetal Circulation)  |
| <input type="checkbox"/> ICH (Intracranial Hemorrhage)                    | <input type="checkbox"/> RDS (Respiratory Distress Syndrome) |
| <input type="checkbox"/> Meconium Aspiration                              | <input type="checkbox"/> SGA (Small for Gestational Age)     |

Other Newborn Diagnoses (Specify): \_\_\_\_\_

# Hypothermia Enrollment Packet

Page 10 of 25

Patient Study ID Number

		-					
--	--	---	--	--	--	--	--

Site ID #

Random Number

## Lung or Airway Disease Conditions (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Aspiration Pneumonia History                                     | <input type="checkbox"/> Cleft Palate   |
| <input type="checkbox"/> Asthma or History of Reactive Airway Disease                     | <input type="checkbox"/> Home Mechanical Ventilation at Time of Hospitalization |
| <input type="checkbox"/> BPD (Bronchopulmonary Dysplasia)                                 | <input type="checkbox"/> Home Oxygen Requirement at Time of Hospitalization     |
| <input type="checkbox"/> CDH (Congenital Diaphragmatic Hernia)                            | <input type="checkbox"/> Laryngo - Trachial - or Broncho - Malacia              |
| <input type="checkbox"/> CF (Cystic Fibrosis)   | <input type="checkbox"/> TEF (Tracheoesophageal Fistula)                        |
| <input type="checkbox"/> Choanal Atresia, Subglottic Stenosis or Upper Airway Obstruction | <input type="checkbox"/> Tracheostomy   |
| <input type="checkbox"/> Other Lung or Airway Disease Conditions (Specify): _____         |   |

## Heart Disease Conditions (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Anomalous Pulmonary Venous Return                      | <input type="checkbox"/> TOF (Tetralogy of Fallot)           |
| <input type="checkbox"/> Aortic Stenosis / Atresia                              | <input type="checkbox"/> Transposition of the Great Arteries |
| <input type="checkbox"/> ASD (Atrial Septal Defect)                             | <input type="checkbox"/> Tricuspid Atresia                   |
| <input type="checkbox"/> COA (Coartation of the Aorta)/ Interrupted Aortic Arch | <input type="checkbox"/> Truncus Arteriosus                  |
| <input type="checkbox"/> Hypoplastic Left Heart Syndrome                        | <input type="checkbox"/> Single Ventricular (Not HLHS)       |
| <input type="checkbox"/> PDA (Patent Ductus Arterious)                          | <input type="checkbox"/> VSD (Ventricular Septal Defect)     |
| <input type="checkbox"/> Pulmonary Stenosis / Atresia                           |  |
| <input type="checkbox"/> Other (Specify): _____                                 |  |

## Acquired Heart Disease (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Arrhythmia                      | <input type="checkbox"/> Kawasaki's Disease |
| <input type="checkbox"/> Bacterial / Fungal Endocarditis | <input type="checkbox"/> Myocarditis        |
| <input type="checkbox"/> Cardiomyopathy                  | <input type="checkbox"/> Pericarditis       |
| <input type="checkbox"/> Other (Specify): _____          |   |

## Cardiac Medications for Congestive Heart Failure - at time of hospitalization (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Afterload Reducing Agents (Hydralazine, Captopril, Enalapril) | <input type="checkbox"/> Coumadin                             |
| <input type="checkbox"/> Antiarrhythmia Medications                                    | <input type="checkbox"/> Digoxin                              |
| <input type="checkbox"/> Aspirin   | <input type="checkbox"/> Diuretics (Lasix, Diuril, Aldactone) |
| <input type="checkbox"/> Other (Specify): _____  |   |

## Miscellaneous

- |   |
|---|
| <input type="checkbox"/> Cyanosis (Chronic Saturation < 85% in Room Air)              |
| <input type="checkbox"/> Pulmonary Hypertension (MPAP > 20 mm Hg)                     |
| <input type="checkbox"/> Failure to thrive nutritional status (< 5% adjusted for EGA) |
| <input type="checkbox"/> Other (Specify): _____                                       |

## Cardiac Operations (list all cardiac operations)

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# Hypothermia Enrollment Packet

**Patient Study ID Number**

		-					
--	--	---	--	--	--	--	--

Site ID #

Random Number

**Hematologic, Oncologic, or Immune Compromising Condition** (check all that apply)

- Cancer
- Chemotherapy (in past month)
- Chronic Steroid Use Currently
- Cyclosporin or Tacrolimus Use
- HIV Infection
- Immune Deficiency or Chronic Neutropenia (not HIV)
- Leukemia
- Transplant
  - ↳  Bone Marrow
  - Kidney
  - Liver
  - Other: \_\_\_\_\_
- Other Immune Suppression (i.e. Cyclosporin) (In past month)
- Other (Specify): \_\_\_\_\_

**Gastrointestinal conditions** (check all that apply)

- Biliary Atresia
- Chronic Hepatitis / Liver Failure
- Gastroschisis or Omphalocele
- Gastroesophageal Reflux
- Necrotizing Enterocolitis
- Other (Specify): \_\_\_\_\_

**Genetic Metabolic Conditions** (check all that apply)

- Trisomy 21 (Down's Syndrome)
- Other Chromosomal, Metabolic, or Syndrome (Specify): \_\_\_\_\_

**Endocrine Conditions**

- Diabetes
- Other (Specify): \_\_\_\_\_

**Renal Conditions**

- Acute Renal Failure
- Chronic Renal Failure
- Other (Specify): \_\_\_\_\_

**Neurologic Condition** (check all that apply)

- Central Apnea (pre-existing)
- Cerebral Palsy (pre-existing)
- Development Delay or Mental Retardation (pre-existing)
- Hydrocephalous / Myelomeningocele
- Other (Specify): \_\_\_\_\_
- Muscular Dystrophy or other Myopathy
- Seizures (pre-existing)
- Spinal Muscular Atrophy (Werdnig-Hoffmann or related)
- Static Encephalopathy

Miscellaneous - other significant conditions:

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List all past surgical procedures not previously described:

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Site ID #      Random Number

*This time interval is only applicable for in hospital arrest patients.*

**M. Additional Hospital Admission Data**

**Date 2 Hours Prior to Cardiac Arrest**  Not Documented

/   /

Month      Day      Year

**Time 2 Hours Prior to Cardiac Arrest**

(24 hour clock, midnight is 00:00)

Not Documented

Hour      Minute

**Drug Therapies** (check if present during described time interval)

**Two hours preceding cardiac arrest**  None Documented

Anti-Arhythmics

- Amiodarone
- Lidocaine
- Other

Anti-Convulsants

- Dilantin
- Pentobarb
- Phenobarb
- Other

Vasopressor / Inotropic

- Dopamine
- Dobutamine
- Epinephrine
- Milrinone or Amrinone
- Norepinephrine
- Vasopression
- Other

Miscellaneous

- Antimicrobials
- Decadron
- Enteral Tube Feed
- H<sub>2</sub> Blockers
- Mannitol
- Steroids
- TPN
- 3% NaCl
- Other

**Physiologic Variables**

**Cardiovascular Data**

	<u>Minimum</u>		<u>Maximum</u>	
Temperature:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Not Documented
Heart Rate:	<input type="text"/> <input type="text"/> <input type="text"/> bpm	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> bpm	<input type="checkbox"/> Not Documented
Respiratory Rate:	<input type="text"/> <input type="text"/> <input type="text"/> bpm	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> bpm	<input type="checkbox"/> Not Documented
Systolic BP:	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented
Diastolic BP:	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented
Saturation:	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/> Not Documented

**Acid Base / Blood Gas**

	<u>Minimum</u>		<u>Maximum</u>	
pH:	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Not Documented	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Not Documented
PaCO <sub>2</sub> :	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented
PaO <sub>2</sub> :	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented

**Chemistry Tests**

	<u>Minimum</u>		<u>Maximum</u>	
Albumin:	<input type="text"/> . <input type="text"/> g/dL	<input type="checkbox"/> Not Documented	<input type="text"/> . <input type="text"/> g/dL	<input type="checkbox"/> Not Documented
Biocarbonate:	<input type="text"/> <input type="text"/> . <input type="text"/> mEq/L	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> . <input type="text"/> mEq/L	<input type="checkbox"/> Not Documented
BUN:	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	<input type="checkbox"/> Not Documented
Creatinine:	<input type="text"/> <input type="text"/> . <input type="text"/> mg/dL	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> . <input type="text"/> mg/dL	<input type="checkbox"/> Not Documented

Site ID # [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

Random Number

Chemistry Tests Continued:

Table with 6 rows of chemistry tests (Glucose, Ionized Calcium, Lactate, Total Calcium, Potassium, Sodium) and columns for Minimum and Maximum values, units, and Not Documented checkboxes.

Hematology Tests

Table with 6 rows of hematology tests (Hemoglobin, Platelet Count, PT, PTT, WBC, % Segmented Forms) and columns for Minimum and Maximum values, units, and Not Documented checkboxes.

Worst Pupillary Reflexes (check one)

- Both Reactive (BR)
1 Non-Reactive (>3mm) (OR)
2 Non-Reactive (>3mm) (BNR)

Pupil Size

Minimum [ ] [ ] mm and Maximum [ ] [ ] mm with Not Documented checkboxes.

Worst Coma Status (check one)

- Coma
Lethargy
Normal
Stupor

Glasgow Coma Score

Minimum [ ] [ ] and Maximum [ ] [ ] with Not Documented checkboxes.

Therapeutic and Monitoring Interventions

Therapeutic / Monitoring (check all that were present prior to cardiac arrest) [ ] Not Documented

- Central Venous Catheter, CVP, Dialysis, ECMO, Foley Catheter, ICP Monitor, Vascular Access, Mechanical Ventilator, Monitors, Nasogastric / Orogastric Tube, PA Catheter, etc.

-

Site ID #      Random Number

### N. Additional Hospital Admission Data

**Date**       Not Documented

/  /

Month      Day      Year

**Arrest Time** (24 hour clock, Midnight 00:00)

:        Not Documented

Hour      Minute

**Drug Therapies** (check if present during described time interval)

**0-3 hours**       None Documented

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <u>Anti-Arrhythmics</u>             | <u>Anti-Convulsants</u>            |
| <input type="checkbox"/> Amiodarone | <input type="checkbox"/> Dilantin  |
| <input type="checkbox"/> Lidocaine  | <input type="checkbox"/> Pentobarb |
| <input type="checkbox"/> Other      | <input type="checkbox"/> Phenobarb |
|                                     | <input type="checkbox"/> Other     |

- |  |  |
|--|--|
| <u>Vasopressor / Inotropic</u>                 | <u>Miscellaneous</u>                             |
| <input type="checkbox"/> Dopamine              | <input type="checkbox"/> Antimicrobials          |
| <input type="checkbox"/> Dobutamine            | <input type="checkbox"/> Decadron                |
| <input type="checkbox"/> Epinephrine           | <input type="checkbox"/> Enteral Tube Feed       |
| <input type="checkbox"/> Milrinone or Amrinone | <input type="checkbox"/> H <sub>2</sub> Blockers |
| <input type="checkbox"/> Norepinephrine        | <input type="checkbox"/> Mannitol                |
| <input type="checkbox"/> Vasopression          | <input type="checkbox"/> Steroids                |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> TPN                     |
|  | <input type="checkbox"/> 3% NaCl                 |
|  | <input type="checkbox"/> Other                   |

**4-6 hours**       None Documented

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <u>Anti-Arrhythmics</u>             | <u>Anti-Convulsants</u>            |
| <input type="checkbox"/> Amiodarone | <input type="checkbox"/> Dilantin  |
| <input type="checkbox"/> Lidocaine  | <input type="checkbox"/> Pentobarb |
| <input type="checkbox"/> Other      | <input type="checkbox"/> Phenobarb |
|                                     | <input type="checkbox"/> Other     |

- |  |  |
|--|--|
| <u>Vasopressor / Inotropic</u>                 | <u>Miscellaneous</u>                             |
| <input type="checkbox"/> Dopamine              | <input type="checkbox"/> Antimicrobials          |
| <input type="checkbox"/> Dobutamine            | <input type="checkbox"/> Decadron                |
| <input type="checkbox"/> Epinephrine           | <input type="checkbox"/> Enteral Tube Feed       |
| <input type="checkbox"/> Milrinone or Amrinone | <input type="checkbox"/> H <sub>2</sub> Blockers |
| <input type="checkbox"/> Norepinephrine        | <input type="checkbox"/> Mannitol                |
| <input type="checkbox"/> Vasopression          | <input type="checkbox"/> Steroids                |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> TPN                     |
|  | <input type="checkbox"/> 3% NaCl                 |
|  | <input type="checkbox"/> Other                   |

### Physiologic Variables

**Cardiovascular Data**

	<u>Minimum</u>		<u>Maximum</u>	
Temperature:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Not Documented
Heart Rate:	<input type="text"/> <input type="text"/> <input type="text"/> bpm	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> bpm	<input type="checkbox"/> Not Documented
Respiratory Rate:	<input type="text"/> <input type="text"/> <input type="text"/> bpm	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> bpm	<input type="checkbox"/> Not Documented
Systolic BP:	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented
Diastolic BP:	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented
Saturation:	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/> Not Documented

**Acid Base / Blood Gas**

	<u>Minimum</u>		<u>Maximum</u>	
pH:	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Not Documented	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Not Documented
PaCO <sub>2</sub> :	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented
PaO <sub>2</sub> :	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented

Site ID # - Random Number

Site ID # Random Number

Chemistry Tests

Table with columns for Minimum and Maximum values for various chemistry tests (Albumin, Biocarbonate, BUN, Creatinine, Glucose, Ionized Calcium, Lactate, Total Calcium, Potassium, Sodium) and checkboxes for 'Not Documented'.

Hematology Tests

Table with columns for Minimum and Maximum values for various hematology tests (Hemoglobin, Platelet Count, PT, PTT, WBC, % Segmented Forms) and checkboxes for 'Not Documented'.

Worst Pupillary Reflexes (check one)

- Both Reactive (BR)
1 Non-Reactive (>3mm) (OR)
2 Non-Reactive (>3mm) (BNR)

Pupil Size

Minimum and Maximum pupil size in mm with checkboxes for 'Not Documented'.

Worst Coma Status (check one)

- Coma
Lethargy
Normal
Stupor

Glascow Coma Score

Minimum and Maximum Glascow Coma Score with checkboxes for 'Not Documented'.

Therapeutic and Monitoring Interventions

Therapeutic / Monitoring (check all that were present prior to cardiac arrest) Not Documented

- Central Venous Catheter, CVP, Dialysis, ECMO, Foley Catheter, ICP Monitor, Vascular Access, Mechanical Ventilator, Monitors, Nasogastric / Orogastric Tube, PA Catheter, etc.

Site ID # - Random Number

Site ID # Random Number

O. Additional Hospital Admission Data

Date [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
Not Documented

Time (24 hour clock, Midnight 00:00) [ ] [ ] : [ ] [ ]
Not Documented

Drug Therapies (check if present during described time interval)

7-12 hours [ ] None Documented

Anti-Arrhythmics

- Amiodarone
Lidocaine
Other

Anti-Convulsants

- Dilantin
Pentobarb
Phenobarb
Other

Vasopressor / Inotropic

- Dopamine
Dobutamine
Epinephrine
Milrinone or Amrinone
Norepinephrine
Vasopression
Other

Miscellaneous

- Antimicrobials
Decadron
Enteral Tube Feed
H2 Blockers
Mannitol
Steroids
TPN
3% NaCl
Other

Physiologic Variables

Cardiovascular Data

Table with columns for Minimum and Maximum values for Temperature, Heart Rate, Respiratory Rate, Systolic BP, Diastolic BP, and Saturation. Includes checkboxes for 'Not Documented'.

Acid Base / Blood Gas

Table with columns for Minimum and Maximum values for pH, PaCO2, and PaO2. Includes checkboxes for 'Not Documented'.

Chemistry Tests

Table with columns for Minimum and Maximum values for Albumin, Biocarbonate, BUN, and Creatinine. Includes checkboxes for 'Not Documented'.



Site ID # - Random Number

Site ID # Random Number

Chemistry Tests Continued:

Table with columns for Minimum and Maximum values for Glucose, Ionized Calcium, Lactate, Total Calcium, Potassium, and Sodium. Includes checkboxes for 'Not Documented'.

Hematology Tests

Table with columns for Minimum and Maximum values for Hemoglobin, Platelet Count, PT, PTT, WBC, and % Segmented Forms. Includes checkboxes for 'Not Documented'.

Worst Pupillary Reflexes (check one)

- Both Reactive (BR)
1 Non-Reactive (>3mm) (OR)
2 Non-Reactive (>3mm) (BNR)

Pupil Size

Minimum and Maximum pupil size in mm with checkboxes for 'Not Documented'.

Worst Coma Status (check one)

- Coma
Lethargy
Normal
Stupor

Glascow Coma Score

Minimum and Maximum Glasgow Coma Score with checkboxes for 'Not Documented'.

Therapeutic and Monitoring Interventions

Therapeutic / Monitoring (check all that were present prior to cardiac arrest) Not Documented

- Central Venous Catheter, CVP, Dialysis, ECMO, Foley Catheter, ICP Monitor, Vascular Access, Mechanical Ventilator, Monitors, Nasogastric / Orogastric Tube, PA Catheter, etc.

Site ID # - Random Number

Site ID # Random Number

P. Additional Hospital Admission Data

Date [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
Not Documented

Time (24 hour clock, Midnight 00:00) [ ] [ ] : [ ] [ ]
Not Documented

Drug Therapies (check if present during described time interval)

13-24 hours [ ] None Documented

Anti-Arrhythmics

- Amiodarone
Lidocaine
Other

Anti-Convulsants

- Dilantin
Pentobarb
Phenobarb
Other

Vasopressor / Inotropic

- Dopamine
Dobutamine
Epinephrine
Milrinone or Amrinone
Norepinephrine
Vasopression
Other

Miscellaneous

- Antimicrobials
Decadron
Enteral Tube Feed
H2 Blockers
Mannitol
Steroids
TPN
3% NaCl
Other

Physiologic Variables

Cardiovascular Data

Table with columns for Minimum and Maximum values for Temperature, Heart Rate, Respiratory Rate, Systolic BP, Diastolic BP, and Saturation. Includes checkboxes for 'Not Documented'.

Acid Base / Blood Gas

Table with columns for Minimum and Maximum values for pH, PaCO2, and PaO2. Includes checkboxes for 'Not Documented'.

Chemistry Tests

Table with columns for Minimum and Maximum values for Albumin, Biocarbonate, BUN, and Creatinine. Includes checkboxes for 'Not Documented'.

Site ID # - Random Number

Site ID # Random Number

Chemistry Tests Continued:

Chemistry tests table with Minimum and Maximum columns for Glucose, Ionized Calcium, Lactate, Total Calcium, Potassium, and Sodium.

Hematology Tests

Hematology tests table with Minimum and Maximum columns for Hemoglobin, Platelet Count, PT, PTT, WBC, and % Segmented Forms.

Worst Pupillary Reflexes (check one)

- Both Reactive (BR)
1 Non-Reactive (>3mm) (OR)
2 Non-Reactive (>3mm) (BNR)

Pupil Size

Pupil size table with Minimum and Maximum columns in mm.

Worst Coma Status (check one)

- Coma
Lethargy
Normal
Stupor

Glascow Coma Score

Glascow Coma Score table with Minimum and Maximum columns.

Therapeutic and Monitoring Interventions

Therapeutic / Monitoring (check all that were present prior to cardiac arrest) Not Documented

- Central Venous Catheter, CVP, Dialysis, ECMO, Foley Catheter, ICP Monitor, Vascular Access, Mechanical Ventilator, Monitors, Nasogastric / Orogastric Tube, PA Catheter

-

Site ID #      Random Number

### Q. Additional Hospital Admission Data

**Date**       Not Documented

/  /

Month      Day      Year

**Time** (24 hour clock, Midnight 00:00)

:   Not Documented

Hour      Minute

**Drug Therapies** (check if present during described time interval)

**25-48 hours**       None Documented

Anti-Arrhythmics

- Amiodarone
- Lidocaine
- Other

Anti-Convulsants

- Dilantin
- Pentobarb
- Phenobarb
- Other

Vasopressor / Inotropic

- Dopamine
- Dobutamine
- Epinephrine
- Milrinone or Amrinone
- Norepinephrine
- Vasopression
- Other

Miscellaneous

- Antimicrobials
- Decadron
- Enteral Tube Feed
- H<sub>2</sub> Blockers
- Mannitol
- Steroids
- TPN
- 3% NaCl
- Other

### Physiologic Variables

Cardiovascular Data

	<u>Minimum</u>		<u>Maximum</u>	
Temperature:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Not Documented
Heart Rate:	<input type="text"/> <input type="text"/> <input type="text"/> bpm	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> bpm	<input type="checkbox"/> Not Documented
Respiratory Rate:	<input type="text"/> <input type="text"/> <input type="text"/> bpm	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> bpm	<input type="checkbox"/> Not Documented
Systolic BP:	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented
Diastolic BP:	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented
Saturation:	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/> Not Documented

Acid Base / Blood Gas

	<u>Minimum</u>		<u>Maximum</u>	
pH:	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Not Documented	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Not Documented
PaCO <sub>2</sub> :	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented
PaO <sub>2</sub> :	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> mm Hg	<input type="checkbox"/> Not Documented

Chemistry Tests

	<u>Minimum</u>		<u>Maximum</u>	
Albumin:	<input type="text"/> . <input type="text"/> g/dL	<input type="checkbox"/> Not Documented	<input type="text"/> . <input type="text"/> g/dL	<input type="checkbox"/> Not Documented
Biocarbonate:	<input type="text"/> <input type="text"/> . <input type="text"/> mEq/L	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> . <input type="text"/> mEq/L	<input type="checkbox"/> Not Documented
BUN:	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	<input type="checkbox"/> Not Documented
Creatinine:	<input type="text"/> <input type="text"/> . <input type="text"/> mg/dL	<input type="checkbox"/> Not Documented	<input type="text"/> <input type="text"/> . <input type="text"/> mg/dL	<input type="checkbox"/> Not Documented

Site ID # - Random Number

Site ID # Random Number

Chemistry Tests Continued:

Table with columns for Minimum and Maximum values for Glucose, Ionized Calcium, Lactate, Total Calcium, Potassium, and Sodium. Includes units and checkboxes for 'Not Documented'.

Hematology Tests

Table with columns for Minimum and Maximum values for Hemoglobin, Platelet Count, PT, PTT, WBC, and % Segmented Forms. Includes units and checkboxes for 'Not Documented'.

Worst Pupillary Reflexes (check one)

- Both Reactive (BR)
1 Non-Reactive (>3mm) (OR)
2 Non-Reactive (>3mm) (BNR)

Pupil Size

Minimum and Maximum pupil size in mm with checkboxes for 'Not Documented'.

Worst Coma Status (check one)

- Coma
Lethargy
Normal
Stupor

Glascow Coma Score

Minimum and Maximum Glasgow Coma Score with checkboxes for 'Not Documented'.

Therapeutic and Monitoring Interventions

Therapeutic / Monitoring (check all that were present prior to cardiac arrest) Not Documented

- Central Venous Catheter, CVP, Dialysis, ECMO, Foley Catheter, ICP Monitor, Vascular Access, Mechanical Ventilator, Monitors, Nasogastric / Orogastic Tube, PA Catheter

Site ID # - Random Number

R. Additional Hospital Admission Data

Date: [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
Not Documented

Time (24 hour clock, Midnight 00:00): [ ] [ ] : [ ] [ ]
Not Documented

Drug Therapies (check if present during described time interval)

49-72 hours [ ] None Documented

Anti-Arrhythmics

- Amiodarone
Lidocaine
Other

Anti-Convulsants

- Dilantin
Pentobarb
Phenobarb
Other

Vasopressor / Inotropic

- Dopamine
Dobutamine
Epinephrine
Milrinone or Amrinone
Norepinephrine
Vasopression
Other

Miscellaneous

- Antimicrobials
Decadron
Enteral Tube Feed
H2 Blockers
Mannitol
Steroids
TPN
3% NaCl
Other

Physiologic Variables

Cardiovascular Data

Table with columns for Minimum and Maximum values for Temperature, Heart Rate, Respiratory Rate, Systolic BP, Diastolic BP, and Saturation. Includes checkboxes for 'Not Documented'.

Acid Base / Blood Gas

Table with columns for Minimum and Maximum values for pH, PaCO2, and PaO2. Includes checkboxes for 'Not Documented'.

Chemistry Tests

Table with columns for Minimum and Maximum values for Albumin, Biocarbonate, BUN, and Creatinine. Includes checkboxes for 'Not Documented'.

Site ID # - Random Number

Site ID # Random Number

Chemistry Tests Continued:

Table with columns for Minimum and Maximum values for Glucose, Ionized Calcium, Lactate, Total Calcium, Potassium, and Sodium. Includes units and 'Not Documented' checkboxes.

Hematology Tests

Table with columns for Minimum and Maximum values for Hemoglobin, Platelet Count, PT, PTT, WBC, and % Segmented Forms. Includes units and 'Not Documented' checkboxes.

Worst Pupillary Reflexes (check one)

- Both Reactive (BR)
1 Non-Reactive (>3mm) (OR)
2 Non-Reactive (>3mm) (BNR)

Pupil Size

Minimum and Maximum pupil size in mm with 'Not Documented' checkboxes.

Worst Coma Status (check one)

- Coma
Lethargy
Normal
Stupor

Glascow Coma Score

Minimum and Maximum Glasgow Coma Score with 'Not Documented' checkboxes.

Therapeutic and Monitoring Interventions

Therapeutic / Monitoring (check all that were present prior to cardiac arrest) Not Documented

- Central Venous Catheter, CVP, Dialysis, ECMO, Foley Catheter, ICP Monitor, Vascular Access, Mechanical Ventilator, Monitors, Nasogastric / Orogastic Tube, PA Catheter

Site ID # - Random Number

Site ID # Random Number

S. Additional Hospital Admission Data

Date [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
Not Documented

Time (24 hour clock, Midnight 00:00) [ ] [ ] : [ ] [ ]
Not Documented

Drug Therapies (check if present during described time interval)

4-7 Days [ ] None Documented

Anti-Arrhythmics

- Amiodarone
Lidocaine
Other

Anti-Convulsants

- Dilantin
Pentobarb
Phenobarb
Other

Vasopressor / Inotropic

- Dopamine
Dobutamine
Epinephrine
Milrinone or Amrinone
Norepinephrine
Vasopression
Other

Miscellaneous

- Antimicrobials
Decadron
Enteral Tube Feed
H2 Blockers
Mannitol
Steroids
TPN
3% NaCl
Other

Physiologic Variables

Cardiovascular Data

Table with columns for Minimum and Maximum values for Temperature, Heart Rate, Respiratory Rate, Systolic BP, Diastolic BP, and Saturation. Includes checkboxes for 'Not Documented'.

Acid Base / Blood Gas

Table with columns for Minimum and Maximum values for pH, PaCO2, and PaO2. Includes checkboxes for 'Not Documented'.

Chemistry Tests

Table with columns for Minimum and Maximum values for Albumin, Biocarbonate, BUN, and Creatinine. Includes checkboxes for 'Not Documented'.



Site ID # [ ] [ ] - Random Number [ ] [ ] [ ] [ ] [ ] [ ]

Site ID # Random Number

Chemistry Tests Continued:

Table with columns for Minimum and Maximum values for Glucose, Ionized Calcium, Lactate, Total Calcium, Potassium, and Sodium. Includes checkboxes for 'Not Documented'.

Hematology Tests

Table with columns for Minimum and Maximum values for Hemoglobin, Platelet Count, PT, PTT, WBC, and % Segmented Forms. Includes checkboxes for 'Not Documented'.

Worst Pupillary Reflexes (check one)

- Both Reactive (BR)
1 Non-Reactive (>3mm) (OR)
2 Non-Reactive (>3mm) (BNR)

Pupil Size

Minimum and Maximum pupil size in mm with checkboxes for 'Not Documented'.

Worst Coma Status (check one)

- Coma
Lethargy
Normal
Stupor

Glascow Coma Score

Minimum and Maximum Glasgow Coma Score with checkboxes for 'Not Documented'.

Therapeutic and Monitoring Interventions

Therapeutic / Monitoring (check all that were present prior to cardiac arrest) [ ] Not Documented

- Central Venous Catheter, CVP, Dialysis, ECMO, Foley Catheter, ICP Monitor, Vascular Access, Mechanical Ventilator, Monitors, Nasogastric / Orogastric Tube, PA Catheter

		-					
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Site ID #

Random Number

*Fill out CT Head form for each CT done during the first week.*

### Date of CT Head

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Not Done
Month		Day		Year			<input type="checkbox"/> Not Documented

### Time of CT Head (24 hour clock, Midnight 00:00)

<input type="text"/>	:	<input type="text"/>	<input type="checkbox"/> Not Documented
Hour		Minute	

### 1. CT Result Normal?

<input type="checkbox"/> Yes						<b>Yes</b>		<b>No</b>	
<input type="checkbox"/> No	→	If no, describe:	ICH			<input type="checkbox"/>		<input type="checkbox"/>	→ If yes, describe at 2
			Loss of gray/white distinction			<input type="checkbox"/>		<input type="checkbox"/>	
			Ventricular effacement			<input type="checkbox"/>		<input type="checkbox"/>	
			Effacement of basal cisterns			<input type="checkbox"/>		<input type="checkbox"/>	
			Midline Shift			<input type="checkbox"/>		<input type="checkbox"/>	
			Water-shed distributed low attenuation lesions			<input type="checkbox"/>		<input type="checkbox"/>	
			Other			<input type="checkbox"/>		<input type="checkbox"/>	

### 2. If ICH above yes, ICH Location

- Epidural
- Intraparenchymal
- Subarachnoid
- Subdural
- Other (Specify): \_\_\_\_\_

### 3. Describe Interpretation of Head CT Results

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Site ID #

Random Number

*Fill out EEG form for each EEG one during the first week.*

### Date of EEG

		/			/					<input type="checkbox"/> Not Done <input type="checkbox"/> Not Documented
Month			Day			Year				

### Time of EEG (24 hour clock, Midnight 00:00)

		:			<input type="checkbox"/> Continuous <input type="checkbox"/> Non Continuous
Hour			Minute		

### 1. Electrical Seizure recorded?

<input type="checkbox"/> Yes	→	If yes, check best description	<input type="checkbox"/> Single Seizure	
<input type="checkbox"/> No			<input type="checkbox"/> Multiple Seizure	
<input type="checkbox"/> Not Documented			<input type="checkbox"/> Status Epilepticus	

### 2. EEG Background

#### Activity

Normal  
 Slow  
 Not Described

#### Amplitude

Normal  
 Suppressed  
 Not Described

#### Reactivity

Normal  
 Reduced  
 Absent  
 Not Described

### 3. EEG Results: Impression (Interpretation)

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Site ID #

Random Number

*Fill out a Nosocomial Infection form for each sample taken during the first week.*

**Date of Sample**

Not Documented

		/			/				
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Month

Day

Year

**Site of Nosocomial Infection** (check all that apply)

Please document the site of infection following cardiac arrest. Specify organism for each infected area below.

Blood: \_\_\_\_\_

Respiratory: \_\_\_\_\_

CNS: \_\_\_\_\_

Urine: \_\_\_\_\_