PARAMEDIC

West Midlands Ambulance Service NHS
NHS Trust

CRF 01: Cardiac Arrest Data

For non-trial vehicles only complete shaded boxes

PART 1 – *COMPLETE THIS FORM FOR 1st EMERGENCY VEHICLE ON SCENE*

Completed from: Paper A3 ☐ PRF ☐ Scanned ☐ Paper A4 ☐ PRF ☐ A3 PRF ☐ CAD ☐ E- PRF ☐

Date of cardiac arrest *(dd/mm/yyyy)*: ____/____/_____ Case No: _____ Station: _____

Call Sign (*of 1st emergency vehicle on scene*): _____ LUCAS ☐ CONTROL ☐ Non trial vehicle ☐

If other resource 1st on scene: Bike ☐ HEMS ☐ Com 1st responder ☐ Unmarked vehicle ☐ None ☐

999 Call Time (CAD) (24hr) ☐☐ ☐☐ ☐☐ *(hh) (mm) (ss)* At Scene Time (CAD) (24hr) ☐☐ ☐☐ : ☐☐ *(hh) (mm) (ss)* At Patient Time ☐☐ : ☐☐ *(hh) (mm)*

Please indicate which crew were on the 1st emergency vehicle on scene, if known:

Crew name 1: _____ *1st on scene* Crew name 3: _____ *1st on scene*

Crew name 2: _____ *1st on scene* Crew name 4: _____ *1st on scene*

1. Key Data

a) Resuscitation attempted by EMS: **Y** ☐ **N** ☐ *(1st vehicle on scene)*

If no: i) Incompatible with life **Y** ☐ **N** ☐

ii) DNAR or expected death **Y** ☐ **N** ☐

iii) Futility *(>15mns since collapse + no bystander CPR + asystole >30s)* **Y** ☐ **N** ☐

b) Patient presumed ≥18: **Y** ☐ **N** ☐

c) DOB: ____/____/_____ *or* **Unknown** ☐
(dd) (mm) (yyyy)

i) If *unknown* - approx. age:

d) Female ☐ Male ☐

e) Patient believed: Not pregnant ☐ Pregnant ☐

2. Aetiology *(tick one only)*

Presumed Cardiac ☐
Traumatic ☐
Respiratory ☐
Submersion ☐
Unknown* ☐
Other* *(non cardiac)* ☐
*Specify:

3. Location

Home ☐
Public place ☐
Other* ☐
*Specify *(e.g. Ambulance, Friend's house)*:

4. Witness/Bystander

a) Witnessed:
Y ☐ **N** ☐ **Unknown** ☐

If *yes*:
Bystander ☐
EMS ☐
Non EMS healthcare ☐

b) Bystander CPR before EMS arrival:
(general public, GP/nurse, off duty health care)
Y ☐ **N** ☐ **Unknown** ☐

c) Defib before EMS arrival:
Y ☐ **N** ☐ **Unknown** ☐

PART 2 – *ONLY COMPLETE IF PATIENT IS ELIGIBLE*

5. Compliance

LUCAS used: **Y** ☐ **N** ☐

If no: (*select only one*)
TBC ☐ Not trained ☐ Forgot ☐
Protocol confusion* ☐ Crew decision* ☐ No device* ☐
Patient too big ☐ Patient too small ☐ Device failure* ☐
Other* ☐ *Specify: _____

6. Resuscitation Information

a) Initial rhythm: **VF** ☐ **VT** ☐ **PEA** ☐ **Asystole** ☐ **Unknown** ☐

b) Drugs given *(for CA)*: **Y** ☐ **N** ☐ **Unknown** ☐

c) Intubated ☐ *(successfully)*: **Y** ☐ **N** ☐ **Unknown** ☐

d) LMA/Supraglottic device *(successfully)*: **Y** ☐ **N** ☐ **Unknown** ☐

7. Outcomes

a) ROSC at any time: **Y** ☐ **N** ☐ **Unknown** ☐

b) Transported to Hospital *(with CPR/ROSC)*: **Y** ☐ **N** *(deceased)* ☐

i) If *no* - CPR stopped at *hh/mm (24hr)* : ☐☐ ☐☐

ii) If *yes* - Time Left Scene *hh/mm/ss (24hr)* ☐☐ : ☐☐ ☐☐
(transporting vehicle) (CAD)

iii) Hospital name: _____

iv) Destination time (CAD) *hh/mm/ss (24hr)* ☐☐ ☐☐ ☐☐
(transporting vehicle)

v) Handover time *hh/mm (24hr)* ☐☐ : ☐☐
(transporting vehicle)

vi) Status at handover: **ROSC** ☐ **CPR in progress** ☐ **Unknown** ☐

vii) Patient declared deceased by ED staff: **Y** ☐ **N** *(complete CRF02)* ☐ **Unknown** *(complete CRF02)* ☐

8. Comments

Completed by: _____ Date *(dd/mm/yyyy)*: ___/___/____

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CRF 02: Follow up of Cardiac Arrest

Complete for Eligible Transports to Hospital Only

1. Date of cardiac arrest *(dd/mm/yyyy)*: ____/____/_____ **Case No:** _____ **Station:** _____

2. Patient Details Not known ☐
First names: _____ Last name: _____
Address: _____
Postcode: _____ NHS No (from SCR): ☐☐☐☐☐☐☐☐☐☐

Checks to make:

3. Date **SCR** checked *(dd/mm/yyyy)*: 1. ____/____/_____ Record found? YES ☐ NO ☐
2. ____/____/_____ Record found? YES ☐ NO ☐

4. GP Details known? YES ☐ NO ☐
GP name: _____ Surgery name: _____
GP address: _____ Post code: _____
GP phone number: _____ Date of GP contact *(dd/mm/yyyy)*: ____/____/_____

5. Date **registrar** contacted *(dd/mm/yyyy)*: 1. ____/____/_____ 2. ____/____/_____ Not checked ☐

6. Date **hospital** contacted *(dd/mm/yyyy)*: 1. ____/____/_____ 2. ____/____/_____ Not checked ☐

7. Date of discharge from hospital: ____/____/_____ Date of discharge from ICU: ____/____/_____

Discharged to: Home Nursing/residential home Rehab facility Other_____

Address: _____ Post code: _____
(other than home)

8. MRIS *(WCTU only)* - Date of upload onto MRIS *(dd/mm/yyyy)*: ____/____/_____

Outcome:

9. Death recorded? YES ☐ NO ☐
If yes, date of death *(dd/mm/yyyy)*: ____/____/_____ Unknown ☐
Location of death: Unknown ☐ Hospital ☐ Home ☐ Other ☐ Specify: _____
Source: SCR ☐ GP ☐ Registrar ☐ Hospital ☐ MRIS ☐ Other ☐ Specify: _____
(Tick all that apply)

If "No death recorded", send information sheet 1 *(invite letter)*:

10. Date information sheet 1 sent *(dd/mm/yyyy)*: ____/____/_____
Date reply received *(dd/mm/yyyy)*: ____/____/_____ Type of reply: Post ☐ Phone ☐ Email ☐
If no reply within 14 days: **write** ☐ **call** ☐ patient

11. Date of 2nd contact *(dd/mm/yyyy)*: ____/____/_____
Date reply received *(dd/mm/yyyy)*: ____/____/_____ Type of reply: Post ☐ Phone ☐ Email ☐

12. Comments *(record details of phone conversation)*: _____
_____
_____
_____

13. If no reply within 14 days, action taken: Contact GP ☐ SCR check ☐ Registrar ☐ Phone patient ☐
Date *(dd/mm/yyyy)*: ____/____/____ Response: _____

14. Consultee required? *(If **YES**, complete CRF07)* YES ☐ NO ☐ Unknown ☐

Completed by: _____ Date *(dd/mm/yyyy)*: ___/___/____

Please fax to WCTU: [redacted]