

APPENDIX 7: RESUSCITATION EVENT REPORT FORM

SECTION 1: PATIENT DETAILS (complete or affix patient label to ALL copies)

SECTION 2: INITIAL EVENT DETAILS

Date of Event: ____/____/____ Time of Event (24 hour clock): ____:____ Witnessed? YES ☐ NO ☐

Type of arrest: Respiratory only ☐ Cardiac ☐ Time of arrest (if different from above): ____:____

Location of the event Precipitating event i.e. chest pain, head injury etc.....

Ambulance called: YES ☐ NO ☐ If no, please state reason:.....

Time Ambulance called: ____:____ Time Ambulance arrived: ____:____ Time Ambulance departed: ____:____

CPR in progress on arrival of Ambulance: YES ☐ NO ☐

SECTION 3: BASIC LIFE SUPPORT MANAGEMENT – Please indicate which were used.

AIRWAY MANAGEMENT :

Head tilt chin lift/ Jaw thrust ☐ Suction ☐ iGel ☐ Oropharyngeal airway ☐ Nasopharyngeal airway ☐

BREATHING:

Self-inflating bag valve mask with oxygen ☐ Non-rebreathe mask with oxygen ☐

SECTION 4: DEFIBRILLATION

Time defibrillator with Patient: ____:____ Type of defibrillator: AED ☐ Manual ☐

Time of 1st Analysis : ____:____ Initial rhythm: Shockable ☐ Non-shockable ☐ Total number of shocks delivered:

Time first cardiac arrest drug administered: ____:____ Total number of CPR cycles:

SECTION 5: ANY OTHER INTERVENTIONS

External chest compression system ☐ Time : ____:____ Cannulation ☐ Time : ____:____

Drug therapy ☐ Fluid therapy ☐ None ☐

IF DRUGS AND / OR FLUIDS HAVE BEEN ADMINISTERED, PLEASE LIST BELOW:

TIME	DRUG / FLUID	DOSE	ROUTE	COMMENTS

SECTION 6: POST EVENT – what was the reason resuscitation was stopped?Patient deceased ☐ Return of spontaneous circulation ☐Patient transferred ☐ If patient was transferred, was CPR in progress YES ☐ NO ☐

If patient transferred, where was the patient transferred to:

If patient transferred, what was the outcome : Deceased on arrival ☐ Admitted ☐ Unknown ☐Other ☐ (please state):.....**SECTION 7: ANY OTHER RELEVANT INFORMATION (i.e. additional drugs administered, other interventions carried out, other individuals in attendance etc.)****SECTION 8: TO BE COMPLETED BY A MEMBER OF THE TEAM**

Name of person completing the form:

Designation of the person completing the form:

Signature of the person completing the form:

Who else was present and their assigned role during the event:

NAME: _____ ROLE: _____

NAME: _____ ROLE: _____

NAME: _____ ROLE: _____

NAME: _____ ROLE: _____

NAME: _____ ROLE: _____

NAME: _____ ROLE: _____

NAME: _____ ROLE: _____

DATE FORM COMPLETED: ____/____/____

NEXT STEPS

Have you remembered to:

Initial

1. Restock and check the resus bag (if used) and order any replacements ASAP?

☐ _____

2. Restock and check the resuscitation trolley (if applicable)?

☐ _____

3. Carry out a defibrillator battery test (as per manufacturer's instructions)?

☐ _____

4. Update the patient's notes?

☐ _____

5. Complete an online incident reporting form (Datix)?

☐ _____

6. Inform your Line Manager and/or any other relevant staff?

☐ _____

7. Conduct a hot Debrief (as soon as practically possible)?

☐ _____

8. Place a copy of this form in the patient notes and attach to the Datix?

☐ _____

9. Contact MTS ASAP to arrange an urgent download of data from the AED?

☐ _____10. Send completed form to [I/S]☐ _____