EuReCa ONE - Data Sheet

Participant - Country / Region: _____

Pat. ID: _____

A1. cardiac arrest confirmed? 01 yes ◯ 02 no ◯ 99 unknown ◯ 00 not recorded ◯

A2. CPR attempted? 01 yes ◯ 02 no ◯ 99 unknown ◯ 00 not recorded ◯

A3. CPR not attempted by EMS? *(if CPR **is** attempted by EMS, please skip question A3.)*
01 died earlier ◯ 02 DNAR ◯ 03 wish family ◯ 04 wish doctor ◯
05 successful ICD-shock ◯ 99 unknown ◯ 00 not recorded ◯

B1. pat. age (years) _____ years

B2. pat. gender 01 male ◯ 02 female ◯ 99 unknown ◯ 00 not recorded ◯

B3. date of cardiac arrest (YYYY.MM.DD) _____ . ___ . ___

B4. time of call received at dispatch center (hh:mm:ss) ___ : ___ : ___

C1. aetiology of cardiac arrest
01 cardiac ◯ 02 trauma ◯ 03 submersion ◯ 04 respiratory ◯
11 other non-cardiac ◯ 99 unknown (presumed cardiac) ◯ 00 not recorded ◯

C2. aetiology of cardiac arrest *(comparator version – the similarity to question C1 above is intended; nevertheless please fill in both questions C1 and C2)*
01 medical ◯ 02 trauma ◯ 03 drowning ◯ 05 drug overdose ◯ 13 electrocution ◯
14 asphyxia (external cause) ◯
99 unknown ◯ 00 not recorded ◯

C3. place of cardiac arrest
01 residence ◯ 03 work/office ◯ 11 sport facility ◯ 05 street ◯
06 public building ◯ 02 long-term-care ◯ 98 other ◯
99 unknown ◯ 00 not recorded ◯

D1. dispatch: telephone-CPR? 01 yes ◯ 02 no ◯ 99 unknown ◯ 00 not recorded ◯

D2. collapse witnessed? 01 yes, bystander ◯ 02 no ◯ 03 yes, EMS ◯
99 unknown ◯ 00 not recorded ◯

D3. bystander CPR? 01 no CPR ◯ 99 unknown ◯ 00 not recorded ◯
any bystander CPR ◯
↓
if bystander CPR: 03 full CPR ◯ 04 CCO CPR ◯ 02 unknown ◯

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Pat. ID: _____

E1. first recorded rhythm
01 shockable ◯ 02 not shockable ◯
99 unknown ◯ 00 not recorded ◯

E2. AED connected before EMS arrival with or without shocks?
01 yes ◯ 02 no ◯ 99 unknown ◯ 00 not recorded ◯

E3. AED shocks before arrival EMS? 01 yes ◯ 02 no ◯ 99 unknown ◯ 00 not recorded ◯

E4. date of first shock (YYYY.MM.DD) _____ . ___ . ___ *(skip question if no shock)*

E5. time of first shock (hh:mm:ss) ___ : ___ : ___ *(skip question if no shock)*

E6. First shock from AED or EMS? 01 AED ◯ 03 EMS ◯ 99 unknown ◯ 00 not recorded ◯
(skip question if no shock)

F1. any ROSC? 02 ROSC ◯ 01 no ROSC ◯ 99 unknown ◯ 00 not recorded ◯

F2. status of arrival at hospital?
99 unknown ◯ 00 not recorded ◯
01 dead ◯ 04 alive, no hospital transport ◯
03 transfer with ongoing CPR ◯ 02 transfer with ROSC ◯

F3. date of hospital discharge (YYYY.MM.DD) _____ . ___ . ___

F4. survival to discharge 01 yes ◯ 02 no ◯ 99 unknown ◯ 00 not recorded ◯

F5. 30 day survival 01 yes ◯ 02 no ◯ 99 unknown ◯ 00 not recorded ◯

Please submit this data sheet to your national coordinator until: ____. ____. 2014

Address of national coordinator:

Thank you for your collaboration.