APPENDIX 7: RESUSCITATION EVENT REPORTING/AUDIT

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

SECTION 2: INITIAL EVENT DETAILS

Date of Event: ___/___/___
Time of Event (24 hr 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 reasons:
Time Ambulance Called: ___: ___
Time Ambulance Arrived: ___: ___
Time Ambulance Departed: ___: ___
CPR in progress on ambulance arrival: 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:
Mouth to Mouth □ Face Shield □ Pocket mask □ Bag Valve Mask □ Oxygen □

SECTION 4: DEFIBRILLATION

Time Defibrillator with Patient: ___: ___
Type of Defibrillator: AED □ Manual □
Time of 1st Analysis: ___: ___
Initial Rhythm: Shockable □ Non-Shockable □
No. of Shocks Delivered: ___
Time First Cardiac Arrest Drug Administered: ___: ___
Total no. of cycles of CPR: ___

SECTION 5: ANY OTHER INTERVENTIONS

Autopulse □ Time: ___
Cannulation □ Time: ___
Drug Therapy □ Fluid Therapy □ None □

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

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<tr>
<th>TIME</th>
<th>DRUG / FLUID</th>
<th>DOSE</th>
<th>ROUTE</th>
<th>COMMENTS</th>
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V1 Nov 19
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:  Dead 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 during the event:

 NAME: ___________________ POSITION: ___________________
 NAME: ___________________ POSITION: ___________________
 NAME: ___________________ POSITION: ___________________
 NAME: ___________________ POSITION: ___________________
 NAME: ___________________ POSITION: ___________________
 NAME: ___________________ POSITION: ___________________

DATE FORM COMPLETED: ____/____/____

NEXT STEPS

Have you remembered to: 

1. Order stock replacements via E Proc if the Resus bag has been used?  □  

2. Replenished and checked the resuscitation trolley (WECHS and BMHU only)?  □  

3. Carried out a defibrillator battery test (as per manufacturer’s instructions)?  □  

4. Updated the patient’s notes?  □  

5. Completed an online incident form  □  

6. Informed your manager and/or any other relevant other?  □  

7. Debrief (where as soon as practically possible)?  □  

8. Place a photocopy of this form in the patient notes  □  

9. Send completed form to j.skargen@nhs.net  □  

V1 Nov 19