

Data Collection Form: Transport Cardiac Arrest

Date: _____ Location: _____ Team Members: RN RRT Paramedic
 APRN EMT MD Other _____

Team Number: _____

		Yes	No	
1	Check change in pulse/rhythm immediately (central pulses)			Please document time to check pulse in seconds
2	Verbalize "asystole and start CPR"			
3	Start chest compressions <input type="checkbox"/> Rate 100-120			
4	Place appropriate size pads correctly			Backboards can be utilized dependent on center policy
5	Verbalize the use of waveform capnography to assess quality of chest compressions			
6	Administer epinephrine (0.01mg/kg of 0.1mg/mL) IV/IO <input type="checkbox"/> Epinephrine 0.07mg			
7	Perform pulse /rhythm check (central pulses) at 2 and 4 min interval			Must do both at 2 & 4 min to get credit
8	Minimize CPR pause < 10 sec throughout the case			
9	Verbalize V-Fibrillation			
10	Verbalize "resume CPR" after V-fib rhythm identified			
11	Defibrillate 2-4 joules/kg			Total dose 15 or 30 joules
12	Minimize pause in chest compressions post shock delivery			Document pause time in sec
13	Verbalize ROSC at pulse check			
14	Use appropriate ventilation (1 breath every 2-3 seconds) can be manual or ventilator throughout the case			1 breath every 2-3 seconds=20-30 breaths/min
15	Notify Medical Control OR Accepting Hospital that the patient is in cardiac arrest			

Notes:

These items were chosen based on the most recent American Heart Association /Pediatric Advanced Life Support 2020 Guidelines