Pan-Asian Resuscitation Outcomes Study (PAROS)

Site Information

Country ____________________ **Site Number** ☐☐☐☐

City/EMS District ____________________ **Trial number** ☐☐☐☐☐☐

(For official use only)

Patient brought in by ☐$_1$ EMS ☐$_2$ Non-EMS

If 'Non-EMS', please specify ☐$_a$ *Private ambulance*

☐$_b$ *Own transport*

☐$_c$ *Public transport*

Patient Information (FOR NON-EMS CASE ONLY)

Trial log ☐☐☐☐☐☐

Date of birth ☐☐☐☐☐☐☐☐ (dd/mm/yyyy)

Gender ☐$_1$ Male ☐$_2$ Female

Race / Ethnicity ☐$_1$ Asian ☐$_2$ White/Caucasian

☐$_3$ Native American ☐$_4$ Black/African

☐$_5$ Hispanic/Latino ☐$_6$ Pacific Islander/ Native Hawaiian

Past medical history ☐$_1$ No ☐$_2$ Unknown ☐$_3$ Heart disease ☐$_4$ Hypertension ☐$_5$ Diabetes

☐$_6$ Cancer ☐$_7$ Renal disease ☐$_8$ Others, specify ____________________

Incident and Event Information (FOR NON-EMS CASE ONLY)

Location Type ☐$_1$ Home residence ☐$_2$ Healthcare facility ☐$_3$ Public/Commercial building

☐$_4$ Residential institution ☐$_5$ Street/Highway ☐$_6$ Industrial place

☐$_7$ Place of recreation ☐$_8$ Others, specify ____________________

Estimated time of arrest ☐☐☐☐☐☐ (hh:mm:ss)

Arrest witnessed ☐$_1$ Not witnessed ☐$_2$ By bystander ☐$_3$ By Private Ambulance

Bystander CPR ☐$_1$ Yes ☐$_2$ No ☐$_3$ Unknown/Not noted

Bystander AED applied ☐$_1$ Yes ☐$_2$ No ☐$_3$ Unknown/Not noted

If 'Yes', were shocks delivered? ☐$_1$ *Yes* ☐$_2$ *No* ☐$_3$ *Unknown/Not noted*

Cause of arrest ☐$_1$ Trauma ☐$_2$ Non-trauma

Please tick the appropriate boxes and/or fill in the appropriate details.

ED Outcome

Date of arrival at ED ☐☐☐☐☐☐☐☐ (dd/mm/yyyy)

Time of arrival at ED ☐☐☐☐☐☐ (hh:mm:ss)

Patient status on arrival at ED
Breathing ☐1 Yes ☐2 No
Pulse ☐1 Yes ☐2 No

Cardiac rhythm on arrival at ED ☐1 VF ☐2 VT ☐3 PEA ☐4 Asystole ☐5 Sinus or other perfusing rhythm

ED defibrillation ☐1 Yes ☐2 No

Advanced airway used ☐1 Yes ☐2 No ☐3 Unknown/not noted

If 'Yes', please specify ☐1 *Oral ET* ☐2 *Combitube/LMA/King airway* ☐3 *Other, specify* ________

Drug administration ☐1Yes ☐2 No ☐3 Unknown/not noted

If 'Yes', select drugs given ☐1 *Epinephrine* ☐2 *Atropine* ☐3 *Amiodarone* ☐4 *Bicarbonate* ☐5 *Lidocaine* ☐6 *Dextrose* ☐7 *Others, specify* ____________________

Return of spontaneous circulation ☐1 Yes ☐2 No ☐3 Unknown/not noted

If 'Yes', specify time ☐☐☐☐☐☐ *(hh:mm:ss)* ☐ *Unknown/not noted*

Hypothermia therapy ☐1 Yes ☐2 No

ECMO therapy ☐1 Yes ☐2 No

Etiology of arrest ☐1 Cardiac ☐2 Non-cardiac

Outcome of patient
☐1 Admitted
☐2 Transferred to another hospital
☐3 Patient died in ED

Hospital Outcome (FOR PATIENT WHO SURVIVED TO ADMISSION)

Patient status at 30th day post arrest
☐1 Discharged alive
☐2 Patient still remains in hospital
☐3 Died in hospital

Date of Discharge or Death ☐☐☐☐☐☐☐☐ (dd/mm/yyyy)

Patient neurological status on discharge or at 30th day post arrest
Cerebral Performance Category ☐
Overall Performance Category ☐

Please tick the appropriate boxes and/or fill in the appropriate details.