

Post Cardiac Arrest Care (PCAC) Event

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NOTE:

- ❖ All sections in grey will be auto-populated/carried forward from CPA and Admit/Discharge form (if prefilled).
- ❖ Out-of-Hospital Cardiac Arrests (OHCA), or events without a CPA form will necessitate data entry of sections in grey.
- ❖ ROSC = ROC for patients who received extracorporeal CPR (ECPR).

PCAC EVENT

System Entry Date:	<input type="text"/> / <input type="text"/> / <input type="text"/> : <input type="text"/> (MM/DD/YYYY HH:MM)	<input type="radio"/> Time Not Documented
Date/Time of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/> : <input type="text"/> (MM/DD/YYYY HH:MM)	<input type="checkbox"/> DOB Unknown/Not Documented <input type="checkbox"/> Time Not Documented
Did patient receive chest compressions (includes open cardiac massage)?	<input type="radio"/> Yes <input type="radio"/> No/Not Documented <input type="radio"/> No, Per Advance Directive	
Date/Time compression started	<input type="text"/> / <input type="text"/> / <input type="text"/> : <input type="text"/> (MM/DD/YYYY HH:MM)	<input type="checkbox"/> Time Not Documented
Where did the event occur?	<input type="radio"/> Out of Hospital	<input type="radio"/> In-Hospital
Did patient have a subsequent cardiac arrest event(s) during the course of this hospitalization?	<input type="radio"/> Yes	<input type="radio"/> No
		<input type="radio"/> Not Documented

Pre-existing Conditions at Time of Event (check all that apply):

<input type="checkbox"/> None <input type="checkbox"/> Acute Stroke <input type="checkbox"/> Acute CNS non-stroke event <input type="checkbox"/> Baseline depression in CNS function <input type="checkbox"/> Cardiac malformation/abnormality - cyanotic (pediatric and newborn/neonate only) <input type="checkbox"/> Cardiac malformation/abnormality - acyanotic (pediatric and newborn/neonate only) <input type="checkbox"/> Congenital malformation/abnormality (Non-Cardiac) (pediatric and newborn/neonate only) <input type="checkbox"/> Congestive heart failure (this admission) <input type="checkbox"/> Congestive heart failure (prior to this admission) <input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Hepatic Insufficiency <input type="checkbox"/> Hypotension/hypoperfusion <input type="checkbox"/> Major Trauma <input type="checkbox"/> Metabolic/Electrolyte Abnormality <input type="checkbox"/> Myocardial ischemia/infarction (this admission) <input type="checkbox"/> Myocardial ischemia/infarction (prior to this admit) <input type="checkbox"/> Metastatic or hematologic malignancy <input type="checkbox"/> Pneumonia <input type="checkbox"/> Renal Insufficiency <input type="checkbox"/> Respiratory insufficiency <input type="checkbox"/> Sepsis <input type="checkbox"/> Prior CPR Event
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PCAC 3.1 CARDIAC ARREST EVENT *Event Tab*

Duration of CPR (in minutes):	<input type="text"/>	<input type="checkbox"/> Not Documented
Sustained Return of Spontaneous Circulation (ROSC) achieved?	<input type="radio"/> Yes	<input type="radio"/> No
		<input type="radio"/> Not Documented
For out-of-hospital events, where was ROSC attained?	<input type="radio"/> At scene	<input type="radio"/> After arrival to hospital
	<input type="radio"/> En-route	<input type="radio"/> Not Documented
Date/Time sustained ROSC began (lasting > 20 min) OR resuscitation efforts were terminated (End of event)	<input type="text"/> / <input type="text"/> / <input type="text"/> : <input type="text"/> (MM/DD/YYYY HH:MM)	<input type="checkbox"/> Time Estimated
Event Witnessed?	<input type="radio"/> Yes	<input type="radio"/> No/Not Documented

PCAC 4.1 ARRIVAL INFORMATION *Arrival Tab*

Arrival Date/Time	<input type="text"/> / <input type="text"/> / <input type="text"/> : <input type="text"/> (MM/DD/YYYY HH:MM)	<input type="checkbox"/> Unknown <input type="checkbox"/> Not Documented
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Neurological Assessment Findings:

Are pupils fixed and dilated?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Documented
Status of patient (if not sedated/paralyzed)	<input type="radio"/> Conscious	<input type="radio"/> Unconscious/Comatose	<input type="radio"/> Not Documented

Glasgow Coma Scale (BEST GCS within 1-hr of ROC): (Do not fill this section if patient is paralyzed)

Motor:	<input type="text"/>	<input type="checkbox"/> Intubated	<input type="checkbox"/> Sedation	<input type="checkbox"/> Unknown/Not Documented
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PCAC 4.2 TARGETED TEMPERATURE MANAGEMENT *Arrival Tab*

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Was targeted temperature management utilized?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown/Not Documented
Initial patient temp. _____	<input type="radio"/> Unknown/Not Documented		
If yes, what was the targeted range?	<input type="radio"/> ADULT	<input type="radio"/> Below 32°C <input type="radio"/> 32°C – 36°C <input type="radio"/> Above 36°C	<input type="radio"/> Other (Specify): _____ <input type="radio"/> Unknown/Not Documented
	<input type="radio"/> PEDIATRIC/INFANT	<input type="radio"/> Initial continuous hypothermia (32°C-34°C) <input type="radio"/> Continuous normothermia (36°C-37.5°C) <input type="radio"/> Other (Specify): _____ <input type="radio"/> Unknown/Not Documented	
Temperature control method (select all that apply):	<input type="checkbox"/> Antipyretics <input type="checkbox"/> Cold IV Saline Bolus <input type="checkbox"/> Intranasal <input type="checkbox"/> Intravascular device or catheter (continuous)		<input type="checkbox"/> Surface Cooling <input type="checkbox"/> Other <input type="checkbox"/> None
Duration of continuous hypothermia: _____	<input type="radio"/> Hours	<input type="radio"/> Days	<input type="radio"/> Not Documented
Was goal temperature met?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown/Not Documented
If Yes, Date/Time targeted temperature management initiated: _____	_____ / _____ / _____ : _____ (MM/DD/YYYY HH:MM)		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Documented
For patients that are NOT treated with Targeted Temperature Management: Clinical rationale documented by medical team why targeted temperature management was not initiated (check all that apply):	<input type="checkbox"/> Arrhythmias/QTc prolongation <input type="checkbox"/> Awake, alert, following commands <input type="checkbox"/> Clinician preference <input type="checkbox"/> DNAR with limitation on technologic support <input type="checkbox"/> Facility does not routinely treat patients with Targeted Temperature Management <input type="checkbox"/> Hemodynamic instability <input type="checkbox"/> Increased bleeding risk		<input type="checkbox"/> Known/Suspected Septic Shock <input type="checkbox"/> Limited life expectancy <input type="checkbox"/> Not Intubated <input type="checkbox"/> Poor functional status pre-arrest (including dementia) <input type="checkbox"/> Pregnancy <input type="checkbox"/> Recent surgery <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown/Not Documented
	Was there ever a documented temperature of >= 38 degrees Celsius? If yes, when was a temperature of >= 38 degrees Celsius documented? _____ (MM/DD/YYYY HH:MM)		
PCAC 5.1 MEASUREMENTS AND MEDICATIONS			
On Invasive mechanical ventilator?		Measurements & Medications Tab	
pCO2 _____ mmHg	<input type="radio"/> Yes	<input type="radio"/> No	<input type="checkbox"/> Not Documented
(Arterial) PaO2 _____ mmHg	<input type="checkbox"/> Not Documented	<input type="checkbox"/> Not Documented	<input type="checkbox"/> Not Documented
Was there a PaO2 in the first 24 hours of >300 mmHg?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Documented
If yes, FiO2 at time PaO2 assessed: _____ %			
Was there a PaO2 in the first 24 hours of <60 mmHg?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Documented
If yes, FiO2 at time PaO2 assessed: _____ %			
Serial Measurements: Serial Blood Pressure (Enter <u>lowest Systolic BP</u> for each of the following time periods:)			
Hours 0-6 post ROSC: Lowest Systolic BP: _____ mmHg			<input type="checkbox"/> Not Documented
Was patient on any vasopressors/inotropes during hours 0-6 post-ROSC?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Hours 6-12 post ROSC: Lowest Systolic BP: _____ mmHg			<input type="checkbox"/> Not Documented
Was patient on any vasopressors/inotropes during hours 6-12 post ROSC?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Hours 12-24 post ROSC: Lowest Systolic BP: _____ mmHg			<input type="checkbox"/> Not Documented
Was patient on any vasopressors/inotropes during hours 12-24 post ROSC?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown

Resuscitation Patient Management Tool

December 2022

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Hours 24-72 post ROSC:	Lowest Systolic BP: _____ mmHg	<input type="checkbox"/> Not Documented
Was patient on any vasopressors/inotropes during hours 24-72 post ROSC?	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
PCAC 5.2 CLINICAL STUDY DATA		
		Clinical Study Data Tab
Did patient go to the Cath lab at any time during this admission?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Not Documented
Date/Time at Cath lab:	____/____/____ : ____ (MM/DD/YYYY HH:MM)	<input type="checkbox"/> Time Not Documented
Reason went to Cath lab:	<input type="checkbox"/> Abnormal ECG (not including STEMI) <input type="checkbox"/> Atrial Decompression (on ECMO) <input type="checkbox"/> Cardiogenic Shock <input type="checkbox"/> Elevated cardiac biomarkers <input type="checkbox"/> Focal wall motion abnormality on echocardiogram	<input type="checkbox"/> New BBB <input type="checkbox"/> Routine Cath post-arrest <input type="checkbox"/> ST Elevation <input type="checkbox"/> VF arrest <input type="checkbox"/> Unknown/Not Documented <input type="checkbox"/> Other (Specify): _____
Cath Lab Interventions:	<input type="radio"/> No Intervention <input type="radio"/> Atrial Decompression <input type="radio"/> Balloon Pump <input type="radio"/> Stent/PCI	<input checked="" type="radio"/> Ventricular Assist Device <input type="radio"/> Unknown/Not Documented <input type="radio"/> Other (Specify): _____
Implantable cardioverter-defibrillator (ICD) placed during this admission?	<input type="radio"/> Yes	<input type="radio"/> No
For Comatose/Encephalopathic Patients ONLY:		
EEG (spot) performed within the first 24hrs post ROSC?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Not Documented
If Yes, Start Date/Time of EEG	____/____/____ : ____ (MM/DD/YYYY HH:MM)	<input type="checkbox"/> Time Not Documented
EEG (continuous) performed within first 24hrs. post-ROSC?	<input type="radio"/> Yes	<input type="radio"/> No
If Yes, Start Date/Time:	____/____/____ : ____ (MM/DD/YYYY HH:MM)	<input type="checkbox"/> Time Not Documented
End Date/Time:	____/____/____ : ____ (MM/DD/YYYY HH:MM)	<input type="checkbox"/> Time Not Documented
Brain imaging (CT/MRI) performed within the first 5 days Post-ROSC?	<input type="radio"/> Yes	<input type="radio"/> No
If Yes (or at any point within 10 days), Date/Time:	____/____/____ : ____ (MM/DD/YYYY HH:MM)	<input type="checkbox"/> Time Not Documented
Discharge Modified Rankin Scale:	<input type="radio"/> 0 - No symptoms at all <input type="radio"/> 1 - No significant disability despite symptoms: ability to carry out all usual activities <input type="radio"/> 2 - Slight disability <input type="radio"/> 3 - Moderate disability: Requiring some help but able to walk without assistance <input type="radio"/> 4 - Moderate to severe disability: Unable to walk without assistance and unable to attend to own bodily needs without assistance <input type="radio"/> 5 - Severe disability: Bedridden, incontinent, and requiring constant nursing care and attention <input type="radio"/> 6 - Death	
Discharge Modified Rankin Scale: _____	<input type="checkbox"/> Not Documented	
NOTE: Please do not enter any patient identifiable information in these optional fields.		
Comments:		

END OF PCAC FORM