Cardiac Arrest Report Guide

Documenting Vitals and Patient’s Rhythm

- Vitals and Patient’s ECG Rhythm during a full arrest should be documented every two minutes during CPR. **NOTE: Use the baseline Vitals Power Tool to document the initial vitals even if the patient is in cardiac arrest from the beginning of the incident.**

- Use the “CPR Vitals” Power Tool to simplify documentation.
• The CPR Vitals Power tool has the heart rate and respiratory rate defaulted to 0 (zero). *If the heart rate is not zero because you are providing CPR to an infant with a pulse less than 60, document the actual pt’s pulse.*

• Document the measured ETCO2.

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- Document the patient’s ECG rhythm. *If the patient is in the condition of PEA, make sure you select the underlying patient rhythm along with the “PEA” button.* The field of ECG Rhythm can have more than one field selected.

- Document any vitals for the patient if they were not in cardiac arrest or came out of cardiac arrest as dictated by system policies.

- Any additional rhythms that are obtained while the pt has a pulse should be documented as per standard documentation practices and at the time that the rhythm is obtained.
**Documenting Defibrillation**

- Document every time that the patient was defibrillated during the cardiac arrest event.
- Select the “Monitor” Power Tool from the left column.

- Remember to select the crew member that performed the defibrillation and time of the event.
- Select “Defibrillation” as your “Event Type”.

- Complete the “Energy” of the defibrillation. The “Number of Shocks” should be equal to 1. Select the “Type of Shock” delivered by your monitor.
Documenting CPR

- CPR is to be documented as a procedure only with the following situations:
  - At the start of CPR
  - When the type of CPR changes (for example: switching from manual to mechanical device)
  - At the stop of CPR.

- It does not need to be documented every two minutes. If CPR is stopped due to ROSC, but is restarted due to a loss of the pt’s pulse, the restart of CPR needs to be documented again at the time CPR was restarted.
• The stopping of CPR should be documented with the appropriate rationale. There are four reasons for discontinuation of CPR – POST/DNR, ROSC, Medical Control Order and Protocol. (The choices can be quickly found by typing in “cpr dis” into the search window).

• If CPR with the Lucas Device or any other system approved mechanical cpr device is performed, document the start of mechanical resuscitation with the appropriate procedure.

• If CPR is performed with the ResQPOD in place, document the start of resuscitation with the appropriate procedure.
• If CPR is performed with a Feedback Device in place, document the start of resuscitation with the appropriate procedure.
Documenting Airway Intubations (King, Orotracheal, Nasal, Surgical)

- Select appropriate Advanced Airway Power Tool from the left column, based upon the outcome of the procedure.

- Remember to complete the “Crew Member” field in the upper right.

- Choose the correct “Airway” procedure from the list of procedures. The list is pre-selected to only have those procedures that are allowed by the system.

- Complete all remaining fields in the power tool, including those fields under the “Airway Confirmation” section of the power tool.
**Documenting Medications**

- Select “Meds” Power Tool from the left column.

- Properly document all of the medications administered during the cardiac arrest incident. Common items that are forgotten and not documented are as follows:
  - Oxygen
  - Normal Saline