To be able to send this form, you must download it to your desktop and open it from there.
Then you will be able to type information into the form and send it via the email button at the bottom of the form.

Cardiac Arrest Registry

Date of cardiac arrest ____ /____ /____

Part A: Demographic and Run Information

Street Address (where arrest occurred):

City: State: Zip:

Medical History:

☐ None ☐ Hypertension ☐ Cancer ☐ Diabetes ☐ Heart Disease ☐ Hyperlipidemia
☐ Unknown ☐ Renal Disease ☐ Respiratory Disease ☐ Stroke ☐ Other: _____

First Responding Agencies:

Part B: Cardiac Arrest and Resuscitation Information

Estimated Time of Arrest:

Witnessed or "heard" arrest – time of arrest can be time of 9-1-1 call
Unwitnessed arrest – time of arrest is last known well time or last time seen

Witnesses
☐ Witnessed arrest
☐ Unwitnessed arrest

Responder Arrival
☐ Arrest before arrival of 911 responder
☐ Arrest after arrival of 911 responder

Complaint prior to arrest?
☐ Cardiac ☐ Respiratory ☐ Electrocution
☐ Trauma ☐ Drowning ☐ Other

Who Initiated CPR
☐ Not applicable
☐ Lay person
☐ Lay person family member
☐ Lay person medical provider
☐ First responder (non-EMS)
☐ Responding EMS personnel

Time CPR was started: ____:____
** If you can get the CPR provider name & phone number, please put in section D

Who First Applied the AED
☐ Lay person
☐ Lay person family member
☐ Lay person medical provider
☐ First responder (non-EMS)
☐ Police?
☐ Fire?

Who First Defibrillated the Patient?
☐ Not applicable
☐ Lay person
☐ Lay person family member
☐ Responding EMS personnel
☐ First responder (which one):
☐ Police?
☐ Fire?
☐ Other:
☐ Off duty medical provider/first responder
☐ Police?
☐ Fire?

Time of first defibrillation: _____:_____

Type of Bystander CPR Provided
☐ Compressions and ventilations
☐ Compressions only
☐ Ventilations only

Were Dispatcher CPR Instructions Provided?
☐ Yes ☐ Unknown
☐ No

Was AED Applied Prior To EMS Arrival?
☐ Yes, with defibrillation ☐ No
☐ Yes, without defibrillation

Time applied:_____:_____

Was LUCAS Used?
☐ Yes
☐ No

Time applied: _____:_____

Part C: Times

	Hour	Minutes	Seconds
Time call received at dispatch center			
Time dispatched			
Time en route			
Time arrived on scene			

Part D: Comments

_____
_____
_____
_____
_____

Completed By:_____
Email:_____ Agency:_____

Send to FMA