**Progress Note MEDICAL**

**Out of Hospital CARDIAC ARREST**

*Tip: F5 to insert date/time stamp*

*Tip: use "tear off" feature to display orders, obs chart & results in separate windows*

**PPE** **all staff:** gloves, gown, N95 masks, googles

Cover patient’s mouth and nose with surgical mask

**Comprehensive pre-hospital history for all OHCA patients (Utstein criteria)**

From ambulance handover:

Age:

*Evidence trial:* ***y/n***

* *Arm:* ***intervention/control***
* The time of arrest/unresponsive episode (if unknown, then call to 000) **(hh:mm)**:
* Witnessed arrest: **y/n**
* Location of arrest:
* Bystander CPR: **y/n compression only/compression + ventilation**
	+ Quality?
* Bystander AED: **y/n shock delivered/no shock delivered**
* First monitored rhythm: **VT/VF/PEA/asystole/ AED non-shockable/AED shockable/unknown/not recorded**
* Time to ambulance on scene **(mm:ss):**
* Time to defibrillation **(mm:ss):**
* Time to mCPR (**mm:ss):**
* Any precipitating symptoms or event / obvious non cardiac cause:
* Most likely primary cause**: medical (including unknown)/traumatic/drug overdose/drowning/electrocution/asphyxia/not recorded**
* Independent living? **Y/N/unknown**
* Comorbidities:
* Pre-hospital treatments:
	+ Shocks **(times):**
	+ Access: IV/IO/ETT
	+ Drugs **(doses & times):**
	+ Adrenaline**:**
	+ Amiodarone**:**
	+ IVF
	+ Airway management:
* Pre-hospital observations:
	+ First ETCO2 in prehospital phase **(mmHg):**
	+ Any ROSC?
		- Time of first ROSC **(hh:mm)**:
		- EtCO2 at ROSC **(mmHg)**:
		- Time of sustained ROSC (>20 minutes) **(hh:mm)**:
	+ Presence of STEMI on 12 lead ECG after ROSC: **Y/N**

EVIDENCE enrolled patients only

 *Confirm ambulance enrolment criteria (all should answer Yes)*

* *Age 18-70* ***Y/N***
* *Non traumatic OHCA with suspected medical cause* ***Y/N***
* *Witnessed arrest* ***Y/N***
* *VT/VF (or AED shockable) or PEA as first rhythm* ***Y/N***
* *Bystander CPR<5 min and ongoing at ambulance arrival* ***Y/N***

*Confirm ambulance exclusion criteria (all should answer No))*

* *asystole as first rhythm* ***Y/N***
* *traumatic cause (drowning OK if no additional trauma)* ***Y/N***
* *terminal illness, advanced dementia, applicable advanced care directive* ***Y/N***

*Confirm additional ED inclusion criteria (all should answer Yes):*

1. *mCPR during extrication and transfer* ***Y/N***
2. *in hours (Mon – Fri 0800 – 1700)* ***Y/N***
3. *can achieve arrest to “needle to skin” time under 1 hour* ***Y/N***

EVIDENCE expedited arm patients:

***In hours: Cardiology notified***

* ***LAN page 9131: “EVIDENCE in ED resus”***

*Cardiology in attendance* ***(time hh:mm):***

*Transferred to ED trolley and LUCAS* ***(time hh:mm):***

*Cath lab immediately on ROSC* ***(time hh:mm):***

* *VT/VF arrest to cath lab URGENTLY and within 1h*
* *PEA arrest to cath lab if ROSC or other clinical indication*

**Assessment & Interventions for all OOHCA in ED**

*TIP: review nursing scribe notes*

ALS protocol established:

* Mechanical CPR ongoing – transfer to ED trolley and LUCAS
* Defibrillator attached, use COACH sequence for 2 minutely rhythm checks
* Advanced airway:
* Supplemental O2:
* Waveform capnography: first EtCO2 in ED **(mmHg)**:
* Access: **IV / IO / CVC**

First rhythm in ED: **VF/ pulseless VT /PEA /asystole /bradycardia**

* Shockable? Adrenaline 1mg every 2nd loop, amiodarone 300mg after 3 shocks
* Non-shockable? Adrenaline 1mg every 2nd loop

Consider and correct Hs and Ts

* Hypoxia – establish good ventilation on 100% O2
* Hypovolaemia – bolus saline (or blood if indicated)
* Hyper/hypokalaemia/metabolic disorders – urgent VBG, targeted history and exam
* Hypothermia/hyperthermia – check temperature **(°C)**
* Tension pneumothorax – examine chest, bedside eFAST/BELS
* Tamponade – bedside efAST /BELS
* Toxins – med list, targeted history and exam for evidence of toxidrome,
* Thrombosis (pulmonary/coronary) – TF cath lab (or consider thrombolysis)

Changes of rhythm: **VF/pulseless VT/PEA/asystole/bradycardia**

Time of ROSC **(hh:mm)**?

Time of re-arrest **(hh:mm)**?

* interventions

Time of sustained (>20 min) ROSC **(hh:mm)**?

Post ROSC care

* re-evaluate ABCDE:
* 12 lead ECG:
* Seek and treat precipitating causes:
	+ Consider CT brain/CTPA, cath lab
* Aims:
	+ spO2 94-98%
	+ normocapnia
	+ normoglycaemia
	+ blood pressure management:
	+ targeted temperature management

Resuscitation ceased **(hh:mm)**?

* cause of death
* coroner’s case?
* death pack completed
* organ donation contacted

Outcomes

Disposition:

* Cath lab
* OT
* ICU
* Ward
* Morgue

Communications:

* Family (social worker available 24/7)
* GP / Police / Coroner
* Inpatient teams

Plan: