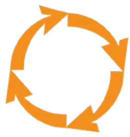

American Heart Association® Get With The Guidelines® Resuscitation

GWTG-Resuscitation Patient Management Tool (CRF)
ARC Event

Updated August 2023

OPTIONAL: Local Event ID:		
Date/Time need for emergency assisted ventilation first recognized:	____/____/______ ____:____ (MM/DD/YYYY HH:MM)	☐ Time Not Documented
System Entry Date:	____/____/______ ____:____ (MM/DD/YYYY HH:MM)	☐ Time Not Documented

ARC 2.1 PRE-EVENT		Pre-Event Tab
Was patient discharged from ICU prior to this event?	○ Yes	○ No
If yes, date admitted to non-ICU unit (after ICU discharge)	____/____/______	(MM/DD/YYYY)
OPTIONAL: Was patient discharged from a Post Anesthesia Care Unit (PACU) within 24 hrs. prior to this ARC event?	○ Yes	○ No
OPTIONAL: Was patient in the Emergency Department (ED) within 24 hours prior to this ARC event?	○ Yes	○ No
OPTIONAL: Did patient receive conscious/procedural sedation or general anesthesia within 24 hrs. prior to this ARC event?	○ Yes	○ No
REQUIRED: Enter last set of vital signs within 4 hours of event	☐ Pre-Event VS Unknown/Not Documented	

ARC 2.2 PRE-EXISTING CONDITIONS — Pre-Event Tab

Date/ Time	Heart Rate	Systolic BP/ Diastolic BP	Respiratory Rate	SpO2		Temp	Units
__/___/___ ___:___	______ ❑ND	______ ❑ND	______ ❑ND	______ ❑ND	❍ Room Air ❍ Supplemental O2 ❍ ND	______ ❑ND	C | F
__/___/___ ___:___	______ ❑ND	______ ❑ND	______ ❑ND	______ ❑ND	❍ Room Air ❍ Supplemental O2 ❍ ND	______ ❑ND	C | F
__/___/___ ___:___	______ ❑ND	______ ❑ND	______ ❑ND	______ ❑ND	❍ Room Air ❍ Supplemental O2 ❍ ND	______ ❑ND	C | F
__/___/___ ___:___	______ ❑ND	______ ❑ND	______ ❑ND	______ ❑ND	❍ Room Air ❍ Supplemental O2 ❍ ND	______ ❑ND	C | F

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

❑ None	❑ Metastatic or hematologic malignancy
❑ Acute Stroke	❑ Myocardial ischemia/infarction (this admission)
❑ Acute CNS non-stroke event	❑ Pneumonia
❑ Baseline depression in CNS function	❑ Respiratory insufficiency
❑ Cardiac malformation/abnormality - cyanotic (pediatric and newborn/neonate only)	❑ Sepsis
	☐ Active or suspected bacterial or viral infection at admission or during hospitalization:

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- ❑ Cardiac malformation/abnormality - acyanotic (pediatric and newborn/neonate only)
- ❑ Congenital malformation/abnormality (Non-Cardiac) (pediatric and newborn/neonate only)
- ❑ Congestive heart failure (prior to this admission)
- ❑ Congestive heart failure (this admission)
- ❑ Diabetes Mellitus
- ❑ Hepatic Insufficiency
- ❑ History of vaping or e-cigarette use in the past 12 months?
- ❑ Major Trauma
- ❑ Metabolic/Electrolyte Abnormality
- ❑ Myocardial ischemia/infarction (prior to this admit)
- ❑ Renal Insufficiency
- ❑ Hypotension/hypoperfusion

- ❑ None
- ❑ Bacterial Infection
- ❑ Emerging Infectious Disease
  - ☐ SARS-COV-1
  - ☐ SARS-COV-2 (COVID-19)
  - ☐ MERS
  - ☐ Other Emerging Infectious Disease
- ❑ Influenza
- ❑ Seasonal cold
- ❑ Other Viral Infection

Additional Personal Protective Equipment (PPE) Donned by the responders?

- O Yes
- O No/ND

ARC 2.3 Interventions Already In Place — Pre-Event Tab

Interventions ALREADY IN PLACE when need for chest compressions and/or defibrillation was first recognized (check all that apply):

Part A:

- ❑ None
- ❑ Non-invasive assisted ventilation
  - ☐ Bag-Valve-Mask
  - ☐ Mask and/or Nasal CPAP
  - ☐ Mouth-to-Barrier Device
  - ☐ Mouth-to-Mouth
  - ☐ Laryngeal Mask Airway (LMA)
  - ☐ Other Non-Invasive Ventilation: (specify) ______
- ❑ Invasive assisted ventilation, via an:
  - ☐ Endotracheal Tube (ET)
  - ☐ Tracheostomy Tube
- ❑ Intra-arterial catheter
- ❑ Conscious/procedural sedation
- ❑ End Tidal CO_2 ($ETCO_2$) Monitoring
- ❑ Supplemental oxygen (cannula, mask, hood, or tent)

Select Method(s) of confirmation used to ensure correct placement of Endotracheal Tube (ET) or Tracheostomy Tube placement in trachea (check all that apply):

- ☐ Waveform capnography (waveform ETCO2)
- ☐ Capnometry (numeric ETCO2)
- ☐ Chest X-Ray
- ☐ Exhaled CO2 colorimetric monitor (ETCO2 by color change)
- ☐ Esophageal Detection Devices
- ☐ Point of Care Ultrasound
- ☐ Revisualization with direct Laryngoscopy
- ☐ None of the above
- ☐ Not Documented

Monitoring:	☐ Apnea	☐ Apnea/Bradycardia	☐ ECG	☐ Pulse Oximetry
Vascular Access:	O Yes		O No/Not Documented	
Any Vasoactive agent in place?	O Yes		O No/Not Documented	

OPTIONAL: Part B:

- ❑ None
- ❑ Chest tube(s)
- ❑ Dialysis/extracorporeal filtration therapy (ongoing)
- ❑ Extracorporeal Membrane Oxygenation (ECMO)
- ❑ Implantable Cardiac Defibrillator (ICD)
- ❑ Inhaled nitric oxide therapy
- ❑ IV/IO continuous infusion of antiarrhythmic(s)
- ❑ Prostaglandins - continuous infusion (newborn/neonate)
- ❑ Other prior interventions in place, specify: _______

ARC 3.1 Event — Event Tab

Date/Time of Birth:	____/____/________ ____:____ (MM/DD/YYYY HH:MM)
Age at Event (in yrs., months, weeks, days, hrs., or minutes):	______ O Years O Months; O Weeks O Days; O Hours O Minutes; ❑ Estimated; ❑ Age Unknown / Not Documented
Subject Type	O Ambulatory/Outpatient O Emergency Department O Hospital Inpatient -(rehab, skilled nursing, mental health wards) O Rehab Facility Inpatient O Skilled Nursing Facility Inpatient O Mental Health Facility Inpatient O Visitor or Employee
Illness Category	O Medical-Cardiac O Surgical-Cardiac O Medical-Noncardiac O Surgical-Noncardiac

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	O Obstetric O Other (Visitor/Employee)	O Trauma
Event Location (Area)	O Ambulatory/Outpatient Area O Adult Coronary Care Unit (CCU) O Adult ICU O Cardiac Catheterization Lab O Delivery Suite O Diagnostic/Intervention Area (excludes Cath Lab) O Emergency Department (ED) O General Inpatient Area O Neonatal ICU (NICU) O Newborn Nursery	O Operating Room (OR) O Pediatric ICU (PICU) O Pediatric Cardiac Intensive Care O Post-Anesthesia Recovery Room (PACU) O Rehab, Skilled Nursing, or Mental Health Unit/Facility O Same-Day Surgical Area O Telemetry Unit or Step-Down Unit O Other O Unknown/Not Documented
Event Location (Name) (ARC)	___________________________	
Event Witnessed?	O Yes	O No/Not Documented

Was patient conscious when the need for emergency assisted ventilation was first identified?	O Yes	O No	O Unknown/Not Documented
Was patient breathing when the need for emergency assisted ventilation was first identified?	O Yes O No	O Agonal	O Assisted Ventilation O Unknown/Not Documented
Rhythm when the need for emergency assisted ventilation was first identified:	O Accelerated idioventricular rhythm (AIVR) O Bradycardia O Pacemaker O Sinus (including. sinus tachycardia) O Supraventricular tachyarrhythmia (SVTarrhy) O Ventricular Tachycardia with a pulse O Unknown/Not Documented		
Was a hospital-wide resuscitation response activated?	O Yes		O No/Not Documented
Was there an emergency airway team called?	O Yes	O No	O Not Documented
Did patient become apneic or respirations agonal ANY time during ARC event?	O Yes		O No/Not Documented
Date/time patient became apneic or respirations agonal	___/___/_____ ___:___ (MM/DD/YYYY HH:MM)		❑ Time Not Documented

ARC 4.1 2 Ventilation — Ventilation Tab

Types of Ventilation/Airways used	❑ None	❑ Unknown/Not Documented
Ventilation/Airways Used (select all that apply):	❑ Bag-Valve-Mask ___/___/_____ ___:___	❑ Time Not Documented
	❑ Mask and/or Nasal CPAP/BiPAP ❑ Mouth-to-Barrier Device ❑ Mouth-to-Barrier ❑ Laryngeal Mask Airway (LMA)	❑ Endotracheal Tube (ET) ❑ Tracheostomy Tube ❑ Other Non-Invasive Ventilation, Specify ___________
Date/Time first emergency assisted ventilation during event:	___/___/_____ ___:___ (MM/DD/YYYY HH:MM)	❑ Time Not Documented

Was any Endotracheal Tube (ET) or Tracheostomy Tube inserted/re-inserted during event?	O Yes	O No

Date/Time Endotracheal Tube (ET) or Tracheostomy Tube inserted if not already in place and/or re-inserted during event:	___/___/_____ ___:___ (MM/DD/YYYY HH:MM)	❑ Time Not Documented
Method(s) of confirmation used to ensure correct placement of Endotracheal Tube (ET) or Tracheostomy Tube (check all that apply):	❑ Waveform capnography (waveform ETCO2) ❑ Capnometry (numeric ETCO2) ❑ Exhaled CO2 colorimetric monitor (ETCO2 by color change)	❑ Esophageal detection devices ❑ Revisualization with direct laryngoscopy ❑ None of the above ❑ Not Documented

ARC 5.1 Other Interventions — Other Interventions Tab

Select each intervention that was employed during the ARC event

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Drug Interventions (check all that apply)	❑ None (review options below carefully) ❑ Bronchodilator: Inhaled ❑ Bronchodilator: Sub Q or IV/IO ❑ Calcium chloride/Calcium gluconate ❑ Fluid bolus for volume expansion ❑ Magnesium sulfate	❑ Neuromuscular blocker/muscle relaxant ❑ Prostaglandin E1 (PGE) ❑ Reversal agent ❑ Other drug interventions: ________________
Non-Drug Interventions (check all that apply)	❑ None (review options below carefully) ❑ Central venous catheter inserted/PICC ❑ Chest tube(s) inserted ❑ Needle thoracostomy ❑ Nasogastric (NG) / Orogastric (OG) tube ❑ Thoracentesis	❑ Tracheostomy / Cricothyrotomy (placed during event) ❑ Tracheostomy change/replacement ❑ Other non-drug interventions ________________

ARC 6.1 Event Outcome		Event Outcome Tab
Was ANY return of spontaneous respiration documented during event (excluding agonal/gasping)?	○ Yes	○ No/Not Documented
Date/Time FIRST return of spontaneous ventilation (ROSV)	___/___/______ ____:____ (MM/DD/YYYY HH:MM)	❑ Time Not Documented
Reason ARC event ended:	○ Return of spontaneous ventilation (ROSV) (no further need for assisted ventilation) that was sustained for > 20 minutes. ○ Control of ventilation with assisted ventilation that is sustained for > 20 minutes either: a. Non-invasively (includes mask/nasal CPAP/BiPAP, negative pressure ventilation, excludes manual bag-valve mask ventilation); OR b. Via an invasive airway (includes assisted ventilation via endotracheal/tracheostomy tube, assist control, IMV, pressure support, high frequency mechanical ventilation) ○ Transfer of newborn out of delivery room prior to 20 min of spontaneous/controlled vent. ○ Progressed to Cardiopulmonary Arrest; or ARC interventions terminated because advanced directive.	
If progressed to CPA, does CPA portion of event meet GWTG-R inclusion criteria?	○ Yes	○ No, not being entered (e.g., DNAR)
Enter Date/ Time of the BEGINNING of sustained ROSV or control of ventilation or need for chest compression and/or defibrillation (CPA) first identified.	___/___/______ ____:____ (MM/DD/YYYY HH:MM)	❑ Time Not Documented

ARC 7.1 Resuscitation-Related Events And Issues		Events and Issues Tab
	❑ No/Not Documented	
Universal Precautions	❑ Not followed by all team members (specify in comments section)	
Documentation	❑ Signature of code team leader not on code sheet ❑ Missing other signatures ❑ Initial ECG rhythm not documented	❑ Medication route(s) not documented ❑ Incomplete documentation ❑ Other (Specify in comments)
Airway	❑ Aspiration related to provision of airway ❑ Delay ❑ Delayed recognition of airway misplacement/ displacement ❑ Intubation attempted, not achieved	❑ Multiple intubation attempts ▪ Number of attempts ____ ☐ Unknown/Not Documented ❑ Other (specify in comments section)
Vascular Access	❑ Delay	❑ Infiltration/Disconnection ❑ Other (specify in comments)

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	❑ Inadvertent arterial cannulation		
Medications	❑ Delay ❑ Route	❑ Dose ❑ Selection	❑ Other (specify in comments section)
Leadership	❑ Delay in identifying leader ❑ Knowledge of equipment ❑ Knowledge of medications/protocols ❑ Knowledge of roles		❑ Team oversight ❑ Too many team members ❑ Other (specify in comments section)
Protocol Deviation	❑ ACLS/PALS ❑ NRP		❑ Other (specify in comments section)
Equipment	❑ Availability ❑ Function		❑ Other (specify in comments section)
Comments			

NOTE: Please do not enter any patient identifiable information in these optional fields.

Field 1	Field 2
Field 3	Field 4
Field 5	Field 6
Field 7	Field 8
Field 9	Field 10
Field 11	Field 12
Field 13 ___/___/_____ ___:___	Field 14 ___/___/_____ ___:___

END OF ARC FORM

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