



CARDIAC ARREST PROCEDURES STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

RESUSCITATION LEAD QUESTIONNAIRE

CONFIDENTIAL

Name of hospital: _____

Name of trust: _____

Please note- This is a separate study from the work carried out by the National Cardiac Arrest Audit (NCAA) and the Deteriorating Patient study (run by the NPSA), and is being carried out with their full knowledge.

The data collection period is 2 weeks only.

We have ensured, where possible that there is minimal overlap in the data collected and that the terminology used in this form is standardised with the NCAA to make its completion easier.

What is this study about?

The aim of this study is to describe variability and identify remediable factors in the process of care of adult patients who receive resuscitation in an in-hospital setting. The study will investigate factors which may affect the decision to initiate the resuscitation attempt, the outcome and the quality of care following the resuscitation attempt; as well as determining antecedents in the preceding 48 hours, and possible opportunities for intervention.

The study period is:

**00:00:01 Monday 1st November 2010 -
23:59:59 Sunday 14th November 2010**

Specific inclusions/exclusions:

NCEPOD will collect data on all patients aged 16 and older who experienced a cardiac arrest, triggering a call to the resuscitation team (or equivalent) leading to the delivery of chest compressions and/or defibrillation by the hospital based resuscitation team (or equivalent) in all hospitals, both NHS and independent, across England, Wales, Northern Ireland, the Isle of Man and Channel Islands.

Data will not be collected from patients under the age of 16 years or from patients already undergoing CPR on admission to hospital or from patients on ICU.

CPD Accreditation:

NCEPOD recommends that clinicians who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/ self directed Continuous Professional Development in their appraisal portfolio.

How to complete the form:

The resuscitation lead during the cardiac arrest resuscitation attempt should complete the form.

This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided e.g.

Was the cardiac arrest:

Monitored? Witnessed?

If you make a mistake, please "black-out" the incorrect box and re-enter the correct information, e.g.

Inpatients Outpatients

Unless indicated, please mark only one box per question.

A list of definitions is provided on the second page of the questionnaire.

Please return the completed questionnaire to NCEPOD in the SAE provided.

A copy MUST NOT be kept in the patients' notes

Questions or help?

If you have any queries about the study or this questionnaire, please contact NCEPOD at

cardiacarrests@ncepod.org.uk
Telephone: 020 7631 3444

Thank you for taking the time to complete this questionnaire. The findings of the full study will be published in late 2012.



DEFINITIONS

Acute Coronary Syndrome	Development of chest pain of cardiac nature, often but not exclusively associated with an abnormal electrocardiogram (ECG). It is the most common presentation of myocardial infarction (heart attack), and investigations are aimed at confirming this pathology.
Cardiac Arrest	Cardiac arrest is the cessation of cardiac mechanical activity as confirmed by the absence of signs of circulation.
HDU/ Level 2	High Dependency Unit - a specialist unit in a hospital, where patients requiring a high level of specialist intervention are cared for. HDU care is appropriate for: patients needing support for a single failing organ, but excluding those needing advanced respiratory support; patients who can benefit from more detailed observation than can safely be provided on a general ward; patients no longer needing intensive care, but not yet well enough to be returned to a general ward; or post-operative patients who need close monitoring for longer than a few hours, i.e. the period normally spent in the recovery area. HDU can also be referred to as Level 2 care.
ICU/ITU/ Level 3 care	Intensive Care Unit/Intensive Therapy Unit - an area to which patients are admitted for treatment of actual or impending organ failure, especially when mechanical ventilation is necessary.
Primary rhythm	Presenting first documented rhythm apparent on first applying ECG or defibrillator electrodes. Shockable rhythms include: Ventricular fibrillation (VF) , Broad complex tachycardia (VT) or unknown (e.g. when using an AED rhythm maybe documented as shockable but unknown. Unshockable rhythms include Asystole and Pulseless electrical activity (PEA).

CODES FOR GRADE

01- Consultant	04 - Senior Specialist Trainee (SPR3+ or ST5)	08- Other Registered Nurse
02- Staff Grade or Associate specialist	05- Junior specialist trainee (SPR 1&2)	09 - Resuscitation Officer
03 - Trainee with CCT	06 - Basic grade (ST1 & ST2, FY1 & FY2 or CTs)	10 - Unknown
	07 - Specialist Nurse Practitioner	11 - Other

NATIONAL SPECIALTY CODES

S U R G I C A L	100 = General Surgery	150 = Neurosurgery	214 = Paediatric Trauma and Orthopaedics
	101 = Urology	160= Plastic Surgery	215 = Paediatric Ear, Nose and Throat
	104 = Colorectal Surgery	161 = Burns care	217 = Paediatric Maxillo-Facial Surgery
	105 = Hepatobiliary & Pancreatic Surgery	170 = Cardiothoracic Surgery	218 = Paediatric Neurosurgery
	106 = Upper Gastrointestinal Surgery	171 = Paediatric Surgery	219 = Paediatric Plastic Surgery
	107 = Vascular Surgery	172 = Cardiac Surgery	220 = Paediatric Burns Care
	110 = Trauma and Orthopaedics	173 = Thoracic Surgery	221 = Paediatric Cardiac Surgery
	120 = Ear, Nose & Throat (ENT)	180 = Emergency Medicine	222 = Paediatric Thoracic Surgery
	130 = Ophthalmology	192 = Critical or Intensive Care Medicine	242 = Paediatric Intensive Care
	145 = Maxillo-Facial Surgery	211 = Paediatric Urology	
M E D I C A L	251 = Paediatric Gastroenterology	321 = Paediatric Cardiology	500 = Obstetrics and Gynaecology
	253 = Paediatric Clinical Haematology	320 = Dermatology	501 = Obstetrics
	258 = Paediatric Respiratory Medicine	340 = Thoracic/Respiratory Medicine	502 = Gynaecology
	260 = Paediatric Medical Oncology	360 = Genito-Urinary Medicine	800= Clinical Oncology
	300 = General Medicine	370 = Medical Oncology	810 = Radiology
	301 = Gastroenterology	361 = Nephrology	811 = Interventional Radiology
	302 = Endocrinology	400 = Neurology	820 = General Pathology
	306 = Hepatology	401 = Clinical Neuro-Physiology	821 = Blood Transfusion
	307 = Diabetic Medicine	420 = Paediatrics	822 = Chemical Pathology
	314 = Rehabilitation	421 = Paediatric Neurology	823 = Haematology
	320 = Cardiology	422 = Neonatology	000 = Other (Medical or Surgical)



A. PATIENT DETAILS

1a. Hospital Number of Patient?

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1b. NHS Number of Patient?

--	--	--	--	--	--	--	--	--	--	--	--

1c. Date of Birth of Patient?

d	d	m	m	y	y	y	y

1d. Gender of Patient?

Male
 Female

B. RESUSCITATION ATTEMPT

2. Where did the cardiac arrest occur? *(Please see definitions)*

<input type="checkbox"/> Operating room/Post operative Anaesthetic Care Unit	<input type="checkbox"/> Emergency department	<input type="checkbox"/> HDU/Level 2 area
<input type="checkbox"/> Cardiac Monitoring Area/Coronary Care Unit (CCU)	<input type="checkbox"/> Procedure/ Intervention area	<input type="checkbox"/> Medical ward
<input type="checkbox"/> Unknown	<input type="checkbox"/> Outpatient area	<input type="checkbox"/> Surgical ward
<input type="checkbox"/> Other	<input type="text"/>	

3. As far as you can tell, what was the cause of the cardiac arrest?

<input type="checkbox"/> Primary cardiac disease (e.g. Acute Coronary Syndrome, primary arrhythmia, etc.) <i>(Please see definitions)</i>	<input type="checkbox"/> Secondary to non-cardiac disease (e.g. pneumonia, sepsis, electrolyte disturbance, hypovolaemia, etc.)	<input type="checkbox"/> Unknown
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4a. Time and date of cardiac arrest:

(Please use 24 hour clock)

h	h	m	m	d	d	m	m	y	y	y	y

4b. Is this time: estimated

actual

5. Time of cardiac arrest call (e.g. 2222 call):

(Please use 24 hour clock)

h	h	m	m

5b. Is this time: estimated

actual

6. Who was on the team?

Grade

Specialty Code

ALS Trained

(Please see grade & specialty codes on page 2)

Yes

No

Unknown

Team leader

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Person 2

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Person 3

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Person 4

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Person 5

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Person 6

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7a. Was the cardiac arrest:

Monitored

Yes

No

Unknown

Witnessed

Yes

No

Unknown

7b. If the cardiac arrest was witnessed, was the witness competent to defibrillate the patient (if defibrillation was appropriate)?

Yes, and they did

Yes, but they did not

No

Unknown

Not Applicable (defibrillation was inappropriate)





8a. During the resuscitation attempt, did the patient receive any of the following? (Please mark all that apply)

- Defibrillation Adrenaline Chest compressions
 Tracheal intubation Assisted ventilation Supraglottic airway

8b. During the resuscitation attempt, were there any clinically significant delays in obtaining access to:

Defibrillation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> NA
Appropriate equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> NA
Appropriate drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> NA

9a. Were any problems encountered during the resuscitation attempt with:

	Yes	No	Unknown
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defibrillation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication & Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airway Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>		

9b. If yes to any of the above, please comment:

10. Was a Critical Incident report made following the resuscitation attempt? Yes No Unknown

11. What was the primary rhythm? Ventricular Fibrillation (VF) Ventricular Tachycardia (VT)
 Asystole Not monitored Unknown Pulseless Electrical Activity (PEA)

12a. Time from cardiac arrest to first resuscitation attempt: minutes Unknown

12b. Time from cardiac arrest to defibrillation, if shockable rhythm: minutes Unknown

12c. If shockable rhythm, with which device was defibrillation attempted?

Manual defibrillators Unknown Not applicable (please specify below) Both: Hybrid manual defibrillators/AED
 Shock advisory system: Automated Electrical Defibrillators (AEDs)

12d. Duration of resuscitation attempt: h m Unknown

13. Was a DNAR order in place? Yes No Unknown

14. How was the resuscitation event documented? Recorded in casenotes Pro forma Audit

Not recorded Other (please state):

Many thanks for completing this form

