



CARDIAC ARREST PROCEDURES STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

CLINICIAN QUESTIONNAIRE

CONFIDENTIAL

Hospital number of patient:

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DETAILS OF CLINICIAN COMPLETING THIS QUESTIONNAIRE:

Grade: (please specify)

Specialty: (please specify)

Involvement with patient: _____

Were you present at the cardiac arrest? Yes No

What is this study about?

How to complete the form:

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.

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

Specific inclusions/exclusions:

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

Monitored Witnessed

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) between 1st and 14th November 2010 inclusive, in all hospitals, both NHS and independent, across England, Wales, Northern Ireland, the Isle of Man and Channel Islands.

Unless indicated, please mark only one box per question.

A list of definitions is provided on the back page of the questionnaire. Free space is also provided for your comments.

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.

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

A copy MUST NOT be kept in the patient's notes

CPD Accreditation:

Questions or help?

Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. Completion of questionnaires also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants 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.

NB: NCEPOD are moving offices at the beginning of April, please check our website for details of our new address.

Further information about the study and our new postal address can be found on our website:

<http://www.ncepod.org.uk/>

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

cardiacarrests@ncepod.org.uk

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

FOR NCEPOD USE ONLY

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3 4 4 8 2 5 8 3 9 2 4 8 0

A. CASE SUMMARY AND PATIENT DETAILS

1. Please use this section to provide a brief summary of this case, adding any additional comments or information you feel relevant. (Please write clearly for the benefit of the specialist advisory group who will be reviewing the questionnaires). You may also type on a separate sheet.

2a. Age: years

2b. Gender: Male Female

2c. Height: cm Unknown

2d. Weight: kg Unknown

2e. Patient was a: Day patient Inpatient Unknown

Other (please specify)

3a. Date of admission:
d d m m y y y y

3b. Time of admission: Unknown
h h m m

4. Patient location prior to admission: Own home Nursing home Another hospital Unknown
 Other:

5. Location patient admitted to: *(Please see definitions on page 12)*

ICU/ITU/Level 3 Surgical ward Emergency department Medical ward
 HDU/Level 2 Coronary care unit (CCU) Outpatient department Unknown

Other:





6. What was the pathway for this admission?
- Transferred as inpatient from another hospital
- Planned admission Referral from GP
- Emergency admission via the emergency department Emergency admission via GP Unknown
- Other:

- 7a. Prior to this cardiac arrest, did the patient spend time in ICU/ITU/Level 3 during this admission? *(Please see definitions on pages 12)* Yes No Unknown
- 7b. If YES, please state the date of ICU/ITU/Level 3 admission: Unknown
 d d m m y y y y
- 7c. If YES, please state the date of ICU/ITU/Level 3 discharge: Unknown
 d d m m y y y y

8. Please complete the following Barthel Index of Activities of Daily Living for the patient prior to effects of the condition that precipitated hospital admission:

Bowels

- 2 - Continent (for preceding week)
- 1 - Occasional accident (once a week or less)
- 0 - Any worse grade of incontinence
- Not able to assess

Bladder

- 2 - Continent (for preceding week) or able to manage any device (e.g. catheter and bag) without help
- 1 - Occasional accident (once a day or less), or catheterised and needs help with device
- 0 - Any worse grade of incontinence
- Not able to assess

Grooming

- 1 - Independent washing face, combing hair, shaving and cleaning teeth (when implements provided)
- 0 - Help needed
- Not able to assess

Dressing

- 2 - Independent putting on all clothes, including fasteners, zips, etc. (clothes may be adapted)
- 1 - Needs some help but can do at least half
- 0 - Needs more help than this
- Not able to assess

Transfer

- 3 - Needs no help
- 2 - Needs minor help, verbal or physical: can transfer with one person easily, or needs supervision
- 1 - Needs major help: two people or one strong/trained person, but can sit unaided
- 0 - Cannot sit: needs skilled lift by two people (or hoist)
- Not able to assess

Toilet Use

- 2 - Able to get on and off toilet or commode, undress and dress sufficiently, and wipe self without physical or verbal help
- 1 - Needs some help, can wipe self and do some of the rest with minimal help only
- 0 - Needs more help than this
- Not able to assess





8. (cont.)



Mobility

- 3 - May use aid (stick or frame, etc., not wheelchair)
- 2 - Needs help of one person, verbal or physical, including help standing up
- 1 - Independent in wheelchair, including able to negotiate doors and corners unaided
- 0 - Needs more help than this
- Not able to assess

Stairs

- 2 - Independent up and down, and can carry any necessary walking aid
- 1 - Needs help verbal or physical, or help carrying aid
- 0 - Unable
- Not able to assess

Bathing

- 1 - Able to get in and out of bath or shower, wash self without help (may use aids)

- 0 - Unable
- Not able to assess

9. How would you classify the condition or underlying disease that had led to hospital admission, using the McCabe Scale?

(Please see definitions on page 12)

- Rapidly fatal
- Ultimately fatal
- Non-fatal

10. To your knowledge, did the patient have any chronic diseases?

(Please see definitions on page 12)

	Yes	No	Unknown
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immuno-suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardio-vascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver insufficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. PRE-ARREST

11. Which ward was the patient on at the time of attempted resuscitation?

- HDU/Level 2
- Medical ward
- Surgical ward
- Cardiac monitoring area/CCU
- Other:

12a. In your opinion, was this the correct ward for the patient to be on for their condition?

- Yes
- No
- Unknown

12b. If NO, please explain why the patient was on this ward:





12c. If NO, which ward should the patient have been on?

- ICU/ITU/Level 3 HDU/Level 2
 Surgical ward Medical ward
 Cardiac monitoring area/CCU
 Other:

13. How long was the patient in hospital prior to their cardiac arrest?

- < 1 day 1 - 2 days 3 - 4 days
 5 - 6 days 7 or more days Unknown

14. Was the patient on an end of life care pathway? (e.g. Liverpool Care Pathway)

- Yes No Unknown

15a. Had the patient had Acute Coronary Syndrome during this admission (ACS)?
(Please see definitions on page 2)

- Yes No Unknown

15b. If the patient had ACS, did they undergo Percutaneous Coronary Intervention (PCI) prior to their cardiac arrest?

- Yes No Unknown

15c. If YES, were there any clinically significant delays?

- Yes No Unknown

15d. If the patient had ACS, did they receive thrombolytic therapy prior to their cardiac arrest?
(Please see definitions on page 2)

- Yes No Unknown

15e. If YES, were there any clinically significant delays?

- Yes No Unknown

16a. Had the patient undergone surgery in the 48 hours preceding their cardiac arrest?

- Yes No Unknown

16b. If YES, what was the time and date of operation?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h	h	m	m	d	d	m	m
				y	y	y	y

16c. If YES, please give details of operation(s):

17. Please provide the date when the following tests were completed, nearest in time prior to cardiac arrest. Please **either** select the box, if the results fell within the normal range **or** give any results which fell outside the normal range.

Test	Date of test					Results	
	d	d	m	m			y
Urea	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Normal	<input type="text"/>	
Creatinine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Normal	<input type="text"/>	
Sodium	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Normal	<input type="text"/>	
Potassium	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Normal	<input type="text"/>	
Hb	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Normal	<input type="text"/>	

Question 17 is continued overleaf



17. continued

WCC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Normal	<input type="text"/>
Platelets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Normal	<input type="text"/>
pH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Normal	<input type="text"/>
PCO ₂ KPa	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Normal	<input type="text"/>
PO ₂ KPa	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Normal	<input type="text"/>
Please state FiO ₂	<input type="text"/>						
HCO ₃	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Normal	<input type="text"/>
BE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Normal	<input type="text"/>

18. In the 48 hours prior to cardiac arrest, please indicate if any of the following reviewed the patient:

Date		Time		a. MET/ RRT/ CCORT/ Cardiac Arrest Team or other Outreach team:	b. On-call team:	c. Hospital At Night Team	Grade of most senior clinician				
d	d	m	m	h	h	m	m	<i>(Please see definitions on page 12)</i>		<i>(Please see codes for grade on page 12)</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> None of the above											

19a. Is there a statement in the case notes, detailing the patient's resuscitation status? Yes No Unknown

19b. If YES, what was the patient's resuscitation status? For resuscitation Do not attempt resuscitation (DNAR)





20. If a DNAR decision had not been made, why not (please select all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Patient was for full and active management | <input type="checkbox"/> No opportunity or time to discuss with the patient |
| <input type="checkbox"/> No opportunity or time to document the decision | <input type="checkbox"/> The perceived need to discuss resuscitation status with the patient and/or relatives inhibited decision being made |
| <input type="checkbox"/> No opportunity or time to discuss with relatives | <input type="checkbox"/> Advanced directive |
| <input type="checkbox"/> Other (please specify): | <input type="checkbox"/> Unknown |

21. If a DNAR decision had been made, what grade of doctor made this decision?

- | | | |
|---|---|--|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Junior specialist trainee (SpR 1&2, ST3 & 4) | <input type="checkbox"/> Basic grade (ST1 & ST2, FY, or CTs) |
| <input type="checkbox"/> Staff grade or Associate Specialist | <input type="checkbox"/> Trainee with CCT | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Senior specialist trainee (SpR 3+ or ST5+) | <input type="checkbox"/> Other (please specify) | <input style="width: 100%; height: 20px;" type="text"/> |

22. If a DNAR decision had been made, was this:

- | | | | |
|--|------------------------------|-----------------------------|----------------------------------|
| a. Discussed with the patient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| b. Discussed with the patient's relatives? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

23. If a DNAR decision had been made, was this: (answers may be multiple)

- | | | | |
|--|---|---|----------------------------------|
| <input type="checkbox"/> Because the patient was unlikely to survive | <input type="checkbox"/> Due to poor quality of life | <input type="checkbox"/> At patient request | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other: | <input style="width: 100%; height: 30px;" type="text"/> | | |

C. POST ARREST/ OUTCOME

24a. Outcome of resuscitation attempt: Death Survived resuscitation attempt

24b. Time of outcome:
h h m m

IF PATIENT DID NOT SURVIVE THE CARDIAC ARREST, THEN GO TO QUESTION 39; OTHERWISE PLEASE CONTINUE.

25. Immediately following the cardiac arrest, was the patient referred to ICU/ITU/Level 3 care? Yes No Unknown

25b. If YES, was the patient refused admission to ICU/ITU/Level 3 care? Yes No Unknown

25c. If the patient was refused admission to ICU/ITU/Level 3 care, why? No bed available Not deemed appropriate due to poor chance of survival

Other:





26. Where was the patient cared for immediately following the cardiac arrest?

- ICU/ITU/Level 3 HDU/Level 2 Same ward as pre-arrest Unknown
 Cardiac Monitoring area/CCU Transferred to another acute care hospital
 Other (Please State:)

27. Following the cardiac arrest, was a DNAR order made for the patient? Yes No Unknown

28. If the patient went to ICU/ITU/Level 3 care immediately following their cardiac arrest, how many days did they spend there? Not applicable Unknown

29a. If the patient went to ICU/ITU/Level 3 care following their cardiac arrest, were they actively cooled? Yes No Unknown

(Please see definitions on pages 12)

29b. If YES what was the target temperature range? °C - °C

29c. If YES, for what duration? < 12 hours 24 - 36 hours
 12 - 24 hour > 36 hours

30a. Did the patient receive renal replacement therapy? Yes No Unknown

30b. If the patient had ACS, did they undergo Percutaneous Coronary Intervention following their cardiac arrest? Yes No Unknown N/A

(Please see definitions on pages 12)

30c. If YES, were there any clinically significant delays? Yes No Unknown

30d. If the patient had ACS, did they receive thrombolytic therapy following their cardiac arrest? Yes No Unknown N/A

(Please see definitions on pages 12)

30e. If YES, were there any clinically significant delays? Yes No Unknown

33. Was the patient mechanically ventilated? Yes No Unknown

34a. Were treatment limitation decisions made during the patient's critical care stay? Yes No Unknown

34b. If YES, what were these decisions? Not for ventilation Not for renal replacement therapy
 Other (please state) Not for inotropic support Not for escalation of care above current level of organ support

35a. Were active life sustaining therapies withdrawn? Yes No Unknown

35b. If YES, when? Date: Time:
d d m m y y y y (24 hour clock) h h m m





35c. What evidence was used to determine that a poor outcome was likely?

- Clinical examination alone
 Imaging studies (e.g. CT, MRI)
 Other (please state)
 Electrophysiological studies
 Biochemical markers

36a. Did the patient survive to hospital discharge?
 Yes
 No
 Unknown
 Not applicable: still an inpatient at the current time

36b. If YES, date of discharge:

 Not applicable
d d
m m
y y y y

36c. If NO, date/ time of discharge/death:

 Not applicable
d d
m m
y y y y
h h
m m

36d. If the patient is still an inpatient at the current time, please give date of completion of form:

 Not applicable
d d
m m
y y y y

37. If the patient was alive at discharge, what was the functional state of the patient at discharge as judged using Cerebral Performance Category (CPC) Scoring?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> 1 - Conscious and alert with normal function or only slight disability | <input type="checkbox"/> 2 - Conscious and alert with moderate disability | <input type="checkbox"/> 3 - Conscious with severe disability | <input type="checkbox"/> 4 - Comatose or persistent vegetative state |
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Unknown | | |

38. What location was the patient discharged to:
 Own home
 Nursing home
 Not Applicable
 Other:
 Another hospital
 Hospice
 Unknown

39a. Was organ donation after cardiac death considered?
 Yes
 No
 Unknown

39b. Was organ donation discussed with relatives?
 Yes
 No
 Unknown

39c. Was organ donation discussed with specialist nurse?
 Yes
 No
 Unknown

39d. Did the patient become an organ donor?
 Yes
 No
 Unknown

40a. Were there any factors that, if changed, could have affected outcome positively?
 Yes
 No
 Unknown

40b. If YES what, and why?

Thank you for completing this questionnaire. As part of this study we are also surveying clinicians' attitudes towards resuscitation. We would greatly appreciate it therefore, if you could take the time to complete the supplemental questions overleaf.



Survey of Clinicians' Attitudes Towards Resuscitation

Please read through the 5 case studies below and answer the questions overleaf with respect to each case:

Case 1

Admission

64 year old male. Admitted to hospital with infective exacerbation of chronic obstructive pulmonary disease. He smokes 30 - 40 cigarettes per day. He has had 5 admissions to hospital in the past year and has responded to treatment with antibiotics, steroids and bronchodilators. He has been prescribed home oxygen therapy but is poorly compliant due to continued smoking. He is limited by breathlessness to walking 15 – 20 metres on the flat and cannot manage stairs. He has unintentionally lost 8Kg in weight over the past year.

Progress

Treatment with broad spectrum antibiotics, prednisolone, salbutamol and ipratropium has not resolved his symptoms. Over the first 96 hours of admission he has been persistently tachycardiac, hypotensive (BP 95/45), respiratory rate has risen from 22 to 30 breaths per minute and is now confused. With high flow oxygen his arterial saturation is 85%. A blood gas shows a respiratory alkalosis and hypoxia. You are asked to review the patient.

Case 2

Admission

44 year old male. Admitted to hospital with jaundice, abdominal pain, fever and high white count. Pancreatic carcinoma was diagnosed 4 months earlier (surgical resection not possible, biliary stent inserted to treat obstructive jaundice). You think he now has biliary sepsis and a blocked stent. You start antibiotics and are considering an ERCP to remove the blocked stent.

Progress

The stent was removed and antibiotics continued. Over the next 48 hours he developed shock, acute kidney injury and required high flow oxygen to maintain arterial saturations of 87%. You are asked to review him as the nursing staff are concerned that he is deteriorating rapidly. He is rousable but confused. His wife talks to you before you review the patient and states that he would want everything possible done, including resuscitation attempts.

Case 3

Admission

56 year old male. Admitted with acute severe asthma. He has a past medical history of severe atopic asthma. His maintenance steroid dose is 25mg prednisolone per day. Between acute attacks he is reasonably well and independent. On admission he is very tachycardiac, tachypnoeic, sweaty and anxious. CXR suggests lobar pneumonia. Treatment is started with bronchodilators, increased doses of steroid and antibiotics.

Progress

Over the next 12 hours his bronchospasm improves and with this he becomes less tachycardic and tachypnoeic. He is able to talk in full sentences. Antibiotics are continued. By the morning of day 4 he is feeling much better and fever has settled. You are asked to review him that evening as he has become much more short of breath and hypoxic. It is clear that he has had a significant deterioration in respiratory function and is now hypotensive and tachycardic.

Case 4

Admission

83 year old female. Her usual place of residence is a care home due to dementia. Over the past few months she has become increasingly drowsy and spends many hours of the day asleep. She needs help with all activities of daily living and despite best efforts to ensure adequate nutrition is steadily losing weight. She is admitted due to worsening confusion and agitation. She has a fever and high white count. You suspect she has a urinary tract infection. She is treated with antibiotics, fluids and oxygen. There is no family or next of kin available.

Progress

You are asked to review after 24 hours. Due to confusion and agitation she has been given haloperidol and diazepam. On examination she is difficult to rouse. Blood pressure is low and urine output over the past 12 hours has been 110mls. The next of kin are now present and are very concerned for their mother. They ask you to do all that you can to make her better.

Case 5

Admission

75 year old female. Admitted to hospital with fractured of the neck of femur after a fall. Past medical history of type II diabetes, chronic kidney disease (on haemodialysis), hypertension, previous myocardial infarction and lifelong heavy smoking. You ask for a cardiology review. Nephrology will arrange for review and dialysis.

Progress

Cardiology review revealed significantly impaired left ventricular function. Dialysis was provided preoperatively. The hip fracture was treated within 24 hours. You are asked to review on the third postoperative day. The patient had complained of some chest pain in the night but this settled with no intervention. Blood pressure is now 80/45. She is cold and clammy. The fluid balance chart shows that she is four litres positive in the postoperative period. Her respiratory rate is 40 breaths per minute and she is very distressed. There are no recent blood results available. You think that she may have had a myocardial event and are concerned about pulmonary oedema.



<input type="checkbox"/>	ADMISSION	Case 1.	Case 2.	Case 3.	Case 4.	Case 5.	<input type="checkbox"/>
SQ1.	Would you consider resuscitation status on admission in this case?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
a.		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
b.	If YES would you:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	Make no decision about resuscitation status?	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
c.	Decide on full therapy including resuscitation?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
d.	Decide on full therapy but not for resuscitation attempt?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
e.	Decide on a palliative pathway and not for resuscitation attempt?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
SQ2.	If you decided that DNAR was appropriate	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
a.	would you discuss this with the patient?	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
b.	If you decided that DNAR was appropriate would you discuss this with the next of kin?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
SQ3.	If the patient suffered a cardiac arrest and had attempted resuscitation in the admission period what do you think the chances of survival to hospital discharge are?						
	Please select from the following percentages (A-E) for each case: (A) 0-10%, (B) 11-20%, (C) 21-30%, (D) 31-40%, (E) 41-50%, (F) 51-60%, (G) 61-70%, (H) 71-80%, (I) 81-90%, (J) 91-100%						
	<input type="checkbox"/> Case 1	<input type="checkbox"/> Case 2	<input type="checkbox"/> Case 3	<input type="checkbox"/> Case 4	<input type="checkbox"/> Case 5		

PROGRESS If you didn't make a DNAR decision in SQ1 please answer question SQ4

<input type="checkbox"/>	PROGRESS	Case 1.	Case 2.	Case 3.	Case 4.	Case 5.	<input type="checkbox"/>
SQ4.	When asked to review the patient would you also review resuscitation status in this case?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
a.		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
	If YES: Would you:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
b.	Make no decision about resuscitation status?	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
c.	Decide on full therapy including resuscitation?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
d.	Decide on full therapy but not for resuscitation attempt?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
e.	Decide on a palliative pathway and not for resuscitation attempt?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
SQ5.	If you decided that DNAR was appropriate	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
a.	would you discuss this with the patient?	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
b.	If you decided that DNAR was appropriate would you discuss this with the next of kin?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
SQ6.	If the patient suffered a cardiac arrest and had attempted resuscitation after you reviewed the patient (after progress section of case history) what do you think the chances of survival to hospital discharge are?						
	Please select from the following percentages (A-E) for each case: (A) 0-10%, (B) 11-20%, (C) 21-30%, (D) 31-40%, (E) 41-50%, (F) 51-60%, (G) 61-70%, (H) 71-80%, (I) 81-90%, (J) 91-100%						
	<input type="checkbox"/> Case 1	<input type="checkbox"/> Case 2	<input type="checkbox"/> Case 3	<input type="checkbox"/> Case 4	<input type="checkbox"/> Case 5		



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, ST3 & ST4) | 09 - Resuscitation officer |
| 03 - Trainee with CCT | 06 - Basic grade (ST1 & ST2, FY1 & FY2 or CTs) | 10 - Other |
| 07 - Specialist Nurse Practitioner | | |

DEFINITIONS

Acute Coronary Syndrome	Development of chest pain of cardiac nature caused by caused by thrombosis (clotting) within the coronary arteries and impaired blood supply to the heart muscle (the myocardium), often but not exclusively associated with an abnormal electrocardiogram (ECG).	
Cardiac Arrest	Cardiac arrest is the cessation of cardiac mechanical activity as confirmed by the absence of signs of circulation. For the purposes of this study- receiving chest compressions or defibrillation	
Chronic diseases	Respiratory	Including: Chronic restrictive; Obstructive pulmonary disease resulting in severe exercise restrictions (e.g. unable to perform household duties or climb stairs); Documented chronic hypoxia; Hypercapnia; Secondary polycythemia; Severe pulmonary hypertension (>40 mmHg); Respirator dependency.
	Renal	Receiving chronic dialysis.
	Immuno-suppression	The patient has received therapy that suppresses resistance to infection (e.g. immunosuppression, chemotherapy, radiation, long-term or recent high dose steroids, etc.) or has a disease that is sufficiently advanced to suppress resistance to infection (e.g. Leukaemia, Lymphoma, AIDS, etc.).
	Cardio-vascular	New York Heart Association Functional Classification - Class IV: Severe limitations. Experiences symptoms even while at rest.
	Liver Insufficiency	Including: Biopsy-proven cirrhosis; Documented portal hypertension; Episodes of past upper GI bleeding attributed to portal hypertension; Prior episodes of hepatic failure/encephalopathy/coma.
MET/RRT/CCORT/	Medical Emergency Team/Rapid ResponseTeam/Critical Care Outreach Team / their purpose is to provide immediate care to patients on the medical/surgical ward who show signs of physiological instability or clinical deterioration. They provide intervention to prevent, rather than treat, cardiopulmonary arrest.	
Percutaneous Coronary Intervention	Sometimes called PCTA, angioplasty or stenting, this describes a range of procedures that treat narrowing or blockages in coronary arteries supplying blood to the heart.	
Thrombolysis	The breakdown (lysis) of blood clots by pharmacological means. It works by stimulating fibrinolysis by plasmin through infusion of analogs of tissue plasminogen activator (tPA), the protein that normally activates plasmin.	

