

Pan-Asian Resuscitation Outcomes Study (PAROS)

Case number

Mode of Transportation

#1 Patient brought in by ₁ EMS ₂ Non-EMS
If 'Non-EMS', please specify ₁ Private ambulance ₂ Own/Private transport ₃ Public transport

Incident Information

#2 Date of incident (dd/mm/yyyy)

#3 Location of incident (Optional) _____
 (enter Zip/Postal code) _____ *Unknown*

#4 Location type ₁ Home residence ₂ Healthcare facility ₃ Public/Commercial building
₄ Nursing home ₅ Street/Highway ₆ Industrial place
₇ Transport center ₈ Place of recreation ₉ In EMS/Private ambulance
₁₀ Other, specify _____

Patient Information

#5 Date of birth (dd/mm/yyyy) **Age** Days
 Months
 Years

#6 Gender ₁ Male ₂ Female

#7 Race (optional) ₁ Chinese ₂ Malay ₃ Indian ₄ Eurasian ₅ Other

#8 Medical history

<input type="radio"/> ₁ No	<input type="radio"/> ₂ Unknown	<input type="radio"/> ₃ Heart disease
<input type="radio"/> ₄ Diabetes	<input type="radio"/> ₅ Cancer	<input type="radio"/> ₆ Hypertension
<input type="radio"/> ₇ Renal disease	<input type="radio"/> ₈ Respiratory disease	<input type="radio"/> ₉ Hyperlipidemia
<input type="radio"/> ₁₀ Stroke	<input type="radio"/> ₁₁ HIV	<input type="radio"/> ₁₂ Other

Dispatch Information (Not Applicable for Non-EMS case)

#9	Time call received at dispatch center	<input type="text"/>	(hh:mm:ss)	<input type="checkbox"/> No First Responder dispatched
#10	Time First responder dispatched	<input type="text"/>	(hh:mm:ss)	
#11	Time Ambulance dispatched	<input type="text"/>	(hh:mm:ss)	
#12	Time First responder arrived at scene	<input type="text"/>	(hh:mm:ss)	
#13	Time Ambulance arrived at scene	<input type="text"/>	(hh:mm:ss)	
#14	Time EMS arrived at patient side	<input type="text"/>	(hh:mm:ss)	
#15	Time Ambulance left scene	<input type="text"/>	(hh:mm:ss)	
#16	Time Ambulance arrived at ED	<input type="text"/>	(hh:mm:ss)	

Prehospital Event and Resuscitation Information

#17	Estimated time of arrest	<input type="text"/>	(hh:mm:ss)	<input type="checkbox"/> <i>Unknown</i>
#18	Arrest witnessed by	<input type="checkbox"/> ₁ Not witnessed <input type="checkbox"/> ₂ EMS/Private ambulance <input type="checkbox"/> ₃ Bystander - healthcare provider <input type="checkbox"/> ₄ Bystander - lay person <input type="checkbox"/> ₅ Bystander - family		
#19	Bystander CPR	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No		
#20	First CPR initiated by	<input type="checkbox"/> ₁ No CPR initiated <input type="checkbox"/> ₂ First responder <input type="checkbox"/> ₃ Ambulance crew <input type="checkbox"/> ₄ Bystander - healthcare provider <input type="checkbox"/> ₅ Bystander - lay person <input type="checkbox"/> ₆ Bystander - family <input type="checkbox"/> ₇ Unknown		
#21	Bystander AED applied	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No		
#22	Resuscitation attempted by EMS/Private ambulance	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No		

#32 CPR discontinued at scene/en-route ₁ Yes ₂ No

If 'Yes', please specify ₁ DNAR

₂ ROSC

₃ Medical control order

₄ Obvious signs of death

₅ Protocol/policy requirements completed

Disposition

#33 Final status at scene ₁ Conveyed to ED ₂ Pronounced dead at scene

#34 Cause of arrest ₁ Trauma ₂ Non-trauma

If 'Non-trauma', please specify ₁ Presumed cardiac etiology ₂ Respiratory

₃ Electrocution ₄ Drowning ₅ Other

#35 Level of destination hospital ₁ Tertiary ₂ Community

#36 Destination hospital ₁ AH ₂ CGH ₃ KKH ₄ KTPH

₅ NUH ₆ TTSH ₇ SGH ₈ N.A.

#37 Patient's status at ED arrival ₁ ROSC

₂ Ongoing resuscitation

₃ Transported without resuscitation

ED Resuscitation Information (Not Applicable for cases that were pronounced dead at scene)

#38 Date of arrival at ED (dd/mm/yyyy)

#39 Time of arrival at ED (hh:mm:ss)

#40 Patient status on arrival at ED Pulse ₁ Yes ₂ No

Breathing ₁ Yes ₂ No

#41 Cardiac rhythm on arrival at ED ₁ VF ₂ VT ₃ PEA

₄ Asystole ₅ Sinus or other perfusing rhythm

#42 ED defibrillation performed ₁ Yes ₂ No

Hospital Outcome (FOR PATIENT WHO SURVIVED TO ADMISSION)

#54 Patient status ₁ Discharged alive
₂ Remains in hospital at 30th day post arrest
₃ Died in hospital

#55 Date of Discharge or Death (dd/mm/yyyy)

#56 Patient neurological status on discharge or at 30th day post arrest
 Cerebral Performance Category
 Overall Performance Category
 Unknown

Patient Health and Quality of Life

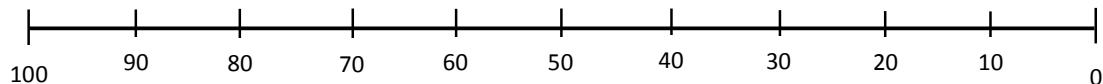
Unknown

(FOR PATIENT WHO IS DISCHARGED ALIVE or ALIVE ON 30th DAY POST ARREST)

EQ-5D Health Dimensions

- #57 Mobility ₁ No problem ₂ Some problems ₃ Confined to bed
- #58 Self-care ₁ No problem ₂ Some problems ₃ Unable to wash or dress
- #59 Usual activities ₁ No problem ₂ Some problems ₃ Unable to perform
- #60 Pain/Discomfort ₁ None ₂ Moderate ₃ Extreme
- #61 Anxiety/Depression ₁ None ₂ Moderate ₃ Extreme

#62 **EQ-5D Visual Analog Scale (VAS)**



*100 (best imaginable health state) and 0 (worst imaginable health state)