

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 ₁ No ₂ Unknown ₃ Heart disease
₄ Diabetes ₅ Cancer ₆ Hypertension
₇ Renal disease ₈ Respiratory disease ₉ Hyperlipidemia
₁₀ Stroke ₁₁ HIV ₁₂ Other

Dispatch Information (Not Applicable for Non-EMS case)

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

Prehospital Event and Resuscitation Information

#17	Estimated time of arrest	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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		

- #23 First arrest rhythm ₁ VF ₂ VT ₃ PEA ₄ Asystole
₅ Unknown *shockable* rhythm
₆ Unknown *unshockable* rhythm ₇ Unknown
- #24 Time CPR started by EMS/Private ambulance (hh:mm:ss) Unknown
- #25 Time AED applied by EMS/Private ambulance (hh:mm:ss) Unknown
- #26 Prehospital defibrillation ₁ Yes ₂ No
 If 'Yes', time of first shock given (hh:mm:ss) Unknown
- #27 Defibrillation performed by ₁ First responder
₂ Ambulance crew
₃ Bystander - healthcare provider
₄ Bystander - lay person
₅ Bystander - family
- #28 Mechanical CPR device used by EMS/Private ambulance ₁ Yes ₂ No
 If 'Yes', please specify ₁ Load-Distributing Band
₂ Active Compression Decompression
₃ Mechanical Piston ₄ Other
- #29 Advanced airway used by EMS/Private ambulance ₁ Yes ₂ No
 If 'Yes', please specify ₁ Oral/Nasal ET ₄ King airway
₂ Combitube ₅ Other
₃ LMA
- #30 Drug administered by EMS/Private ambulance ₁ Yes ₂ No
 If 'Yes', select drugs given ₁ Epinephrine ₅ Lidocaine
₂ Atropine ₆ Dextrose
₃ Amiodarone ₇ Other
₄ Bicarbonate
- #31 Return of spontaneous circulation at scene/en-route ₁ Yes ₂ No
 If 'Yes', specify time (hh:mm:ss) Unknown

#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

#43 Mechanical CPR device used at ED ₁ Yes ₂ No

If 'Yes', please specify ₁ Load-Distributing Band

₂ Active Compression Decompression

₃ Mechanical Piston ₄ Other

#44 Advanced airway used at ED ₁ Yes ₂ No

If 'Yes', please specify ₁ Oral/Nasal ET ₄ King airway

₂ Combitube ₅ Other

₃ LMA

#45 Drug administered at ED ₁ Yes ₂ No

If 'Yes', select drugs given ₁ Epinephrine ₅ Lidocaine

₂ Atropine ₆ Dextrose

₃ Amiodarone ₇ Other

₄ Bicarbonate

#46 Return of spontaneous circulation at ED ₁ Yes ₂ No

If 'Yes', specify time (hh:mm:ss) Unknown

#47 Emergency PCI performed ₁ Yes ₂ No

#48 Emergency CABG performed ₁ Yes ₂ No

#49 Hypothermia therapy initiated ₁ Yes ₂ No

#50 ECMO therapy initiated ₁ Yes ₂ No

#51 Cause of arrest ₁ Trauma ₂ Non-trauma

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

₃ Electrocutation ₄ Drowning ₅ Other

#52 Reason for discontinuing CPR at ED ₁ Death ₃ ROSC

₂ DNAR ₄ ECMO therapy

#53 Outcome of patient ₁ Admitted ₃ Died in ED

₂ Transferred to another hospital ₄ Unknown

Hospital Outcome (FOR PATIENT WHO SURVIVED TO ADMISSION)

#54 Patient status	<input type="checkbox"/> ₁ Discharged alive
	<input type="checkbox"/> ₂ Remains in hospital at 30 th day post arrest
	<input type="checkbox"/> ₃ Died in hospital
#55 Date of Discharge or Death	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
#56 Patient neurological status on discharge or at 30 th day post arrest	Cerebral Performance Category <input type="checkbox"/>
	Overall Performance Category <input type="checkbox"/>
	<input type="checkbox"/> Unknown

Patient Health and Quality of Life

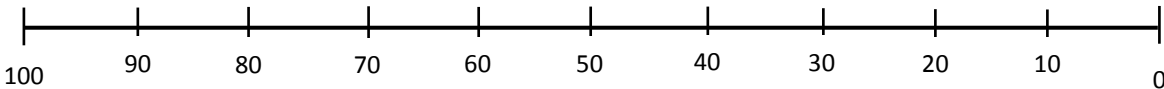
Unknown

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

EQ-5D Health Dimensions

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

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



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