

PAROS

TAXONOMY

VERSION 1.0

14 JUNE 2010

Data Field	Definition
Patient Enrollment	
<i>Patient Enrollment Information:</i>	
<i>Country</i>	2-alphabet country code: <ul style="list-style-type: none"> • Australia – AU • Brunei – BR • Egypt – EG • Hong Kong – HK • Japan – JP • Korea – KR • Malaysia – MY • Singapore – SG • Taiwan – TW • Thailand – TH • Turkey - TR
<i>City/EMS District</i>	3-alphabet code: <ul style="list-style-type: none"> • Aichi - AIC • Ankara – AKR • Antalya – ATY • Ayutthaya – AYU • Bangkok – BKK • Chonburi – CHB • Daegu – DAE • Goyang – GOY • Gwangju – GWA • Incheon – ICN • Izmir – IZR • Jeju – JEJ • Klang Valley – KLV • Kota Bharu – KTB • Melbourne – MEL • Nakhon Nayok – NNK • Osaka – OSK

	<ul style="list-style-type: none"> • Penang – PNG • Perth – PER • Phitsanulok – PHI • Prachinburi - PRA • Ratchaburi – RCB • Seoul – SEO • Singapore – SIN • Songkla – SGK • Sydney – SYD • Tainan – TNN • Taipei – TPE • Tokyo – TKY • Yala – YAL
<i>Site Number</i>	3-digit code
<i>Patient's name[#]</i> (Optional)	<p>Provide patient's name as recorded in ID. It acts as an identifier for tracing the prehospital and ED data.</p> <p>If the patient's name is unknown, indicate unidentified male patient as '<i>Unknown Male</i>' or unidentified female patient as '<i>Unknown Female</i>'.</p>
<i>ID / Site Survey Number[#]</i>	<p>Provide patient's ID or site survey number. It also acts as an identifier for tracing the prehospital and ED data.</p> <p>If ID is not available, use the medical record number which was issued during registration at the ED.</p>
<i>Date of arrival at ED</i>	<p>Provide the date when the patient arrived at the ED. There will be a possibility that patients may have had previous incidents in the database. This is essential to prevent wrong data entries or mismatch of data.</p> <p>Enter date as dd/mm/yyyy.</p>
<p>Case number will be auto-generated when the above 6 fields are entered into the system. It will subsequently appear as an unique case number for each individual record.</p>	
<p># All patients' identifiers will be subsequently removed from the database after outcome information from hospital has been traced and data entry is completed.</p>	
<p>EMS and Hospital Data</p> <p>(*The preferred source of data is the EMS patient case record and ED and/or hospital patient case record.)</p>	
<p>Mode of Transportation:</p>	
#1. Patient brought in by	Indicate "EMS" or "Non-EMS"

	<p>Brought in by 'EMS' refers to case that was conveyed by ambulance which was dispatched via EMS dispatch center.</p> <p>Brought in by 'non-EMS' refers to case that was conveyed by private ambulance, own/private transport or public transport.</p> <p>Private ambulance is defined as ambulance which was <u>NOT</u> dispatched via EMS dispatch center.</p> <p>Own/private transport includes family member's or relative's/neighbour's/passersby's vehicle.</p> <p>Public transport includes taxi, bus or other modes of public transport.</p>
Incident Information:	
#2. <i>Date of Incident</i>	Provide the date when the cardiac arrest occurred. Enter date as dd/mm/yyyy.
#3. <i>Location of incident (Optional)</i>	<p>Record the zip or postal code of the location where patient was found.</p> <p>Indicate "Unknown" if unable to obtain any information.</p>
#4. <i>Location type</i>	<p>Indicate type of location where the patient was found.</p> <p>Check only <u>ONE</u> that applies from the list provided.</p> <p><i>Home residence:</i> defined as residential home, including inside or nearby surrounding of the home/apartment.</p> <p><i>Healthcare facility:</i> includes government outpatient clinic/polyclinic, primary healthcare clinic, specialist outpatient clinic, dialysis centre, and other private healthcare facilities.</p> <p><i>Public/Commercial building:</i> includes office premises, government offices, shopping mall, educational institution (school), hotel, restaurant, etc.</p> <p><i>Nursing home:</i> includes home for the aged, assisted living institution, community hospital, sheltered home for mentally ill, hospice centre, day rehabilitation centre and elderly day care centre.</p> <p><i>Street/Highway:</i> includes all vehicular road, public road, highway and street pavement.</p> <p><i>Industrial place:</i> includes industrial premise, construction site, factory, warehouse, shipyards and wharf.</p> <p><i>Transport center:</i> includes bus station/terminal, train/subway station, ferry terminal and airport.</p> <p><i>Place of recreation:</i> includes gym, stadium, sports complex, park, public swimming complex, golf course, soccer field, entertainment places (e.g. bar, music lounge & club) and other place of recreation/sport.</p> <p><i>In EMS/Private ambulance:</i> refers to cases that collapsed in the</p>

	<p>ambulance while en-route to hospital.</p> <p><i>Others:</i> refers to locations that are not included above. State the location in the space provided.</p>
Patient Information:	
#5. <i>Date of birth</i>	<p>Provide patient's date of birth and enter date as dd/mm/yyyy.</p> <p>If the date of birth is unknown or not available, proceed to enter patient's <i>estimated</i> age in the 'Age' box.</p>
#5. <i>Age</i>	<p>This component will be auto-generated if the 'Date of birth' has been entered.</p> <p>If the date of birth is unknown or not available, enter patient's <i>estimated</i> age and select the appropriate units for the recorded age in the field.</p>
#6. <i>Gender</i>	Indicate "male" or "female".
#7. <i>Race</i> (Optional)	<p>Indicate the race of the patient.</p> <p>Check only <u>ONE</u> that applies from the list provided.</p>
#8. <i>Medical history</i>	<p>Check all that applies from the list of medical histories provided.</p> <p>Indicate "Unknown" if unable to obtain any medical history from bystander.</p>
Dispatch Information:	
<p>(*Enter time as hh:mm:ss [24 hour clock]. Dispatch time information from EMS records should only be used as a <u>FINAL</u> option.)</p> <p>(** THIS SECTION IS NOT APPLICABLE FOR NON-EMS CASE.)</p> <p># First responder defined as the rapid responder who is also dispatched via emergency call center but does not transport the patient, e.g. firefighter, motorcycle/bicycle medic.</p> <p>## Ambulance defined as the responding vehicle that is used to transport patients.</p>	
No First responder[#] (FR) dispatched	Select this if FR was not dispatched for the incident.
#9. <i>Time call received by dispatch center</i>	<p>Time of the earliest call received at the dispatch center (emergency call centre).</p> <p>The recorded time of call received should be the first ring at the dispatch center (emergency call center). The time of call received has to be obtained from dispatch records.</p>
#10. <i>Time FR dispatched</i>	<p>Time when the responding FR was notified by the EMS dispatch centre. The time of dispatch has to be obtained from dispatch records.</p> <p>Select "No First Responder" box if FR was not dispatched.</p>
#11. <i>Time ambulance^{##} dispatched</i>	Time when the responding ambulance was notified by the EMS dispatch centre. The time of dispatch has to be obtained from dispatch records.
#12. <i>Time FR arrived at</i>	Time FR arrived at scene defined as the time FR vehicle

<i>scene</i>	stopped moving at the scene. The time of arrival has to be obtained from dispatch records rather than EMS records.
<i>#13. Time ambulance arrived at scene</i>	Time ambulance arrived at scene defined as the time ambulance stopped moving at the scene. The time of arrival has to be obtained from dispatch records rather than EMS records.
<i>#14. Time EMS arrived at patient side</i>	<p>Time EMS arrival at patient side refers to the timing of the <u>1st EMS personnel</u>, either FR or ambulance crew, who reached the patient's side.</p> <p>This may not be the same as '<i>Time FR or ambulance arrived at scene</i>'. It is the time when either FR or ambulance crew physically arrived next to the patient.</p> <p>E.g. Ambulance crew arrived at scene at 12:30:35, and they arrived at patient's side at 12:32:00 after climbing five storeys where the patient was physically located.</p>
<i>#15. Time ambulance left scene</i>	Time when the patient was transported from the scene to the designated emergency department (ED), i.e. when ambulance started moving. The time of ambulance left scene has to be obtained from dispatch records.
<i>#16. Time ambulance arrived at ED</i>	Time when the ambulance arrived at the ED, i.e. when the ambulance stopped moving. The time of ambulance arrived at hospital has to be obtained from dispatch records.
Prehospital Event and Resuscitation Information:	
* EMS team defined as the first responder and/or ambulance crew which were activated for the incident.	
<i>#17. Estimated time of arrest</i>	<p>It is the onset of the cardiac arrest; i.e. patient is unconscious, not breathing and has no pulse.</p> <p>If the patient responded to bystander's CPR or defibrillation, and has ROSC prior to EMS arrival, but later re-arrest in front of EMS, the time of arrest would <u>NOT</u> be the re-arrest timing. It should be the first arrest timing prior to EMS arrival.</p> <p>Enter time as hh:mm:ss (24 hour clock).</p> <p>Indicate "Unknown" if unable to obtain the estimated time of arrest.</p>
<i>#18. Arrest witnessed by</i>	<p>Check only <u>ONE</u> that applies from the list provided.</p> <p>Not witnessed is defined as the arrest event was neither seen nor heard by anyone.</p> <p>Arrest witnessed is defined as the arrest was <u>seen or heard</u> by another person.</p> <p>A bystander is defined as any person who responded and was <u>NOT</u> on duty with the EMS team or private ambulance crew at the time of the arrest.</p> <p>If the patient responded to bystander's CPR or defibrillation, and</p>

	<p>has ROSC prior to EMS team or private ambulance arrival, but later re-arrest in front of EMS team or private ambulance, the arrest would <u>NOT</u> be considered witnessed by EMS team or private ambulance.</p> <p>Bystanders include passer-by, lay person, member of the public, family member, police, private general practitioner, healthcare provider from nursing home/dialysis center, etc.</p> <p>Bystander – healthcare provider defined as bystander medical personnel who are <u>NOT</u> part of the EMS team. This option does not take into consideration whether the healthcare provider is a family member or relative of the patient.</p> <p>Bystander – family defined as the person who is known to be a family member or relative of the patient who is <u>NOT</u> a healthcare provider.</p> <p>Bystander – lay person defined as other bystander who is a non-relative / family member and a non-healthcare provider.</p> <p>Where there are overlaps between the sub-categories of Bystander, the option should be selected in the following order: (1) Bystander – healthcare provider; (2) Bystander – family; then (3) Bystander – lay person.</p>
#19. <i>Bystander CPR</i>	<p>Indicate “Yes” or “No”.</p> <p>Indicate whether CPR (chest compressions and/or ventilations) was attempted by a bystander prior to arrival of EMS team.</p> <p>Bystander includes passerby, lay person, member of the public, family member, police, private general practitioner, healthcare provider from nursing home/dialysis center, etc.</p>
#20. <i>First CPR initiated by</i>	<p>Check only <u>ONE</u> that applies from the list provided.</p> <p>This is to identify the initial person who performs CPR.</p> <p>If CPR was not initiated by any bystander or EMS team/Private ambulance crew, indicate “No CPR initiated”. E.g. a case whereby there is obvious sign of death (rigor motis, lividity or decapitation) and resuscitation was not attempted at all.</p> <p>Bystander – healthcare provider defined as bystander medical personnel who are <u>NOT</u> part of the EMS team. This option does not take into consideration whether the healthcare provider is a family member or relative of the patient.</p> <p>Bystander – family defined as the person who is known to be a family member or relative of the patient who is <u>NOT</u> a healthcare provider.</p> <p>Bystander – lay person defined as other bystander who is a non-relative / family member and a non-healthcare provider.</p> <p>Where there are overlaps between the sub-categories of</p>

	<p>Bystander, the option should be selected in the following order: (1) Bystander – healthcare provider; (2) Bystander – family; then (3) Bystander – lay person.</p> <p>Indicate “Unknown” if unable to obtain any information.</p>
#21. Bystander AED applied	<p>Indicate “Yes” or “No”.</p> <p>Indicate whether AED was applied by a bystander prior to arrival of EMS team/Private ambulance.</p> <p>If arrest was witnessed by EMS team/Private ambulance, this field will be not applicable.</p>
#22. Resuscitation attempted by EMS/Private ambulance	<p>Indicate “Yes” or “No”.</p> <p>Indicate whether EMS team/Private ambulance attempted to resuscitate the patient.</p> <p>A resuscitation attempt is defined as the act of attempting to maintain or restore life by establishing or maintaining airway (or both), breathing, and circulation through CPR, defibrillation, and other related emergency care techniques.</p> <p>Attempted resuscitation can further be defined as post-resuscitative care following a successful resuscitation by bystander.</p> <p>Patient with do not resuscitate directive; obvious signs of death (rigor motis, lividity or decapitation); resuscitation was not required or confirmed death at scene without any resuscitation will be classified as resuscitation not attempted.</p>
#23. First arrest rhythm	<p>Defined as the <u>FIRST</u> cardiac arrest rhythm captured by EMS team/Private ambulance after placement of defibrillator pads or electrodes.</p> <p>Check only <u>ONE</u> that applies from the list provided.</p> <p><i>Abbreviations:</i> VF – Ventricular fibrillation VT – Ventricular tachycardia PEA – Pulseless electrical activity</p> <p>If the first arrest rhythm was captured by an AED <u>without ECG display</u>, select either “Unknown shockable rhythm” or “Unknown unshockable rhythm” where applicable.</p> <p>Indicate “Unknown” if unable to obtain any information.</p>
#24. Time CPR started by EMS/Private ambulance	<p>Time when the first chest compression applied by the EMS team/Private ambulance.</p> <p>Standardize the practice of using the power on the AED when EMS team/Private ambulance arrives at patient side as a timer for time CPR started by EMS.</p> <p>Enter time as hh:mm:ss (24 hour clock).</p> <p>Indicate “Unknown” if unable to obtain any information.</p>

<p>#25. <i>Time AED applied by EMS/Private ambulance</i></p>	<p>Time when the AED pads were placed onto the patient by the EMS team/Private ambulance.</p> <p>The source of this timing should be the time captured by the AED when the pads were applied onto the patient.</p> <p>Enter time as hh:mm:ss (24 hour clock).</p> <p>Indicate “Unknown” if unable to obtain any information.</p>
<p>#26. <i>Prehospital Defibrillation</i></p>	<p>Prehospital defibrillation defined as defibrillation delivered by bystander or EMS team or Private ambulance.</p> <p>Indicate “Yes” or “No”.</p> <p>Indicate whether shocks were delivered to patient. If shocks were delivered, indicate the time of the <u>FIRST</u> shock given. The source of this timing should be obtained from the AED.</p> <p>Enter time as hh:mm:ss (24 hour clock).</p> <p>Indicate “Unknown” if unable to obtain any information.</p>
<p>#27. <i>Defibrillation performed by</i></p>	<p>Check <u>all that applies</u> from the list provided.</p> <p>Indicate whether defibrillation was performed by FR, ambulance crew and/or bystander.</p> <p>Bystander – healthcare provider defined as bystander medical personnel who are <u>NOT</u> part of the EMS team. This option does not take into consideration whether the healthcare provider is a family member or relative of the patient.</p> <p>Bystander – family defined as the person who is known to be a family member or relative of the patient who is <u>NOT</u> a healthcare provider.</p> <p>Bystander – lay person defined as other bystander who is a non-relative / family member and a non-healthcare provider.</p> <p>Where there are overlaps between the sub-categories of Bystander, the option should be selected in the following order: (1) Bystander – healthcare provider; (2) Bystander – family; then (3) Bystander – lay person.</p> <p>If prehospital defibrillation was not performed, this field will not be applicable.</p>
<p>#28. <i>Mechanical CPR device used by EMS/Private ambulance</i></p>	<p>Indicate “Yes” or “No”.</p> <p>Indicate whether mechanical CPR device was used during the course of resuscitation. If mechanical CPR device was used, indicate which type of device was applied. Check only <u>ONE</u> that applies from the list provided.</p> <p>Example of load-distributing band device – AutoPulse.</p> <p>Example of active compression decompression device – Lucas.</p> <p>Example of mechanical piston device – Life-Stat and Heart Lung Resuscitator HLR 601.</p>

	Indicate "Other" if the device used is not listed above.
#29. Advanced airway used by EMS/Private ambulance	<p>Indicate "Yes" or "No".</p> <p>Indicate whether advanced airway was used during the course of resuscitation. If advanced airway was used, indicate which type of airway was inserted. Check only <u>ONE</u> that applies from the list provided.</p> <p><i>Abbreviations:</i> ET – endotracheal intubation LMA – laryngeal mask airway</p> <p>Please note that Oropharyngeal (also known as oral airway, OPA or Guedel airway) and Nasopharyngeal airways are <u>NOT</u> advanced airways but are only airway adjuncts.</p>
#30. Drug administration by EMS/Private ambulance	<p>Indicate "Yes" or "No".</p> <p>If drug was administered during the course of resuscitation, indicate which of the listed drugs were administered during the course of resuscitation. Check <u>all that applies</u> from the list provided.</p>
#31. Return of spontaneous circulation at scene/en-route	<p>Indicate "Yes" or "No".</p> <p>Return of spontaneous circulation (ROSC) refers to the regaining of palpable pulse.</p> <p>If there was any ROSC (transient or sustained), <u>prior to or after</u> the arrival of EMS team, indicate the time of the <u>FIRST</u> ROSC detected.</p> <p>Enter time as hh:mm:ss (24 hour clock).</p> <p>Indicate "Unknown" if unable to obtain any information.</p>
#32. CPR discontinued at scene/en-route	<p>Indicate "Yes" or "No".</p> <p>If CPR was discontinued at scene, indicate the reason. Check only <u>ONE</u> that applies from the list provided.</p> <p><i>Abbreviations:</i> DNAR - Do not attempt resuscitation ROSC - Return of spontaneous circulation</p>
Disposition:	
#33. Final status at scene	Indicate the patient's status at the end of the pre-hospital care; whether patient was conveyed to ED or was pronounced dead at scene.
#34. Cause of arrest	<p>Indicate if the cause of arrest "Trauma" or "Non-trauma".</p> <p><i>Trauma:</i> defined as out-of-hospital injury (e.g. blunt or penetrating trauma, burns, etc.) resulting in traumatic arrest.</p> <p><i>Non-trauma:</i> defined as out-of-hospital cardiac arrest which is not associated with any trauma.</p> <p>If the cause of arrest is "non-trauma", indicate which the cause of arrest is by selected <u>ONE</u> of the options provided.</p>

	<p>An arrest is presumed to be of cardiac etiology unless it is known or likely to have been caused by a non-cardiac cause, e.g. asthma, terminal illness, cerebrovascular accident, drug overdose, suicide, drowning, trauma, etc.</p> <p>Respiratory – underlying respiratory disease or a respiratory mechanism as the primary cause of arrest, e.g. patient with known medical history of asthma had acute respiratory problem prior to the arrest.</p> <p>Electrocution – primary cause of arrest due to electric shock, i.e. by a source of high voltage current.</p> <p>Drowning – submersion in water with no evidence of other contributing factors such as drug poisoning or trauma prior falling into the water.</p> <p>Other – <i>only</i> to be used if the cause of arrest is known and documented but is not one of the available options (presumed cardiac etiology, respiratory, drowning, or electrocution).</p> <p>If patient was conveyed to ED, this field will not be applicable.</p>
#35. Level of destination hospital	<p>Indicate what level of destination hospital the patient was conveyed to.</p> <p>Tertiary hospital refers to a major hospital that has a full complement of services that provides a 24-hour emergency department staffed by emergency physicians, ability to provide the highest level of definitive care and hypothermia or extracorporeal membrane oxygenation may be available.</p> <p>Community hospital refers to a hospital that provides initial care and stabilisation of patient, and can handle common medical emergencies.</p>
#36. Destination hospital	<p>Select the receiving ED or hospital from the list provided.</p> <p>Indicate “N.A” if information is not available.</p>
#37. Patient’s status at ED arrival	<p>Indicate the patient’s status at ED arrival.</p> <p>ROSC refers to patient regained palpable pulse while at scene/en-route to ED or upon arrival at ED, and no CPR in progress</p> <p>Ongoing resuscitation refers to efforts of resuscitation is in progress (e.g. CPR in progress) upon arrival at ED.</p> <p>Transported without resuscitation refers to a patient who is transported with no pulse but no resuscitation was in progress upon arrival at the ED.</p>
<p>ED Resuscitation Information: (NOT APPLICABLE FOR CASES THAT WERE PRONOUNCED DEAD AT SCENE)</p>	
#38. Date of arrival at ED	<p>Provide the date when the patient arrived at the ED.</p> <p>Enter date as dd/mm/yyyy.</p>

#39. <i>Time of arrival at ED</i>	Provide the time when the patient arrived at the ED. Enter time as hh:mm:ss (24 hour clock).
#40. <i>Patient status on arrival at ED</i>	This refers to patient's initial status upon arrival at ED, whether patient has spontaneous breathing and/or circulation. Indicate "Yes" or "No" for both items. The presence of circulation is indicated by a palpable pulse and CPR has stopped. The presence of breathing is indicated as patient is breathing on his/her without any aid of advanced airway.
#41. <i>Cardiac rhythm on arrival at ED</i>	Defined as the patient's cardiac rhythm upon arrival at ED. Check only <i>ONE</i> that applies from the list provided. <i>Abbreviations:</i> VF – Ventricular fibrillation VT – Ventricular tachycardia PEA – Pulseless electrical activity Sinus or other perfusing rhythm refers to cardiac rhythm with a palpable pulse.
#42. <i>ED defibrillation performed</i>	Indicate "Yes" or "No". Indicate whether shocks were delivered to patient during resuscitation in the ED.
#43. <i>Mechanical CPR device used at ED</i>	Indicate "Yes" or "No". Indicate whether mechanical CPR device was used during the course of resuscitation at ED. If mechanical CPR device was used, indicate which type of device was applied. Check only <u><i>ONE</i></u> that applies from the list provided. Example of load-distributing band device – AutoPulse. Example of active compression decompression device – Lucas. Example of mechanical piston device – Life-Stat and Heart Lung Resuscitator HLR 601. Indicate "Other" if the device used is not listed above.
#44. <i>Advanced airway used at ED</i>	Indicate "Yes" or "No". If advanced airway was used, indicate which type of airway was applied during ED resuscitation. Check only <i>ONE</i> that applies from the list provided. <i>Abbreviations:</i> ET – endotracheal intubation LMA – laryngeal mask airway Please note that Oropharyngeal (also known as oral airway, OPA or Guedel airway) and Nasopharyngeal airways are <u><i>NOT</i></u> advanced airways but are only airway adjuncts.
#45. <i>Drug administration</i>	Indicate "Yes" or "No".

<i>at ED</i>	Check all that applies from the list provided. Indicate which of the listed drugs were administered during ED resuscitation.
#46. <i>Return of spontaneous circulation at ED</i>	<p>Indicate “Yes” or “No”.</p> <p>Return of spontaneous circulation (ROSC) refers to the regaining of palpable pulse.</p> <p>If there was any ROSC (transient or sustained) during ED resuscitation, indicate the time of the <u>FIRST</u> ROSC detected.</p> <p>Enter time as hh:mm:ss (24 hour clock).</p> <p>Indicate “Unknown” if unable to obtain any information.</p>
#47. <i>Emergency PCI performed</i>	<p>Indicate “Yes” or “No”.</p> <p><i>Abbreviations:</i> PCI – percutaneous coronary intervention</p> <p>Indicate whether emergency PCI was performed after patient has ROSC.</p>
#48. <i>Emergency CABG performed</i>	<p>Indicate “Yes” or “No”.</p> <p><i>Abbreviations:</i> CABG – coronary artery bypass graft</p> <p>Indicate whether emergency CABG was performed after patient has ROSC.</p>
#49. <i>Hypothermia therapy initiated</i>	<p>Indicate “Yes” or “No”.</p> <p>Indicate whether hypothermia procedures (e.g. external cooling – ice packs or cooling blankets/pads and internal cooling – cold IV infusion or invasive catheter lines for internal cooling) were performed in ED.</p>
#50. <i>ECMO therapy</i>	<p>Indicate “Yes” or “No”.</p> <p><i>Abbreviations:</i> ECMO – extracorporeal membrane oxygenation</p> <p>Indicate whether ECMO procedure was performed in ED.</p>
#51. <i>Cause of arrest</i>	<p>Indicate if the cause of arrest “Trauma” or “Non-trauma”.</p> <p><i>Trauma:</i> defined as out-of-hospital injury (e.g. blunt or penetrating trauma, burns, etc.) resulting in traumatic arrest.</p> <p><i>Non-trauma:</i> defined as out-of-hospital cardiac arrest which is not associated with any trauma.</p> <p>If the cause of arrest is “non-trauma”, indicate the cause of arrest by selecting <u>ONE</u> of the options provided.</p> <p>An arrest is presumed to be of cardiac etiology unless it is known or likely to have been caused by a non-cardiac cause, e.g. asthma, terminal illness, cerebrovascular accident, drug overdose, suicide, drowning, trauma, etc.</p> <p>Respiratory – underlying respiratory disease or a respiratory mechanism as the primary cause of arrest, e.g. patient with known medical history of asthma had acute respiratory problem prior to the arrest.</p>

	<p>Electrocution – primary cause of arrest due to electric shock, i.e. by a source of high voltage current.</p> <p>Drowning – submersion in water with no evidence of other contributing factors such as drug poisoning or trauma prior falling into the water.</p> <p>Other – <i>only</i> to be used if the cause of arrest is known and documented but is not one of the available options (presumed cardiac etiology, respiratory, drowning, or electrocution).</p>
#52. Reason for discontinuing CPR at ED	<p>Provide the reason why CPR was discontinued at ED.</p> <p>Death – Resuscitation was futile and patient was pronounced dead.</p> <p>DNAR – Do not attempt resuscitation directive.</p> <p>ROSC – Return of spontaneous circulation; patient regained palpable pulse.</p> <p>ECMO therapy – Extracorporeal membrane oxygenation therapy/cardiac bypass was initiated.</p>
#53. Outcome of patient	<p>Indicate the patient's status at the end of the ED resuscitation, whether patient was admitted to the hospital, transferred to another hospital or died in ED.</p> <p>Indicate "Unknown" if unable to obtain any information.</p>
Hospital Outcome: (FOR PATIENTS WHO SURVIVED TO ADMISSION)	
#54. Patient status	<p>Indicate the patient's status whether patient was discharged alive, remains in hospital at 30th day post arrest or died in hospital.</p>
#55. Date of discharge or death	<p>Indicate the date of discharge (if patient was discharged alive) or date of death (if patient died in hospital).</p> <p>Enter date as dd/mm/yyyy.</p>
#56. Patient neurological status on discharge or at 30 th day post arrest	<p>Glasgow-Pittsburgh cerebral performance and overall performance categories are used to assess the patient's neurological status at the time of discharge or at the 30th day post arrest.</p> <p>The cerebral performance category (CPC) evaluates cerebral performance capabilities. The overall performance category (OPC) reflects cerebral plus non-cerebral status and evaluates general performance.</p> <p>Refer to the table below for the scoring and details of the CPC and OPC.</p>
Patient Health and Quality of Life: (FOR PATIENT WHO IS ALIVE ON DISCHARGE or AT 30TH DAY POST ARREST)	
#57 - #61 EQ-5D Health	<p>Abbreviations: EQ-5D – European quality of life – 5 dimensions</p> <p>EQ-5D is a standardized instrument used in measuring quality of</p>

<i>Dimensions</i>	<p>life. It provides a descriptive profile of patient's health status in 5 dimensions.</p> <p>For each dimension i.e., mobility, self-care, usual activities, pain/discomfort or anxiety/depression, patient will be asked to describe their levels of health problems. Each item has three possible response options (no problems/some or moderate problems/extreme problems) that allow the patient to rate their current state with respect to each of the 5 dimensions. Thus, the descriptive system is able to identify 243 unique health states.</p>
#62. EQ-5D Visual Analog Scale (VAS)	Enter the VAS score ranging from 0 to 100.

Glasgow-Pittsburg Outcome Categories

Score	Cerebral Performance Categories (CPC)	Score	Overall Performance Categories (OPC)
1	Good cerebral performance. Conscious. Alert, able to work and lead a normal life. May have minor psychological or neurological deficits (mild dysphasia, non-incapacitating hemiparesis, or minor cranial nerve abnormalities).	1	Good overall performance. Healthy, alert, capable of normal life. Good cerebral performance (CPC 1) plus no or only mild functional disability from noncerebral organ system abnormalities.
2	Moderate cerebral disability. Conscious. Sufficient cerebral function for part-time work in sheltered environment or independent activities of daily life (dressing, travelling by public transportation, and preparing food). May have hemiplegia, seizures, ataxia, dysarthria, or permanent memory or mental changes.	2	Moderate overall disability. Conscious. Moderate cerebral disability alone (CPC 2) or moderate disability from noncerebral system dysfunction alone or both. Performs independent activities of daily life (dressing, travelling, and food preparation). May be able to work part-time in sheltered environment but disabled for competitive work.
3	Severe cerebral disability. Conscious. Dependent on others for daily support because of impaired brain function (in an institution or at home with exceptional family effort). At least limited cognition. Includes a wide range of cerebral abnormalities from ambulatory with severe memory disturbance or dementia precluding independent existence to paralytic and able to communicate only with eyes, as in the locked-in syndrome.	3	Severe overall disability. Conscious. Severe cerebral disability alone (CPC 3) or severe disability from non-cerebral organ system dysfunction alone or both. Dependent on others for daily support.
4	Coma, vegetative state. Not conscious. Unaware of surroundings, no cognition. No verbal or psychological interactions with environment.	4	Same as CPC 4.
5	Death. Certified brain dead or dead by traditional criteria.	5	Same as CPC 5.