

ePAROS Training Guide



What is ePAROS?

- An online, data registry system (electronic data capture) developed by Sansio in collaboration with CARES-CDC Atlanta, USA.
- Uses Secure Socket Layer (SSL) encryption technology in transmitting patient health information to ensure integrity and privacy.
- Each user will be given an account with their username and password upon registration.
- 2 components : EMS and hospital information sections
- Ability to export data, search and edit records and generate Utstein reports



Welcome To:

Pan-Asian Resuscitation Outcomes Study (PAROS)

Supported by:




Log In to ePAROS™

Username:

Password:

[Did you forget your password?](#)



Demo account

Username: paros

Password: parosdemo02

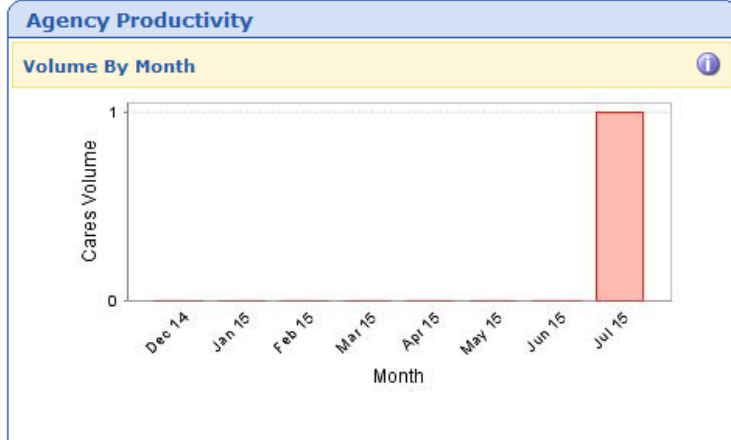
<https://eparos.org/>



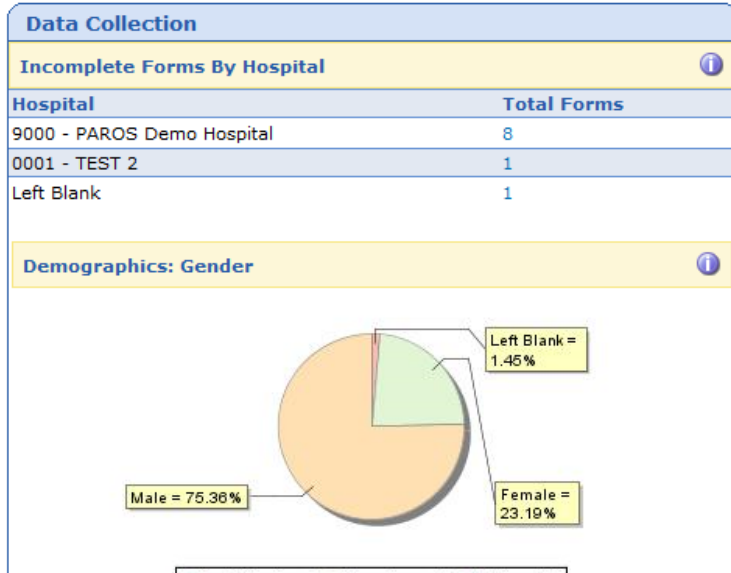
[More information on PAROS](#)



- PAROS Search
- PAROS Advanced Search
- Add New**
- Add New Dispatch Form





Go to ePAROS tab and click on 'Add New'.




ParosEnrollment.jsp

ite ePAROS™ NHG ROMP - Login Interf... Outlook Web App REDCap SingHealth-AON FBS INFOPEDIA - SGH



Home Setup ePAROS Reports Log Out

Patient Enrollment		
Country	City/EMS District	Site Number
DM - Demo	DEM - Demo	<input type="text"/>
Patient Name (optional)	ID/Site Survey Number	Date of arrival at ED
<input type="text"/>	<input type="text"/>	<input type="text"/> 

Save

- User will see the patient enrollment form above.
- Purpose of enrollment form is to create a unique case number for each record and to prevent duplicate data from being created.
- Site number refers to recruiting sites or hospitals.
- Site number will be issued once confirmation of participating sites have been received.


EMS Section

Case number: DMDEM0112267

Case number generated based on country, city and site number entered in patient enrollment form

Mode of Transportation
Patient brought in by EMS Private Ambulance Own/Private Transport Public Transport

Select the correct mode of transportation

Incident Information
Date of Incident 
Location of Incident (enter Zip/Postal code) Unknown
Location Type

Patient Information
Date of Birth Age Days Months Years
Gender
Race (optional)
Medical History No Unknown Heart disease Diabetes
 Cancer Hypertension Renal Disease Respiratory Disease
 Hyperlipidemia Stroke HIV Other

Dispatch Information
Time call received at dispatch center hh : mm : ss **No** First Responder dispatched
Time First responder dispatched hh : mm : ss
Time Ambulance dispatched hh : mm : ss
Time First responder arrived at scene hh : mm : ss
Time Ambulance arrived at scene hh : mm : ss
Time EMS arrived at patient side hh : mm : ss
Time Ambulance left scene hh : mm : ss
Time Ambulance arrived at ED hh : mm : ss

Select this if there's no first responder being dispatched

Prehospital Event and Resuscitation Information
Estimated time of arrest hh : mm : ss Unknown
Arrest witnessed by
Bystander CPR
First CPR initiated by No CPR Initiated First Responder Ambulance Crew

EMS Section

Bystander - Lay Person
 Bystander - Family
 Unknown

Bystander AED applied

Resuscitation attempted by EMS/Private ambulance (or AED applied by bystander)

First arrest rhythm

Time CPR started by EMS/Private ambulance hh : mm : ss Unknown

Time AED applied by EMS/Private ambulance hh : mm : ss Unknown

Prehospital defibrillation
If 'Yes', time of first shock given hh : mm : ss Unknown

Defibrillation performed by First Responder
 Ambulance Crew
 Bystander - Healthcare provider
 Bystander - Lay Person
 Bystander - Family

Mechanical CPR device used by EMS/Private ambulance
If 'Yes', please specify

Prehospital advanced airway
If 'Yes', please specify

Prehospital drug administration
If 'Yes', select drugs given Epinephrine Lidocaine
 Atropine Dextrose
 Amiodarone Other
 Bicarbonate

Return of spontaneous circulation at scene/en-route
If 'Yes', specify time hh : mm : ss Unknown

CPR discontinued at scene/en-route
If 'Yes', please specify

Disposition

Final status at scene

Cause of arrest
If 'Non-Trauma', please specify

Level of destination hospital

Destination hospital sort

Patient's status at ED arrival
PAROS Demo Hospital 9000
TEST 2 0001

Select the correct hospital patient was conveyed to

ED Section

ED Resuscitation Information (Not Applicable for cases that were pronounced dead at scene)	
Date of arrival at ED	<input type="text"/>
Time of arrival at ED	hh : mm : ss
Patient status on arrival at ED	Pulse <input type="text"/>
	Breathing <input type="text"/>
Cardiac rhythm on arrival at ED	<input type="text"/>
ED Defibrillation performed	<input type="text"/>
Mechanical CPR device used at ED	<input type="text"/>
	If 'Yes', please specify <input type="text"/>
Advanced airway used at ED	<input type="text"/>
	If 'Yes', please specify <input type="text"/>
Drug administered at ED	<input type="text"/>
	If 'Yes', select drugs given
	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Lidocaine
	<input type="checkbox"/> Atropine <input type="checkbox"/> Dextrose
	<input type="checkbox"/> Amiodarone <input type="checkbox"/> Other
	<input type="checkbox"/> Bicarbonate
Return of spontaneous circulation at ED	<input type="text"/>
	If 'Yes', specify time
	hh : mm : ss <input type="checkbox"/> Unknown
Emergency PCI performed	<input type="text"/>
Emergency CABG performed	<input type="text"/>
Hypothermia therapy initiated	<input type="text"/>
ECMO therapy initiated	<input type="text"/>
Cause of arrest	<input type="text"/>
	If 'Non-Trauma', please specify <input type="text"/>
Reason for discontinuing CPR at ED	<input type="text"/>
Outcome of patient	<input type="text"/>

Hospital Outcome (For Patient Who Survived To Admission)	
Patient status	<input type="text"/>
Date of Discharge or Death	<input type="text"/>
Time of Discharge or Death	hh : mm : ss
Patient neurological status on discharge or at 30th day post arrest	Cerebral Performance Category <input type="text"/>
	Overall Performance Category <input type="text"/>
	<input type="checkbox"/> Unknown

Complete hospital outcome
for admitted patients

ED Section

Patient Health and Quality of Life (For patient who is discharged alive or alive on 30th day post arrest) Unknown

EQ-5D Health Dimensions

Mobility No problem Some problems Confined to bed

Self-care No problem Some problems Unable to wash or dress

Usual activities No problem Some problems Unable to perform

Pain/Discomfort None Moderate Extreme

Anxiety/Depression None Moderate Extreme

EQ-5D Visual Analog Scale (VAS)

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

Leave this section blank if your site does not collect quality of life data

General Comments

Click save upon completion of data entry.