

Standard Reporting of Small Animal Cardiopulmonary Resuscitation



Date: _____	Time: _____	Patient: _____
Doctor: _____		Client Name: _____
Canine <input type="checkbox"/> Feline <input type="checkbox"/> Chest Conformation: Round <input type="checkbox"/> Keel <input type="checkbox"/> Flat <input type="checkbox"/>		Sex: F <input type="checkbox"/> M <input type="checkbox"/> FS <input type="checkbox"/> MN <input type="checkbox"/> Age: ___ yrs ___ mos Wt: ___ kg Breed: _____

			Compressions started <input type="checkbox"/>	Not started because: DNR <input type="checkbox"/>	Futile <input type="checkbox"/>	Respiratory Arrest Only <input type="checkbox"/>			
			Ventilation started <input type="checkbox"/>	ET Tube <input type="checkbox"/>	Size: _____	Breaths: Ambu bag <input type="checkbox"/>	Anesthetic circuit <input type="checkbox"/>	Mouth to Snout <input type="checkbox"/>	
			Vascular Access <input type="checkbox"/>	IVC size: _____	Location: _____	Peripheral <input type="checkbox"/>	Jugular <input type="checkbox"/>	Central <input type="checkbox"/>	IO <input type="checkbox"/>
			CPR Stopped <input type="checkbox"/>	Reason: ROSC <input type="checkbox"/>	(Time: _____)	Unresponsive to ALS <input type="checkbox"/>	Owner Decision <input type="checkbox"/>	Clinician decision <input type="checkbox"/>	

Time HR MIN SEC	Monitoring								EPI		ATRO		VASO		Route		DEFIB		Re-Fluids	
	PEA <input type="checkbox"/>	Asystole <input type="checkbox"/>	VF <input type="checkbox"/>	VT <input type="checkbox"/>	Brady <input type="checkbox"/>	ROSC <input type="checkbox"/>	mmHg	mL	mL	mL	mL	mL	IV/IT	J	Open	Arrest	Type/Rate/Dose			

Time HR MIN SEC	Additional Notes (Drugs, lab tests, AFAST, TFAST)					Time HR MIN	Additional Notes (Drugs, lab tests, AFAST, TFAST)				

CPR Team	Drug Concentrations:	Add'l Conc.	Fluids Used:
Lead:	Epinephrine	_____:	Crystalloid: _____
Recorder/Drugs:	Atropine	_____:	Colloid: _____
Rotators (Airway/Vent, Compressions, Runner):	Vasopressin	_____:	Blood Prod: _____
ROSC >20min Yes <input type="checkbox"/> No <input type="checkbox"/> Euthanized <input type="checkbox"/>	Dextrose	_____:	_____:

STANDARD REPORTING OF VETERINARY SMALL ANIMAL CPR

Date of event
Day Month Year

PERSONNEL INVOLVED

	1	2	3	4+
DVM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Credentials (Circle one)

DACVECC/Other Specialists

LVT, CVT, RVT VTS

VTS (ECC)

ADDITIONAL PATIENT INFORMATION

Date of admission
Day Month Year

Disease Category at admission (all that apply)

Medical cardiac/non-cardiac

Surgical elective/non-elective

Trauma

DOA

Unknown

Comorbid conditions (all that apply)

<input type="checkbox"/> Arrhythmia	<input type="checkbox"/> Sepsis
<input type="checkbox"/> Congestive Heart Failure (prior admit)	<input type="checkbox"/> Infectious disease
<input type="checkbox"/> Congestive Heart Failure (this admit)	<input type="checkbox"/> Diabetes mellitus
<input type="checkbox"/> Pericardial effusion/tamponade	<input type="checkbox"/> Metabolic/electrolyte disorder
<input type="checkbox"/> Hypotension/Hypoperfusion	<input type="checkbox"/> Malignancy
<input type="checkbox"/> Respiratory insufficiency	<input type="checkbox"/> Major trauma
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Envenomation
<input type="checkbox"/> Renal insufficiency	<input type="checkbox"/> Post-operative
<input type="checkbox"/> Hepatic insufficiency	<input type="checkbox"/> Coagulopathy
<input type="checkbox"/> CNS disease	<input type="checkbox"/> Thromboembolic disease
<input type="checkbox"/> SIRS	<input type="checkbox"/> None
<input type="checkbox"/> Immune-mediated disease	<input type="checkbox"/> Unknown

Location of CPA (select one)

Out of hospital

Emergency Room

Intensive Care Unit

Wards

Anesthesia/Surgery

Consult Room

Diagnostic Procedures Area

Waiting Room

Other

ADDITIONAL ARREST INFORMATION

Suspected cause of CPA

<input type="checkbox"/> Life threatening arrhythmia	<input type="checkbox"/> Brain disease
<input type="checkbox"/> Respiratory failure	<input type="checkbox"/> MODS
<input type="checkbox"/> Heart failure	<input type="checkbox"/> Metabolic/Electrolyte
<input type="checkbox"/> Trauma	<input type="checkbox"/> Toxicosis/Overdose
<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Unknown
<input type="checkbox"/> Hypovolemia (non-hemorrhagic/non-septic)	
<input type="checkbox"/> Severe sepsis/Septic shock	

CPR measures ALREADY in place at time of CPA (check all that apply)

Venous access **Y / N**

Central Venous Catheter **Y / N**

Tracheal intubation **Y / N**

ECG monitoring **Y / N**

Arterial catheterization **Y / N**

Oxygen **Y / N**

Mechanical ventilation **Y / N**

Mode of Death after ROSC >20 min.

<input type="checkbox"/> Euthanasia - decision based on	
<input type="checkbox"/> Re-arrest without CPR	
<input type="checkbox"/> Re-arrest w/CPR, but w/out sustained ROSC	

Previous CPA: Yes: 1 2 3 4 5+ No

Extubation: Y/N Time: Date:

Hospital Discharge: Y / N Time: Date:

General Anesthesia at time of CPA

Yes Anesthetic induction

No Anesthetic recovery

Procedural sedation

In-hospital Death: Y / N Time: Date:

Additional Outcome Information

Duration of sustained ROSC

None

>20 min.

>24 hr.

>30 days

Pre-arrest Severity of Illness AppleFast Score

Post-arrest Functional Capacity MGCS

Abbreviated NDS

Recorder: _____