

Standard Reporting of Small Animal Cardiopulmonary Resuscitation



Time
HR MIN SEC

Date:	Time:	Patient Name:	MRN:
Doctor:		Client Name:	
Canine <input type="checkbox"/> Feline <input type="checkbox"/>		Sex: FI <input type="checkbox"/> MI <input type="checkbox"/> FS <input type="checkbox"/> MN <input type="checkbox"/>	
Chest Conformation: Round <input type="checkbox"/> Keel <input type="checkbox"/> Flat <input type="checkbox"/>		DOB (DD-MM-YYYY): __-__-__ Wt: __ kg/lbs (circle one) Breed: _____	

		Compressions started <input type="checkbox"/>	Not started because: DNR <input type="checkbox"/>	Futile <input type="checkbox"/>	Respiratory Arrest Only <input type="checkbox"/>	Arrest Witnessed (Y/N):
		Ventilation started <input type="checkbox"/>	ET Tube <input type="checkbox"/>	Size: __	Tracheostomy (Y/N): __	Mouth-to-snout (Y/N): __
		Vascular Access <input type="checkbox"/>	IVC size: _____	Location: _____	Peripheral <input type="checkbox"/>	Jugular <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	
		mmHg	mL	mL	mL	mL	mL	IV/IT/IO	J	Open	Arrest	Type/Rate/Dose	
	PEA <input type="checkbox"/> Asystole <input type="checkbox"/> VF <input type="checkbox"/> VT <input type="checkbox"/> Brady <input type="checkbox"/> ROSC <input type="checkbox"/>	CO2:										<input type="checkbox"/>	<input type="checkbox"/>
	PEA <input type="checkbox"/> Asystole <input type="checkbox"/> VF <input type="checkbox"/> VT <input type="checkbox"/> Brady <input type="checkbox"/> ROSC <input type="checkbox"/>	CO2:										<input type="checkbox"/>	<input type="checkbox"/>
	PEA <input type="checkbox"/> Asystole <input type="checkbox"/> VF <input type="checkbox"/> VT <input type="checkbox"/> Brady <input type="checkbox"/> ROSC <input type="checkbox"/>	CO2:										<input type="checkbox"/>	<input type="checkbox"/>
	PEA <input type="checkbox"/> Asystole <input type="checkbox"/> VF <input type="checkbox"/> VT <input type="checkbox"/> Brady <input type="checkbox"/> ROSC <input type="checkbox"/>	CO2:										<input type="checkbox"/>	<input type="checkbox"/>
	PEA <input type="checkbox"/> Asystole <input type="checkbox"/> VF <input type="checkbox"/> VT <input type="checkbox"/> Brady <input type="checkbox"/> ROSC <input type="checkbox"/>	CO2:										<input type="checkbox"/>	<input type="checkbox"/>
	PEA <input type="checkbox"/> Asystole <input type="checkbox"/> VF <input type="checkbox"/> VT <input type="checkbox"/> Brady <input type="checkbox"/> ROSC <input type="checkbox"/>	CO2:										<input type="checkbox"/>	<input type="checkbox"/>
	PEA <input type="checkbox"/> Asystole <input type="checkbox"/> VF <input type="checkbox"/> VT <input type="checkbox"/> Brady <input type="checkbox"/> ROSC <input type="checkbox"/>	CO2:										<input type="checkbox"/>	<input type="checkbox"/>

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

Admission Date
Day Month Year

Disease Category at admission (all that apply)

- Medical cardiac/non-cardiac
- Surgical elective/emergent
- Trauma
- DOA
- Unknown

Comorbid conditions (all that apply)

- Arrhythmia
- Congestive Heart Failure (prior admit)
- Congestive Heart Failure (this admit)
- Pericardial effusion/tamponade
- Hypotension/Hypoperfusion
- Respiratory insufficiency
- Pneumonia
- Renal insufficiency
- Hepatic insufficiency
- CNS disease
- SIRS
- IMHA/ITP

- Sepsis
- Infectious disease
- Diabetes mellitus
- Metabolic/electrolyte abnormality
- Malignancy
- Major trauma
- Envenomation
- Post-operative
- Coagulopathy
- None
- Unknown
- Other (specify) _____

Location of CPA (select one)

- Out of hospital
- Emergency Room
- Intensive Care Unit
- Wards
- Anesthesia/Surgery
- Consult Room
- Diagnostic Procedures Area
- Waiting Room
- Other

Suspected cause of CPA

- Non-perfusing rhythm
- Respiratory failure
- Heart failure
- Trauma
- Hemorrhage
- Hypovolemia (non-hemorrhagic)
- Unknown

- Sepsis/Septic shock
- CNS disease
- MODS
- Metabolic/Electrolyte
- Toxicosis/Overdose
- Thromboembolic disease
- Other (specify) _____

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

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

Venous access (peripheral) **Y / N**
 Venous access (central) **Y / N**
 Tracheal intubation **Y / N**
 ECG monitoring **Y / N**
 Arterial catheterization **Y / N**

General Anesthesia at time of CPA Yes No

Anesthetic induction?
 Anesthetic recovery?
 Procedural sedation?

ROSC Yes No

Mechanical Ventilation at time of CPA Yes No

Extubation after ROSC: Y / N Time: _____ Date: _____

Duration of sustained ROSC

Mode of Death after ROSC >20 min

- None
- >24 hr.
- >20 min.
- >30 days

- Euthanasia - decision based on _____
- Re-arrest without CPR
- Re-arrest w/CPR, but w/out sustained ROSC
- Severity of illness
- Terminal illness
- Economic reasons

Pre-arrest Severity of Illness:*

Apple FAST MGCS AFC NDS

Post-arrest Functional Capacity

Apple FAST Score
 Animal Functional Capacity
 Modified Glasgow Coma Scale
 Neurological Deficit Score

	1 hr	12 hrs	24 hrs	48 hrs	72 hrs	d/c
Apple FAST Score	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal Functional Capacity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Modified Glasgow Coma Scale	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Neurological Deficit Score	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Hospital Discharge: Y / N

In-hospital Death: Y / N

Time: _____ Date: _____

Additional Outcome Information

Recorder: _____

Time: _____ Date: _____

*(See attached scoring rubric for scores)