### Standard Reporting of Small Animal Cardiopulmonary Resuscitation

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
<th>Patient Name:</th>
<th>MRN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canine ☐</td>
<td>Feline ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Conformation:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Round ☐</td>
<td>Keel ☐</td>
<td>Flat ☐</td>
<td></td>
</tr>
<tr>
<td>Compressions started ☐</td>
<td>Not started because: DNR ☐</td>
<td>Futile ☐</td>
<td>Respiratory Arrest Only ☐</td>
</tr>
<tr>
<td>Vascular Access ☐</td>
<td>IVC size:</td>
<td>Location:</td>
<td>Peripheral ☐</td>
</tr>
<tr>
<td>CPR Stopped ☐</td>
<td>Reason: ROSC ☐ (Time:</td>
<td>Unresponsive to ALS ☐</td>
<td>Owner Decision ☐</td>
</tr>
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<tr>
<th>Time</th>
<th>Monitoring</th>
<th>EPI</th>
<th>ATRO</th>
<th>VASO</th>
<th>Route</th>
<th>DEFIB</th>
<th>Re-</th>
<th>Fluids</th>
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<tr>
<td>HR MIN SEC</td>
<td>mmHg</td>
<td>mL</td>
<td>mL</td>
<td>mL</td>
<td>mL</td>
<td>IV/IT/IO</td>
<td>J</td>
<td>Open</td>
</tr>
<tr>
<td>PEA ☐</td>
<td>Asystole ☐</td>
<td>VF ☐</td>
<td>VT ☐</td>
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CPR Team

- Lead: Epinephrine: Add'l Conc.:
- Recorder/Drugs: Atropine: Fluids Used:
- Rotators (Airway/Vent, Compressions, Runner): Vasopressin: Blood Prod:
- ROSC >20min Yes ☐ No ☐ Euthanized ☐ Dextrose:
# STANDARD REPORTING OF VETERINARY SMALL ANIMAL CPR

### PERSONNEL INVOLVED

<table>
<thead>
<tr>
<th>Credentials (Circle one)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4+</th>
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<tr>
<td>DVM</td>
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<tr>
<td>DACVECC/Other Specialists</td>
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<tr>
<td>Technician</td>
<td></td>
<td></td>
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<tr>
<td>LVT, CVT, RVT VTS</td>
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<td></td>
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</tr>
<tr>
<td>Students</td>
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<td></td>
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<tr>
<td>VTS (ECC)</td>
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### ADDITIONAL PATIENT INFORMATION

#### Disease Category at admission
- Medical cardiac/non-cardiac
- Surgical elective/emergenc
- Trauma
- DOA
- Unknown

#### Comorbid conditions
- Arrhythmia
- Congestive Heart Failure (prior admit)
- Congestive Heart Failure (this admit)
- Pericardial effusion/tamponade
- Hypotension/Hypoperfusion
- Sepsis
- Infectious disease
- Diabetes mellitus
- Metabolic/electrolyte abnormality
- Malignancy
- Major trauma
- Envenomation
- Post-operative
- Coagulopathy
- None
- Unknown
- Other (specify)

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

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

#### 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)

#### CPR measures ALREADY in place at time of CPA
- 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

#### Mechanical Ventilation at time of CPA
- Yes
- No

#### ROSC
- Yes
- No

#### Extubation after ROSC
- Y / N

#### Mode of Death after ROSC >20 min
- Euthanasia - decision based on
- Re-arrest without CPR
- Re-arrest w/CPR, but w/out sustained ROSC
- Severity of illness
- Terminal illness
- Economic reasons

#### Hospital Discharge
- Y / N

#### In-hospital Death
- Y / N

#### Additional Outcome Information

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