

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): __ Bag mask (Y/N): __ Laryngeal mask (Y/N): __	
Vascular Access <input type="checkbox"/>	IVC size: __ Location: __ Peripheral <input type="checkbox"/> Jugular <input type="checkbox"/> Central <input type="checkbox"/> IO <input type="checkbox"/> Open chest (Y/N):	
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	mmHg	mL	ATRO	VASO	mL	mL	mL	mL	Route	DEFIB	Re-	Fluids	
HR	MIN	SEC												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

Date of admission
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

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

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

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						
Animal Functional Capacity						
Modified Glasgow Coma Scale						
Neurological Deficit Score						

*(See attached scoring rubric for scores)

Hospital Discharge: Y / N

In-hospital Death: Y / N

Time: _____ Date: _____

Additional Outcome Information

Recorder: _____

Time: _____ Date: _____

Modified Glasgow Coma Scale (MGCS): Circle the appropriate score for each domain at each time point

Domain	Description	Points	Time points in relation to ROSC						
			PRE	1	12	24	48	72	D/C
Motor activity	Normal gait, normal spinal reflexes	6	6	6	6	6	6	6	6
	Hemiparesis, tetraparesis, or decerebrate activity	5	5	5	5	5	5	5	5
	Recumbent, intermittent extensor rigidity	4	4	4	4	4	4	4	4
	Recumbent, constant extensor rigidity	3	3	3	3	3	3	3	3
	Recumbent, constant extensor rigidity with opisthotonus	2	2	2	2	2	2	2	2
	Recumbent, hypotonia of muscles, depressed or absent spinal reflexes	1	1	1	1	1	1	1	1
Brain stem reflexes	Normal pupillary light reflexes and oculocephalic reflexes	6	6	6	6	6	6	6	6
	Slow pupillary light reflexes and normal to reduced oculocephalic reflexes	5	5	5	5	5	5	5	5
	Bilateral unresponsive miosis with normal to reduced oculocephalic reflexes	4	4	4	4	4	4	4	4
	Pinpoint pupils with reduced to absent oculocephalic reflexes	3	3	3	3	3	3	3	3
	Unilateral, unresponsive mydriasis with reduced to absent oculocephalic reflexes	2	2	2	2	2	2	2	2
	Bilateral, unresponsive mydriasis with reduced to absent oculocephalic reflexes	1	1	1	1	1	1	1	1
Level of consciousness	Occasional periods of alertness and responsive to environment	6	6	6	6	6	6	6	6
	Depression or delirium, capable of responding but response may be inappropriate	5	5	5	5	5	5	5	5
	Semicomatose, responsive to visual stimuli	4	4	4	4	4	4	4	4
	Semicomatose, responsive to auditory stimuli	3	3	3	3	3	3	3	3
	Semicomatose, responsive only to repeated noxious stimuli	2	2	2	2	2	2	2	2
	Comatose, unresponsive to repeated noxious stimuli	1	1	1	1	1	1	1	1
TOTAL									



Modified Glasgow Coma Score (Platt et al., JVIM 2001)

Animal Functional Capacity (AFC): Circle the appropriate score for each domain at each time point

Domain	Description	Points	Time points in relation to ROSC						
			PRE	1	12	24	48	72	D/C
Cortical	Normal	1	1	1	1	1	1	1	1
	Obtunded	2	2	2	2	2	2	2	2
	Coma	3	3	3	3	3	3	3	3
Vision	Normal	1	1	1	1	1	1	1	1
	Visual deficits/abnormal	2	2	2	2	2	2	2	2
	Blind	3	3	3	3	3	3	3	3
Ventilation	Normal	1	1	1	1	1	1	1	1
	Abnormal	2	2	2	2	2	2	2	2
	Mechanical ventilation	3	3	3	3	3	3	3	3
Locomotion	Ambulatory	1	1	1	1	1	1	1	1
	Abnormal ambulation	2	2	2	2	2	2	2	2
	Non-ambulatory	3	3	3	3	3	3	3	3
TOTAL									

Note: in contrast to the MGCS, a higher score indicates worse function when using the AFC. So please be careful when entering data into the respective matrix in the registry!



Neurological Deficit Score (NDS): Circle the appropriate score for each domain at each time point

Domain	Description	Points	Time points in relation to ROSC						
			PRE	1	12	24	48	72	D/C
Level of consciousness	Normal	0	0	0	0	0	0	0	0
	Clouded, conscious but drowsy or irritable	30	30	30	30	30	30	30	30
	Stupor, motor response only to painful stimuli	60	60	60	60	60	60	60	60
	Coma, no motor response to painful stimuli	100	100	100	100	100	100	100	100
Motor response to pinching toes	Normal brisk withdrawal	0	0	0	0	0	0	0	0
	Sluggish response	10	10	10	10	10	10	10	10
	Very sluggish response	50	50	50	50	50	50	50	50
	No response	100	100	100	100	100	100	100	100
Muscle tone (pick up and release extremities)	Normal tone	0	0	0	0	0	0	0	0
	One or more extremities stiff or flaccid	25	25	25	25	25	25	25	25
	Three or more extremities stiff or flaccid	100	100	100	100	100	100	100	100
Respiratory pattern	Normal	0	0	0	0	0	0	0	0
	Abnormal spontaneous breathing	50	50	50	50	50	50	50	50
	Apnea	100	100	100	100	100	100	100	100
Behavior (standing)	Can stand	0	0	0	0	0	0	0	0
	Cannot stand	20	20	20	20	20	20	20	20
Behavior (walking)	Normal	0	0	0	0	0	0	0	0
	Unsteady gait	10	10	10	10	10	10	10	10
	Very unsteady or ataxic gait requiring support	20	20	20	20	20	20	20	20
	Cannot walk	30	30	30	30	30	30	30	30
Behavior (response to human interaction/petting)	Normal	0	0	0	0	0	0	0	0
	Reduced/abnormal response	25	25	25	25	25	25	25	25
	No response	50	50	50	50	50	50	50	50
TOTAL									

