**Appendix I**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Resuscitation Record Form** | | | | | | | |  | |
| **Please complete a form following every resuscitation incident** | | | | | | | | | | |
| **Section 1 - Patient details** | | | | | | | | | | |
| Q1 Patients name | | Q2 | | Date of Birth D D M | M | Y | Y | Y | Y | sex  Male Female |
| Q3 Where incident occurred | | Q4 Profession & grade of first staff member to incident  Profession Grade | | | | | | | | |
| **Section 2 - Incident details *(Actions by anyone other than paramedic/ambulance staff)*** | | | | | | | | | | |
| Q5 Date & time the patient found collapsed  (use 24 hour clock)  D D M M Y Y H H M M | | Q6 Time ambulance called? Time ambulance arrived  (use 24 hour clock) (use 24 hour clock) H H M M H H M M | | | | | | | | |
| Q7 What time was Basic Life Support (BLS) started?  (use 24 hour clock)  H H M M not started    Patient had a DNACPR form | | Q8 Profession and grade of individuals administering resuscitation  Trained in BLS in last year?  Profession Grade Yes No | | | | | | | | |
| Q9a Was an automated external defibrillator (AED) used? If Yes, what time  (use 24 hour clock) H H M M  Yes No  **if No, go to Q9c** | | Q9b  Name of person using AED…………………………. Job Title………………………………………………..  Had the person using the AED had training within the last year?  Yes No | | | | | | | | |
| Q9c If AED was not used what were the reasons (only applicable where Resuscitation equipment assessment indicates AED should be available)  not required not available no-one to use not working other | | | | | | | | | | |
| Q10 Were any of the following principles of ALS used by anyone other than paramedic/ambulance staff? If used, had the individual received training in the last year?  Venous access Yes No Administering epinephrine/adrenaline Yes No  Yes No | | | | | | | | | | |
| Q11 What was the outcome of resuscitation?  Died Survived | | | Q12 Was an incident form completed?  Yes No | | | | | | | |

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#### Office use only: AED data Card checked ………………………………………