

OOHCA Documentation

Patient Label

Team Members:

Time:
Date:

Prehospital

Time last seen/collapse:

:

Bystander CPR:

Yes / No

Initial Rhythm	VF	VT	PEA	Asystole
Socks	Y/N	Number	Time of Last	
Drugs	Y/N	Adrenaline	Number	Time of last
		Amiodarone	Number	Time of last

Estimated downtime:

ROSC: Y / N Rhythm:

Summary of Pre-hospital events:

On arrival: Rhythm:

Airway	BVM	LMA	Intubated
Access	IV	IO	
VBG	H+	K+	Lactate

Consider USS assessment of Cardiac Function

Think **MECHANICAL CPR**: DROWNING / DRUG OD / HYPOTHERMIA / THROMBOLYSIS (PE)

Progress:

TIME	RHYTHM	SHOCK	DRUG	DRUG/DOSE
		Y/N	Y/N	
		Y/N	Y/N	
		Y/N	Y/N	
		Y/N	Y/N	
		Y/N	Y/N	

ROSC

A – E + Observations
12 Lead ECG/CXR/Catheterise
Ceiling of care / ICU

Resuscitation Ceased

Time:

Death Confirmed at:

By _____

Relatives present Y / N

Relatives informed Y / N

PF (Complete PF Form) Y / N

Additional notes on ED card? Y / N

Further Documentation:

[NAME] [SIGN] [DESIGNATION] [DATE. & TIME]