**Appendix I**

|  |  |  |
| --- | --- | --- |
|  | **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 | sexMale Female |
| Q3 Where incident occurred | Q4 Profession & grade of first staff member to incidentProfession 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 resuscitationTrained 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 MYes No**if No, go to Q9c** | Q9bName 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 NoYes No |
| Q11 What was the outcome of resuscitation?Died Survived | Q12 Was an incident form completed?Yes No |

####

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