

MARYLAND EMS CARDIAC ARREST FORM

Supplemental Form to the MAIS Report Form

*To be filled out by the Highest Level Provider filling out each MAIS form for a Cardiac Arrest Call (whether transported or not)

1. MAIS Number: _____ Jurisdiction or Commercial Incident #: _____
2. Date of Cardiac Arrest: _____ / _____ / _____ 3. Patient Name (First Middle Last) _____
Mo. Day Yr.
4. **Scene Location : Please complete 4a, 4b and 4c**
 - 4a. Name of Scene Location (e.g., Home, PSINet Stadium) _____
 - 4b. Type of Scene Location (3-digit codes listed on back of form): _____
 - 4c. **Address of Scene Location** _____
Street City State Zip
5. Was the cardiac arrest Witnessed? (Was someone present at the time of the arrest and see the event take place?) Yes [] No []
 - 5a. If yes, by whom? Layperson Bystander [] Dispatched/Standby EMS Responder [] Other [] _____
 - 5b. Estimated time of cardiac arrest: _____ : _____ (military time)
6. **Did the patient receive CPR? Yes [] No []**
 - 6a. If CPR started, Estimated first CPR start time: _____ : _____ (military time)
 - 6b. **First person starting CPR (2-digit codes listed on back of form):** _____
 - 6c. Was CPR started prior to EMS Arrival? Yes [] No []
7. Did Dispatch provide CPR instructions? Yes [] No []
8. Was the patient attached to a **Public Access** AED prior to the arrival of a Dispatched/Standby EMS Responder? Yes [] No []
 - 8a. Were the **Public Access** AED pads properly placed on the patients chest? Yes [] No []
 - 8b. Did the patient receive any **Public Access** AED shocks prior to the arrival of a Dispatched EMS Responder? Yes [] No []
 - 8c. How many **Public Access** AED shocks did the patient receive? # _____
9. Suspected Cause of Arrest (Check all that apply): Medical Cardiac [] Respiratory [] Trauma [] Electrical Shock [] Suicide []
Drugs/Poison [] Drowning [] Abuse [] Terminal Illness [] Other [] describe: _____ Unknown []
10. Was the initial Dispatched/Standby EMS Responder trained & equipped with an AED or manual defibrillator? Yes [] No []
 - 10a. Did the initial EMS Responder attempt to use (i.e., analyze heart rhythm) an AED or manual defibrillator? Yes [] No []
 - 10b. **Was the initial EMS Responder equipped with a Pediatric AED/adaptor? Yes [] No []**
11. Was the patient defibrillated (i.e., shocked) by Dispatched/Standby EMS Responder? Yes [] go to 11a No [] go to 12
 - 11a. What time was the initial defibrillation started by an EMS Responder? _____ : _____ (military time)
 - 11b. Was an EMS-AED used? Yes [] No [] go to 11c
Was a Pediatric AED/adaptor used? Yes [] No []
By whom? 1st Responder [] EMT-B [] CRT/EMT-P []
Total number of EMS-AED shocks given to patient: # _____
 - 11c. Did the patient receive Manual Defibrillation? Yes [] No []
Total number of EMS manual shocks given to the patient: # _____
12. Upon arrival at hospital, indicate patient's condition: *Military Time*
 - a. Pulse restored: Yes [] No [] If Yes, Time Pulse Restored: _____ : _____
 - b. Breathing restored: Yes [] No [] If Yes, Time Breathing Restored: _____ : _____
 - c. Consciousness restored: Yes [] No [] If Yes, Time Patient Conscious: _____ : _____
 - d. Not applicable—resuscitation was terminated in field by protocol []

Report Completed by: _____
Please Print Name (First Middle Last) Title Certification Level Unit# Jurisdiction#
Name of EMS/Fire/Police Station : _____ **Station**
Address: _____ x
Provider Contact Phone # : (_____) _____ - _____ or email _____
Units at the Scene providing patient care: 1st Unit : _____ 2nd Unit : _____ 3rd Unit : _____

Was a Rural Health Grant funded AED used at the scene? (i.e., Was there a MR-AED sticker on the AED?) Yes [] No []
If yes, by whom? EMS [] Fire [] Police [] Public Access Facility []

Codes for Location Types

Residential (100–199)

- 101 Home
- 102 Assisted Living Facility
- 103 Skilled Nursing Facility
- 104 Senior Living Housing
- 199 Other

Transportation related (201-299)

- 201 Airport—BWI
- 202 Airport—Other
- 203 Bus Station
- 204 Train Station
- 205 Street/Highway
- 206 Public Transportation
- 299 Other

Building (301-399)

- 301 Government Admin. building
- 302 Public building (non-Gov't)
- 303 Industrial place and premises
- 304 Restaurant/Bar
- 305a School/Educational facility
- 305b College/University
- 306 Church
- 307 Hotel/motel
- 308 Retail store (enclosed mall)
- 309 Retail store (not in enclosed mall)
- 310 Jail/Correctional facility
- Convention Center
- Courthouse

7 Adult Day Care

Child Day Care

- 399 Other

- 09 Other Health Care Provider
- 99 Unknown

*Code 06 is no longer in use.

Recreation (401-499)

- 401 Stadium
- 402 Racecourse/racetrack
- 403 Amusement park
- 404 Theatre/Cinema
- 405 Health club
- 406 Golf course
- 407 Public beach
- 408 Park
- 409 Museum
- 410 Community Pool
- 411 Recreation Center
- 9 Camp
- 499 Other

Medical facilities (501-599)

- 501 Hospital place and premises
- 502 Rehab facility
- 503 Physician or Dentist office
- 504 Dialysis center
- 505 Ambulance-Jurisdictional (en route)
- 506 Ambulance-Commercial Service (en route)
- 507 Urgent Care facility
- 599 Other

Codes for CPR start by

- 00 EMS/Fire
 - Layperson—CPR-trained
- 02 Layperson—Untrained
- 03 EMS—Off-duty
 - Beach patrol
 - Police
- 8 Physician
- 08 Nurse