



GWTG-Resuscitation Patient Management Tool (CRF)  
 ARC Event

Updated August 2023

OPTIONAL: Local Event ID:		
Date/Time need for emergency assisted ventilation first recognized :	____/____/____ : ____ (MM/DD/YYYY HH:MM)	... Time Not Documented
System Entry Date:	____/____/____ : ____ (MM/DD/YYYY HH:MM)	... Time Not Documented
ARC 2.1 PRE-EVENT		Pre-Event Tab 4 of 6

Was patient discharged from ICU prior to this event? { Yes

% Cardiac malformation/abnormality -

acyanotic (-6.3e 0 11.0/TT2 1 Tf -0.008 Tc5c -0.6 (ti)-6.3e2iyticti Rcaly0 Tn5.6 (ti)t3ac0.9 7.9 (dio3.(y)63 1 T7)63 l -



Drug Interventions (check all that apply)

%None (review options below carefully)  
%Bronchodilator: Inhaled  
%Bronchodilator: Sub Q or IV/IO  
%Calcium chloride/Calcium

	%Inadvertent arterial cannulation		
Medications	%Delay %Route	%Dose %Selection	%Other (specify in comments section)
Leadership	%Delay in identifying leader %Knowledge of equipment %Knowledge of medications/protocols %Knowledge of roles		%Team oversight %Too many team members %Other (specify in comments section)
Protocol Deviation	%ACLS/PALS %NRP		%Other (specify in comments section)
Equipment	%Availability %Function		%Other (specify in comments section)
Comments			

*NOTE: Please do not enter any patient identifiable information in these optional fields.*

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