American Heart Association®
Get With The Guidelines®
Resuscitation

GWTG- GWTG-Resuscitation Case Record Form (CRF)
Active Form Groups: Admission/ Discharge December 2023

Patient ID:	
System Entry Date:	_____/_____/_____ _____:_____
DEMOGRAPHICS	*Demographics Tab*
Sex	☐ Male ☐ Female ☐ Unknown
Patient Gender Identity:	☐ Male ☐ Female ☐ Female-to-Male (FTM)/Transgender Male/Trans Man ☐ Male-to-Female (MTF)/Transgender Female/Trans Woman ☐ Genderqueer, neither exclusively male nor female ☐ Additional gender category or other: _____ ☐ Did not disclose
Patient-Identified Sexual Orientation:	○ Straight or heterosexual ○ Lesbian or gay ○ Bisexual ○ Queer, pansexual, and/or questioning ○ Something else, please specify: _____ ○ Don't know ○ Declined to answer
Date of Birth:	_____/_____/_____ ____:____ ☐ Unknown
Age	_____ Age Unit: ○ Years ○ Months ○ Weeks ○ Days ○ Hours ○ Minutes
Patient Zip Code	_____ ☐ Homeless
Payment Source	☐ Medicare Title 18 ☐ Medicaid – Private/ HMO/ PPO/ Other ☐ Self Pay/ No Insurance ☐ Medicaid Title 19 ☐ Private/ HMO/ PPO/ Other ☐ Other/ Not Documented/ UTD ☐ Medicare – Private/ HMO/ PPO/ Other ☐ VA/ CHAMPVA/ Tricare
RACE AND ETHNICITY	*Demographics Tab*
Race	☐ American Indian/Alaska Native ☐ White ☐ Native Hawaiian or Pacific Islander [if native Hawaiian or Pacific Islander selected] ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ UTD ☐ Black or African American ☐ Asian [if Asian selected] ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian
Hispanic Ethnicity	○ Yes ○ No/UTD
Select Hispanic Origin Group(s):	☐ Mexican, Mexican American, Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Another Hispanic, Latino, or Spanish Origin
ADMISSION DATA	*Admission Tab*
Born this admission (or transferred from birth hospital)?	○ Yes ○ No
Birth Weight (patients <30 days old only)	____ Units ○ Pounds ○ Kilograms ○ Grams ☐ Birth Weight Unknown/Not Documented ☐ Weight same as birth weight

Weight (required for pediatric and newborn/neonate patients only):	____ Units	O Pounds O Kilograms O Grams ☐ Weight Unknown/Not Documented
Length (patients <30 days old only):	____ Units	O Inches O Centimeters ☐ Length Unknown/Not Documented
Head Circumference (patients <30 days old only):	____ Units	O Inches O Centimeters ☐ Circumference Unknown/Not Documented
Admission CPC:	O 1 Good cerebral performance O 2 Moderate cerebral disability O 3 Severe cerebral disability O 4 Coma or vegetative state O 5 Brain death ☐ Unknown/Not Documented/Not Applicable	
Admission PCPC:	O 1 Normal O 2 Mild cerebral disability O 3 Moderate cerebral disability O 4 Severe cerebral disability O 5 Coma or vegetative state O 6 Brain death ☐ Unknown/Not Documented/Not Applicable	
COVID-19 Vaccination:	O COVID-19 vaccine was given during this hospitalization O COVID-19 vaccine was received prior to admission, not during this hospitalization O Documentation of patient's refusal of COVID-19 vaccine O Allergy/sensitivity to COVID-19 vaccine or if medically contraindicated O Vaccine not available O None of the above/Not documented/UTD	
COVID-19 Vaccination date:	_____/_____/_____	O Unknown
COVID-19 Vaccination Manufacturer:	O AstraZeneca O Johnson & Johnson's / Janssen O Moderna	O Novavax O Pfizer O Other O Not Documented
Did the patient receive both doses of vaccine? (if applicable)	O Yes O No O Not Applicable	
Is there documentation that this patient was included in a COVID-19 vaccine trial?	O Yes O No	
Influenza Vaccination:	O Influenza vaccine was given during this hospitalization during the current flu season O Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization O Documentation of patient's refusal of influenza vaccine O Allergy/sensitivity to influenza vaccine or if medically contraindicated O Vaccine not available O None of the above/Not documented/UTD	
Physician:		
NEWBORN/NEONATE		*Newborn/Neonate Tab*
Did mother receive prenatal care?	O Yes O No O Not Documented	
Maternal Conditions (check all that apply)	☐ Not Documented ☐ None ☐ Alcohol Use ☐ Chorioamnionitis ☐ Cocaine/Crack use ☐ Diabetes ☐ Eclampsia ☐ Magnesium Exposure	☐ GHTN (Pregnancy induced/Gestational Hypertension) ☐ Maternal Group B Strep (Positive) ☐ Methamphetamine/ICE use ☐ Narcotic given to mother within 4 hrs. of delivery ☐ Narcotics addiction and/or on methadone maintenance ☐ Pre-eclampsia ☐ Prior Cesarean ☐ Urinary Tract Infection (UTI)

	☐ Major Trauma ☐ Other, Specify: _____ ☐ Maternal Infection
Delivery Details	<u>Fetal Monitoring</u>
	☐ None ☐ Performed, method unknown ☐ External ☐ Unknown/Not documented ☐ Internal
	<u>Delivery Mode</u>
	○ Vaginal/Spontaneous ○ C-section/ Scheduled ○ Vaginal/Operative ○ C-section/ Emergent ○ VBAC ○ Unknown/Not Documented
	<u>Fetal Delivery Presentation</u>
	○ Cephalic ○ Breech ○ Unknown/Not Documented
Apgar Scores:	1 min: _____ ❑ Unknown/Not Assigned
	5 min: _____ ❑ Unknown/Not Assigned
	10 min: _____ ❑ Unknown/Not Assigned
	15 min: _____ ❑ Unknown/Not Assigned
	20 min: _____ ❑ Unknown/Not Assigned
Cord pH	_____ ❑ Unknown/Not Documented
Sample Location	○ Arterial ○ Venous ○ Unknown/Not Documented
Best Estimate of gestational age (weeks)	_____ ❑ Unknown/Not Documented
Special Circumstances Recognized at Birth (select all that apply)	❑ None ❑ Nuchal Cord ❑ Shoulder Dystocia ❑ Cord Prolapse ❑ Placenta Abruption ❑ Other, Specify _____ ❑ Meconium Aspiration ❑ Placenta Previa
	❑ Abdominal Wall Defects ○ Prenatal Dx ○ Postnatal Dx
	❑ Congenital Cystic Adenomatoid Malformation/Congenital Pulmonary Airway Malformation ○ Prenatal Dx ○ Postnatal Dx
	❑ Congenital Diaphragmatic Hernia ○ Prenatal Dx ○ Postnatal Dx
	❑ Cardiac Malformation / Abnormality - Acyanotic ○ Prenatal Dx ○ Postnatal Dx
	❑ Cardiac Malformation / Abnormality - Cyanotic ○ Prenatal Dx ○ Postnatal Dx
	❑ Congenital Malformation / Abnormality (Non-cardiac) ○ Prenatal Dx ○ Postnatal Dx
	❑ Decelerations ○ Prenatal Dx ○ Postnatal Dx
	❑ Fetal Hydrops ○ Prenatal Dx ○ Postnatal Dx
DISCHARGE DATA	*Discharge Tab*
Was induced hypothermia initiated after return of circulation (ROC) achieved?	○ Yes ○ No/Not Documented ○ N/A
Discharge Status	○ Dead ○ Alive ○ Disposition Pending
During this admission, was a standardized health related social needs form or assessment completed?	○ Yes ○ No/ND
If yes, identify the areas of unmet social need. (select all that apply):	☐ None of the areas of unmet social need listed ☐ Education ☐ Employment ☐ Financial Strain ☐ Food ☐ Living Situation/Housing ☐ Mental Health ☐ Personal Safety ☐ Substance Abuse ☐ Transportation Barriers ☐ Utilities
Was there Active or Suspected COVID-19 diagnosis in the 2 weeks prior to admission or during this hospitalization?	○ Yes, prior to admission ○ Yes, during hospitalization ○ No ○ Unknown/ND

Method of Diagnosis:	○ COVID-19 confirmed by a lab test ○ Clinical diagnosis assigned by hospital-specific criteria (suspected) ○ Unknown/ND		
Date/Time of Diagnosis:	_____/_____/_____ ____:_____ ☐ Unknown		
Discharge Disposition:	○ 1 Home ○ 2 Hospice – Home ○ 3 Hospice - Health Care Facility ○ 4 Acute Care Facility	○ 5 Other Healthcare Facility ○ 6 Expired ○ 7 Left Against Medical Advice ○ 8 Not Documented or UTD	
Facility patient was transferred to:			
If Acute Care Facility, Reason(s) for transfer (select all that apply):	☐ Administrative ☐ Patient/family request ☐ Procedure/Service not available at this hospital	☐ Other advanced care ☐ Unknown/Not Documented ☐ Other (specify) _____	
If Other Healthcare Facility:	○ Skilled Nursing Facility (SNF) ○ Inpatient Rehabilitation Facility (IRF)	○ Long Term Care Hospital (LTCH) ○ Intermediate Care Facility (ICF) ○ Other	
Date/Time of Hospital Discharge/Death	_____/_____/_____ ____:_____ ○ Unknown		
Declared DNAR during this admission?	○ Yes ○ No		
If yes, Date/Time of DNAR order	_____/_____/_____ ____:_____	○ Time Not Documented	
<u>If patient died:</u>	Was Life Support Withdrawn?	○ Yes	○ No
	Were organs recovered?	○ Yes	○ No
<u>If patient survives to discharge</u>	Discharge Adult Cerebral Performance Categories/CPC Scale:	○ 1 Good cerebral performance ○ 2 Moderate cerebral disability ○ 3 Severe cerebral disability ○ 4 Coma or vegetative state ○ 5 Brain death ☐ Unknown/Not Documented/Not Applicable	
	Discharge Pediatric/Neonate Cerebral Performance Categories/PCPC Scale:	○ 1 Normal ○ 2 Mild cerebral disability ○ 3 Moderate cerebral disability ○ 4 Severe cerebral disability ○ 5 Coma or vegetative state ○ 6 Brain death ☐ Unknown/Not Documented/Not Applicable	
Comments			

END OF ADMISSION & DISCHARGE FORM

