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Patient: test, test **DOB:** n/a **Call Date:** 04/05/2009

CPR

Cardiac Arrest Etiology <input type="text"/>	Arrest Witnessed By <input type="text"/>	Estimated Time of Arrest <input type="text"/>	Resuscitation Attempted <input type="text" value="Attempted Defibrillation
Attempted Ventilation
Initiated Chest Compressions
Not Attempted-Considered Futile
Not Attempted-DNR Orders"/>
Return of Circulation <input type="text"/>	Time CPR Discontinued <input type="text"/> : <input type="text"/>	Reason CPR Discontinued <input type="text"/>	
First Cardiac Rhythm <input type="text"/>		Cardiac Rhythm at Dest. <input type="text"/>	
Estimated time of arrival of AED to initial shock delivered <input type="text"/>			

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