CAST

DEATH OR CARDIAC ARREST

Affix Patient I.D. Here

IN GENERAL THE BLIND SHOULD NOT BE BROKEN. IF PATIENT IS RESUSCITATED, AND IT IS ABSOLUTELY NECESSARY TO BREAK THE BLIND, THIS FORM MUST BE COMPLETED BEFORE BLIND IS BROKEN.

The term death or cardiac arrest herein means the spontaneous cessation of respiration and blood circulation (pulse) with loss of consciousness whether or not resuscitation attempts were successful. Transient arrhythmias which convert spontaneously are not included. Arrhythmias which do not require cardiopulmonary resuscitation and defibrillation are not included.

1 Event was: DTHCA23 ☐1 Death ☐2 Cardiac arrest with resuscitation

(RESUSCITATION requires restoration of pulse, respiration and recovery of consciousness)

2 Was event witnessed? ☐1 yes ☐2 no WITNES23

3 If UNWITNESSED, enter date and time patient last known to be alive:

Date: ___/___/___ (mo dy yr) DTALIV23

Time: ___:___ (24 hr clock) TMALIV23 or ☐1 unknown

4 If WITNESSED, enter date and time of onset of new, persistent or accelerating symptoms related to the event (that is, the timing of the onset of symptoms which persist or recur until loss of consciousness).

☐1 Asymptomatic until collapse ASYMPT23

OR

Date: ___/___/___ (mo dy yr) DTSYMP23 or ☐1 unknown

Time: ___:___ (24 hr clock) TMSYMP23 or ☐1 unknown

DATE AND TIME OF CLINICAL DEATH OR CARDIAC ARREST

5 Enter the date and time of initial spontaneous cessation of respiration/pulse/consciousness. If UNWITNESSED, enter the date and time the patient was found.

Date: ___/___/___ (mo dy yr) DATE23

Time: ___:___ (24 hr clock) TIME23 or ☐1 unknown

6 Location at time of onset of death or cardiac arrest:

LOCAT23
☐1 Out-of-hospital
☐2 Emergency room
☐3 In-hospital

STUDY DRUG PRIOR TO AND AT TIME OF EVENT

DRCHG23

7

	Therapy at day 10 prior to event	Any change in therapy during 10 days prior to event: change 1	change 2	change 3
	DTP1023 mo/dy/yr	mo/dy/yr	mo/dy/yr	mo/dy/yr
	DRP1023			
Encainide	☐ 1	☐ 1	☐ 1	☐ 1
Flecainide	☐ 2	☐ 2	☐ 2	☐ 2
Moricizine	☐ 3			☐ 3
CAST-ENC	☐ 4			☐ 4
CAST-FLEC	☐ 5			☐ 5
CAST-MOR	☐ 6			☐ 6
No antiarrhythmic	☐ 7	☐ 7	☐ 7	☐ 7
Other antiarrhythmic	☐ 8	☐ 8	☐ 8	☐ 8
Specify:				
Dose (mg/day)				

8 Documentation of rhythm associated with event:

DOCUM23

☐ 1 Never monitored
☐ 2 Monitored before and during collapse
☐ 3 Monitored only after collapse
Approximate time from onset of collapse to monitoring: ☐☐☐ min TMMON23

9 If MONITORED, characterize rhythm:
If hospitalized and monitored, use rhythm noted at onset of episode. If not hospitalized or not monitored at onset of event, check rhythm noted at onset of monitoring.

CHECK ONLY ONE:

RHYTHM23

☐ 1 VF ☐ 2 VT/VF ☐ 3 VT
☐ 4 Idioventricular
☐ 5 Severe bradycardia, < 30 bpm
☐ 6 Asystole
☐ 7 3° AV block
☐ 8 Electromechanical dissociation with NSR or ST
☐ 9 Unknown
☐ 10 Other (specify)

10 CAUSE of death or cardiac arrest:

☐1 NON-CARDIAC
specify: ____

CAUSE23

☐2 CARDIAC
If CARDIAC,

11 ☐1 Arrhythmic ☐2 Non-arrhythmic

ARRHTH23

IF CARDIAC, COMPLETE THE FOLLOWING SECTION:

12 ☐1 Witnessed:

13 ☐1 Asymptomatic instantaneous death (no NEW, ACCELERATING OR PERSISTENT symptoms)

SYMPT23

☐2 Symptomatic
If SYMPTOMATIC, check ONE box below

CARDWT23

	SUMMRY23	Time from onset of NEW, ACCELERATING, OR PERSISTENT SYMPTOMS: < 5 min	5-60 min	61- 24 min hr	> 24 hr
14	Ischemic symptoms	☐1	☐2	☐3	☐4
15	Arrhythmic symptoms	☐5	☐6	☐7	☐8
16	Documented VT -> VF, > 60 min			☐9	☐10
17	Other cardiac	☐11	☐12	☐13	☐14
18	specify: ____				
19	Severe CHF symptoms	☐15	☐16	☐17	☐18

20 ☐2 Unwitnessed (patient not seen or heard for ≥ 5 minutes)
Presumed arrhythmic? ☐1 yes ☐2 no PRESAR23

If NO, specify cause: ____

21 Time of awakening on day of event: TAWAKE23 ☐☐:☐☐ (24 hr) or TAUNK23 ☐1 unknown

Was this patient's usual time of awakening?

TAUSUL23

☐1 yes ☐2 no ☐9 unknown

ISCHEM23 (acute ischemia contributor to death)