



SAE REPORT FORM FOR EVENTS AFFECTING PARAMEDICS

S2

REC Ref: 14/SC/1219

PARAMEDIC DETAILS		
Paramedic initials	<input type="text"/> <input type="text"/> <input type="text"/>	Paramedic AIRWAYS-2 ID _____
PATIENT DETAILS (RELATING TO SAE OCCURRENCE)		
Incident number	_____	Patient AIRWAYS-2 ID _____
EVENT DETAILS		
Date of SAE	____/____/_____ <small>d d m m y y y y</small>	Time of SAE _____ : _____ <small>(24 hr clock)</small>
DESCRIPTION OF EVENT		
<p>Full description of event. If this is a follow-up, details of any additional actions taken/ further information since initial report should also be documented here.</p>		
RELATEDNESS		
How related to the intervention was the event?		
Possibly related	<input type="checkbox"/>	Probably related <input type="checkbox"/> Definitely related <input type="checkbox"/>
OUTCOME OF EVENT		
Resolved, no sequelae	<input type="checkbox"/>	Resolved, with sequelae* <input type="checkbox"/> Ongoing* (please complete and return additional SAE report form within 5 days) <input type="checkbox"/> Died* (give cause and PM details or Death Certificate) <input type="checkbox"/>
<p>*Give details. If event is ongoing, please follow up patient until event is resolved.</p>		
DETAILS OF PRINCIPLE INVESTIGATOR/ LOCAL COLLABORATOR		
The completed SAE form must be signed off by the PI or local collaborator prior to upload. I confirm that the contents of this form are accurate and complete		
Name	_____	Signature _____ Date ____/____/_____ <small>d d m m y y y y</small>

Name of person completing form* (capitals): _____

Signature of person completing form: _____ Date completed (dd/mm/yyyy): ____/____/____

* Names must appear on the site signature & delegation log

Hospital: _____

Patient ID:

PLEASE DO NOT PUT ANY PATIENT IDENTIFIERS ON THIS FORM E.G. NAME, NHS NUMBER

Date of ED/hospital arrival after OHCA: / /

Date of hospital discharge after OHCA, or death (if in hospital): / /

Discharged from hospital Died

If died, no need to complete RU₂

DURING THE PATIENT INDEX ADMISSION ONLY (DATES ABOVE):

Did the patient have any CT scans of any part of the body? Yes No If YES, total number of CT scans:

Did the patient have any MRI scans of any part of the body? Yes No If YES, total number of MRI scans:

Did the patient have any angiograms? Yes No If YES, total number of angiograms:

If YES, was PCI also performed at each angiogram?

Angiogram 1: Yes No

Angiogram 2: Yes No N/A

Angiogram 3: Yes No N/A

Angiogram 4: Yes No N/A

Did the patient have any surgery or implantable devices during the index admission? Yes No

If YES, please provide brief details e.g. surgery type or implantable device type (pacemaker, implantable defibrillator or both):

Name of person completing form* (capitals): _____

Signature of person completing form: _____ Date completed (dd/mm/yyyy): ____/____/____

* Names must appear on the site signature & delegation log

Hospital: _____

Patient ID:

PLEASE DO NOT PUT ANY PATIENT IDENTIFIERS ON THIS FORM E.G. NAME, NHS NUMBER

Date of hospital discharge after OHCA: / / / / / / /

Date 6 months post OHCA or date of death (if sooner): / / / / / / /

PERIOD POST DISCHARGE FROM INDEX ADMISSION TO 6 MONTHS POST OHCA ONLY (DATES ABOVE):

Was the patient readmitted to your hospital in the follow up period? Yes No

If YES, number of readmissions:

If YES,

Readmission 1

For how many days?

Did the patient spend any days in intensive care? Yes No

If YES, how many days?

Readmission 2

For how many days?

Did the patient spend any days in intensive care? Yes No

If YES, how many days?

Readmission 3

For how many days?

Did the patient spend any days in intensive care? Yes No

If YES, how many days?

Did the patient have any surgery or implantable devices at your hospital in the follow up period? Yes No

If YES, please provide brief details e.g. surgery type or implantable device type, elective/emergency, re-do:

Name of person completing form* (capitals): _____

Signature of person completing form: _____ Date completed (dd/mm/yyyy): ____/____/____

* Names must appear on the site signature & delegation log