

# HOTRAC Regional CPR PI Summary Report

(circle reporting month/quarter)

1<sup>st</sup> Quarter  
Jan-Feb-Mar

2<sup>nd</sup> Quarter  
Apr-May-June

3<sup>rd</sup> Quarter  
Jul-Aug-Sept

4<sup>th</sup> Quarter  
Oct-Nov Dec

Facility Name: \_\_\_\_\_

Person Submitting Report: \_\_\_\_\_

This form is to report the CPR information for those of you that are currently using the RDC

## TOTAL CPRs including STEMIs:

- **Total # of CPR:** \_\_\_\_\_ Hospital: \_\_\_\_\_ EMS: \_\_\_\_\_ Bystander: \_\_\_\_\_
- **Total # Achieving ROSC:** \_\_\_\_\_ Hospital: \_\_\_\_\_ EMS: \_\_\_\_\_ Bystander: \_\_\_\_\_
- **Total # Discharged:** \_\_\_\_\_  
Home \_\_\_\_\_ NH/LTAC \_\_\_\_\_ Hospice \_\_\_\_\_ Expired \_\_\_\_\_ Transferred \_\_\_\_\_
- **Insurance Status:** Insured: \_\_\_\_\_ Not Insured: \_\_\_\_\_ Not Recorded: \_\_\_\_\_