Please complete for **ALL Medical and Trauma Cardiac Arrest Patients** in the prehospital setting.

**Purpose of this form:**
To collect data necessary to enable analysis by jurisdictions and MIEMSS to:
1. Establish EMS System effectiveness in responding to Cardiac Arrest patients;
2. Improve patient outcome from cardiac arrest.

**Who should fill out this form:**
The EMS provider (ALS or BLS) responsible for patient care for any cardiac arrest (except those with a valid EMS DNR at the scene). For every MAIS form completed on a cardiac arrest patient, a supplemental EMS cardiac arrest form should also be filled out.

**Returning Forms:**
Fax or mail back to MIEMSS as soon as possible after a cardiac arrest event so that prompt patient follow-up can be conducted.

- Supplemental EMS Cardiac Arrest form
- Copy of the MAIS report and Additional Narrative
- All code summary reports (if available)

FAX: 410-706-4366

Mail: MIEMSS
Epidemiology Office
Attn: M-CAPD Study
653 West Pratt Street
Baltimore, MD 21201

**Questions regarding this form:**
MIEMSS Cardiac Arrest Hotline
Phone: 1-877-937-7724 (business hours or leave voicemail after hours)
Pager: 410-475-8433 (24 hours/7 days a week)

**MIEMSS Cardiac Arrest Website:** [http://miemss.umd.edu/m-capd.htm](http://miemss.umd.edu/m-capd.htm)

- Answers to common questions regarding the Supplemental EMS Cardiac Arrest Form
- Additional forms are also available for download from this website
- Information about the Maryland Cardiac Arrest Public Defibrillation (M-CAPD) Study