

## Cardiopulmonary Resuscitation Report

Code <input checked="" type="checkbox"/> Blue <input type="checkbox"/> Pink	Time Event Recognized: <u>2:15</u>	Location: _____	Witnessed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Team Arrival Time: <u>2:16</u>	Weight (Kg): _____	Height (cm): _____
Hospital-wide resuscitation response activated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was patient conscious at onset? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Condition when need for compressions/defibrillation was identified? <input type="checkbox"/> Pulseless <input type="checkbox"/> Pulse (poor perfusion)			
Did the patient with a pulse requiring compressions become pulseless? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Airway/ Ventilation

Breathing	Ventilation	Intubation	Confirmation
<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Bag-Valve-Mask	Time: <u>2:20</u>	<input type="checkbox"/> Auscultation
<input type="checkbox"/> Apneic	<input checked="" type="checkbox"/> Endotracheal Tube	Size: _____	<input type="checkbox"/> Exhaled CO <sub>2</sub>
<input type="checkbox"/> Agonal	<input type="checkbox"/> Tracheostomy	By Whom: _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Assisted	<input type="checkbox"/> Other: _____		

### Circulation

1st Rhythm Requiring Compressions: Asystole

1st Pulseless Rhythm: \_\_\_\_\_

Time Chest Compressions Started: 2:15

Impedance Threshold Device used?  Yes  No

AED Applied:  Yes  No Time: \_\_\_\_\_

Pacemaker On:  Yes  No Time: \_\_\_\_\_

Defibrillator Type(s): \_\_\_\_\_

### Outcome

Time Resuscitation Event Ended: \_\_\_\_\_

Reason Resuscitation Ended:

Survived – Return of Circulation (ROC) >20 min

Died – Efforts Terminated (No Sustained ROC)

Time	Pulse		HR	Rhythm	BP	Breathing		SpO <sub>2</sub>	CPR	Defibrillator Type AED / Manual	Joules	Bolus Medications (* if given by ET Tube)						Infusions Dose / cc per hr				Other Infusions / Volume replacement or Blood products given	Comments
	Spontaneous	Assisted				Spontaneous	Assisted					Epinephrine	Atropine	Sodium Bicarbonate	Adenosine	Amiodarone	Lidocaine	Dopamine	Dobutamine	Epinephrine	Norepinephrine		
<u>2:15</u>		/	<u>Asystole</u>																			<u>NS 500 mL bolus given</u>	
<u>2:17</u>		/	"																				
<u>2:19</u>		/	"																				
<u>2:20</u>		/	"																				
<u>2:22</u>		/	"																				<u>D50 50mg given + NS 1L bolus initiated</u>
<u>2:23</u>		/																					
<u>2:24</u>		/	<u>PEA</u>																				
<u>2:25</u>		/																					
<u>2:26</u>		/	<u>PEA</u>																				
<u>2:28</u>		/	"																				
<u>2:29</u>		/																					
<u>2:30</u>		/	<u>PEA</u>																				
<u>2:32</u>		/	<u>PEA</u>																				

## Cardiopulmonary Resuscitation Report

Date: _____	Time Event Recognized: _____	Location: _____	Witnessed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Code <input type="checkbox"/> Blue <input type="checkbox"/> Pink	Team Arrival Time: _____	Weight (Kg): _____	Height (cm): _____
Hospital-wide resuscitation response activated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was patient conscious at onset? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Condition when need for compressions/defibrillation was identified? <input type="checkbox"/> Pulseless <input type="checkbox"/> Pulse (poor perfusion)			
Did the patient with a pulse requiring compressions become pulseless? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Airway/ Ventilation

Breathing	Ventilation	Intubation	Confirmation
<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Bag-Valve-Mask	Time: _____	<input type="checkbox"/> Auscultation
<input type="checkbox"/> Apneic	<input type="checkbox"/> Endotracheal Tube	Size: _____	<input type="checkbox"/> Exhaled CO2
<input type="checkbox"/> Agonal	<input type="checkbox"/> Tracheostomy	By Whom: _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Assisted	<input type="checkbox"/> Other: _____		

### Circulation

1st Rhythm Requiring Compressions: \_\_\_\_\_  
 1st Pulseless Rhythm: \_\_\_\_\_  
 Time Chest Compressions Started: \_\_\_\_\_  
 Impedance Threshold Device used?  Yes  No  
 AED Applied:  Yes  No Time: \_\_\_\_\_  
 Pacemaker On:  Yes  No Time: \_\_\_\_\_  
 Defibrillator Type(s): \_\_\_\_\_

### Outcome

Time Resuscitation Event Ended: \_\_\_\_\_  
  
 Reason Resuscitation Ended:  
 Survived – Return of Circulation (ROC) >20 min  
 Died – Efforts Terminated (No Sustained ROC)

Time	Pulse		HR	Rhythm	BP	Breathing		SpO2	CPR	Defibrillator Type AED / Manual	Joules	Bolus Medications (* If given by ET Tube)						Infusions Dose / cc per hr	Other Infusions /Volume replacement or Blood products given	Comments	
	Spontaneous	Assisted				Spontaneous	Assisted					Epinephrine	Atropine	Sodium Bicarbonate	Adenosine	Amiodarone	Lidocaine				Dopamine
8:33		/	PEA						/												
8:34		/	FINE VF						/		100										
8:36		/	FINE VF						/		200										
8:38		/	PEA						/												
8:39		/							/												
8:40		/	PEA						/												
8:42		/	PEA pulseless VF						/		200										
8:44		/	PEA						/												
8:45		/							/												
8:46		/	PEA						/												10g Sulfate 2g given
8:48		/	PEA						/												Atterplase 50mg given
8:50		/	PEA						/												
8:51		/							/												

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Code: <input type="checkbox"/> Blue <input type="checkbox"/> Pink	Team Arrival Time:	Weight (Kg):	Height (cm):
Hospital-wide resuscitation response activated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was patient conscious at onset? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Condition when need for compressions/defibrillation was identified? <input type="checkbox"/> Pulseless <input type="checkbox"/> Pulse (poor perfusion)			
Did the patient with a pulse requiring compressions become pulseless? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Airway/ Ventilation		Intubation	Confirmation
Breathing <input type="checkbox"/> Spontaneous <input type="checkbox"/> Apneic <input type="checkbox"/> Agonal <input type="checkbox"/> Assisted	Ventilation <input type="checkbox"/> Bag-Valve-Mask <input type="checkbox"/> Endotracheal Tube <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Other: _____	Time: _____ Size: _____ By Whom: _____	<input type="checkbox"/> Auscultation <input type="checkbox"/> Exhaled CO <sub>2</sub> <input type="checkbox"/> Other: _____

**Circulation**

1st Rhythm Requiring Compressions: \_\_\_\_\_

1st Pulseless Rhythm: \_\_\_\_\_

Time Chest Compressions Started: \_\_\_\_\_

Impedance Threshold Device used?  Yes  No

AED Applied:  Yes  No Time: \_\_\_\_\_

Pacemaker On:  Yes  No Time: \_\_\_\_\_

Defibrillator Type(s): \_\_\_\_\_

**Outcome**

Time Resuscitation Event Ended: \_\_\_\_\_

Reason Resuscitation Ended:

Survived - Return of Circulation (ROC) >20 min

Died - Efforts Terminated (No Sustained ROC)

Time	Pulse		HR	Rhythm	BP	Breathing		SpO <sub>2</sub>	CPR	Defibrillator Type AED / Manual	Joules	Bolus Medications (* If given by ET Tube)					Infusions Dose / cc per hr				Other Infusions /Volume replacement or Blood products given	Comments	
	Spontaneous	Assisted				Spontaneous	Assisted					Epinephrine	Atropine	Sodium Bicarbonate	Adenosine	Amiodarone	Lidocaine	Dopamine	Dobutamine	Epinephrine			Norepinephrine
2:52			PEA						/														
3:04			PEA						/														
3:58			PEA						/														Calcium chloride 1g
4:59			PEA						/														
5:52			PEA						/														
6:00			PEA						/														
6:02			PEA						/														
6:03			PEA						/														
6:04			PEA						/														
6:05			PEA						/														
6:06			PEA						/														
6:07			PEA						/														
6:08			PEA						/														Mleplase 50mg given

REV: June 2014

Legend

# Cardiopulmonary Resuscitation Report

last modified 15-01-2014

Date:	Time Event Recognized	Location:	Witnessed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Code <input type="checkbox"/> Blue <input type="checkbox"/> Pink	Team Arrival Time:	Weight (Kg):	Height (cm):
Hospital-wide resuscitation response activated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was patient conscious at onset? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Condition when need for compressions/defibrillation was identified? <input type="checkbox"/> Pulseless <input type="checkbox"/> Pulse (poor perfusion)			
Did the patient with a pulse requiring compressions become pulseless? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Airway/ Ventilation		Intubation	Confirmation
Breathing	Ventilation	Time: _____	<input type="checkbox"/> Auscultation
<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Bag-Valve-Mask	Size: _____	<input type="checkbox"/> Exhaled CO2
<input type="checkbox"/> Apneic	<input type="checkbox"/> Endotracheal Tube	By Whom: _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Agonal	<input type="checkbox"/> Tracheostomy		
<input type="checkbox"/> Assisted	<input type="checkbox"/> Other: _____		

**Circulation**

1st Rhythm Requiring Compressions: \_\_\_\_\_

1st Pulseless Rhythm: \_\_\_\_\_

Time Chest Compressions Started: \_\_\_\_\_

Impedance Threshold Device used?  Yes  No

AED Applied:  Yes  No Time: \_\_\_\_\_

Pacemaker On:  Yes  No Time: \_\_\_\_\_

Defibrillator Type(s): \_\_\_\_\_

**Outcome**

Time Resuscitation Event Ended: \_\_\_\_\_

Reason Resuscitation Ended:

Survived – Return of Circulation (ROC) >20 min

Died – Efforts Terminated (No Sustained ROC)

Defibrillator Type(s): \_\_\_\_\_

Time	Pulse		HR	Rhythm	BP	Breathing		SpO2	CPR	Defibrillator Type AED / Manual	Joules	Bolus Medications (* if given by ET Tube)						Other Infusions /Volume replacement or Blood products given	Comments
	Spontaneous	Assisted				Spontaneous	Assisted					Infusions Dose / cc per hr							
												Epinephrine	Atropine	Sodium Bicarbonate	Adenosine	Amiodarone	Lidocaine		
8:09				PEA					/										
8:10				PEA					/										
8:12				PEA					/										
8:14				PEA					/										
8:15									/										
8:16				PEA					/										
8:18				PEA					/										
8:20				PEA					/										
8:21									/										
8:22				PEA					/										
8:23									/										
8:24				PEA					/										
8:26				PEA					/										

rev June 2014

Legend

myocardia  
recuro  
via ET

## Cardiopulmonary Resuscitation Report

last modified 15-01-2014

Date: _____		Time Event Recognized: _____	Location: _____	Witnessed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Code <input type="checkbox"/> Blue <input type="checkbox"/> Pink		Team Arrival Time: _____	Weight (Kg): _____	Height (cm): _____
Hospital-wide resuscitation response activated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was patient conscious at onset? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Condition when need for compressions/defibrillation was identified? <input type="checkbox"/> Pulseless <input type="checkbox"/> Pulse (poor perfusion)				
Did the patient with a pulse requiring compressions become pulseless? <input type="checkbox"/> Yes <input type="checkbox"/> No				

:33  
:29

### Airway/Ventilation

Breathing	Ventilation	Intubation	Confirmation
<input type="checkbox"/> Spontaneous <input type="checkbox"/> Apneic <input type="checkbox"/> Agonal <input type="checkbox"/> Assisted	<input type="checkbox"/> Bag-Valve-Mask <input type="checkbox"/> Endotracheal Tube <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Other: _____	Time: _____ Size: _____ By Whom: _____	<input type="checkbox"/> Auscultation <input type="checkbox"/> Exhaled CO3 <input type="checkbox"/> Other _____

### Circulation

1st Rhythm Requiring Compressions: \_\_\_\_\_  
 1st Pulseless Rhythm: \_\_\_\_\_  
 Time Chest Compressions Started: \_\_\_\_\_  
 Impedance Threshold Device used?  Yes  No  
 AED Applied:  Yes  No Time: \_\_\_\_\_  
 Pacemaker On:  Yes  No Time: \_\_\_\_\_  
 Defibrillator Type(s): \_\_\_\_\_

### Outcome

Time Resuscitation Event Ended: \_\_\_\_\_  
 Reason Resuscitation Ended:  
 Survived – Return of Circulation (ROC) >20 min  
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Time	Pulse		HR	Rhythm	BP	Breathing		SpO2	CPR	Defibrillator Type AED / Manual	Joules	Bolus Medications (* if given by ET Tube)						Infusions Dose / cc per hr				Other Infusions /Volume replacement or Blood products given	Comments
	Spontaneous	Assisted				Spontaneous	Assisted					Epinephrine	Atropine	Sodium Bicarbonate	Adenosine	Amiodarone	Lidocaine	Dopamine	Dobutamine	Epinephrine	Norepinephrine		
8:27																							
8:28																							Resuscitation stopped
																							* ECHO done - w/ flutter but no cardiac contractions ultrasound of the aortic done - no blood flow / pulse

HOS 060023 HIXC Rev. June 2014

-Sinus Tachycardia  
P-Blood Pressure  
with \* if given via ET

## Cardiopulmonary Resuscitation Report

Date: 04-19 Location:                      Witnessed:  Yes  No  
 Code:  Blue  Pink Team Arrival Time: 04:19 Weight (Kg):              Height (cm):               
 Hospital-wide resuscitation response activated?  Yes  No Was patient conscious at onset?  Yes  No  
 Condition when need for compressions/defibrillation was identified?  Pulseless  Pulse (poor perfusion)  
 Did the patient with a pulse requiring compressions become pulseless?  Yes  No

**Airway/ Ventilation**

Breathing	Ventilation	Intubation	Confirmation
<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Bag-Valve-Mask	Time: <u>            </u>	<input type="checkbox"/> Auscultation
<input type="checkbox"/> Apneic	<input checked="" type="checkbox"/> Endotracheal Tube	Size: <u>            </u>	<input type="checkbox"/> Exhaled CO2
<input type="checkbox"/> Agonal	<input type="checkbox"/> Tracheostomy	By Whom: <u>            </u>	<input type="checkbox"/> Other <u>            </u>
<input checked="" type="checkbox"/> Assisted	<input type="checkbox"/> Other: <u>            </u>		

**Circulation**

1st Rhythm Requiring Compressions:                       
 1st Pulseless Rhythm:                       
 Time Chest Compressions Started:                       
 Impedance Threshold Device used?  Yes  No  
 AED Applied:  Yes  No Time:                       
 Pacemaker On:  Yes  No Time:                       
 Defibrillator Type(s):                     

Time Resuscitation Event Ended:                       
**Reason Resuscitation Ended:**  
 Survived – Return of Circulation (ROC) >20 min  
 Died – Efforts Terminated (No Sustained ROC)

Time	Pulse		HR	Rhythm	BP	Breathing		SpO2	CPR	Defibrillator Type AED / Manual	Joules	Bolus Medications (* if given by ET Tube)					Infusions Dose / cc per hr				Other Infusions / Volume replacement or Blood products given	Comments			
	Spontaneous	Assisted				Spontaneous	Assisted					Epinephrine	Atropine	Sodium Bicarbonate	Adenosine	Amiodarone	Lidocaine	Dopamine	Dobutamine	Epinephrine			Norepinephrine		
04:19	✓		112	55	108/190		✓	100%																̄ pupil reactive to light	
04:24	✓		108	55	113/183		-	100%																Morpinephrine 0.1mg started + NS 100ml/hr	
04:45	✓		118	55	124/208		✓	100%																Ƨentanyl 30mg given	
04:55	✓		113	55	164/204		✓	100%																Patient reached ROSC	

HOS 060023/HIMC-Rev. June 2014)

cardia  
sure  
ie ET