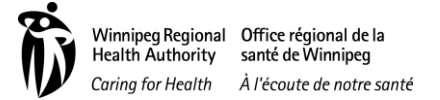


SITE LOGO TO BE INSERTED

CODE BLUE AUDIT



AUDIT DATE RANGE: Click here to enter a date. **TO** Click here to enter a date.

TOTAL REVIEWED:

TOTAL CALLED:

	Date & Time DD/MMM/YYYY 24 HOUR	CBT Response Time (R/C)	ACP Status Identified	Age Gender	Pulse (Y/N)	ROSC (Y/N/NA)	Disposition (W/L/D)	Review Form (Y/N) COMMENT	Comments	Signatures Medication Co-signatures	Total Time MINUTES	Debrief (Y/N) COMMENT
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
TOTALS/ AVERAGES												

LEGEND: ACP – Advance Care Plan CBT – Code Blue Team I – Intensive Care M – Medical N – No NA – Not Applicable Y – Yes W – Ward D – Death S – Signatures ROSC – Return of Spontaneous Circulation R/C – Run Time or Clock FIB – Fill in Blanks

SITE LOGO TO BE INSERTED

CODE BLUE AUDIT

SUMMARY:

ACTION ITEMS: *(refer to numbered items in table above)*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

SAMPLE