

CODE BLUE RESUSCITATION RECORD

Date:

D	D	M	M	M	Y	Y	Y	Y	Y

Time Called:

 24 HOUR

Location: _____

Significant PMHx/Admission Dx: _____

ACP: _____

	PRINT	SIGN	INITIAL
CB Nurse (1):			
CB Nurse (2):			
ML:			
Recorder:			
RRT:			
Other:			

Events Leading up to Code Blue:

Cardiac Arrest OR Pre-arrest If Pre-arrest: Acute Decrease in LOC Arrhythmia Bleeding Hypotension Oxygenation/Ventilation Seizure
 Other: _____ Pre-code Event: _____

Event Witnessed: Y N Initial Rhythm: _____ AED Number of Shocks: _____

Post-code Assessments and Interventions (see IPN for more information):

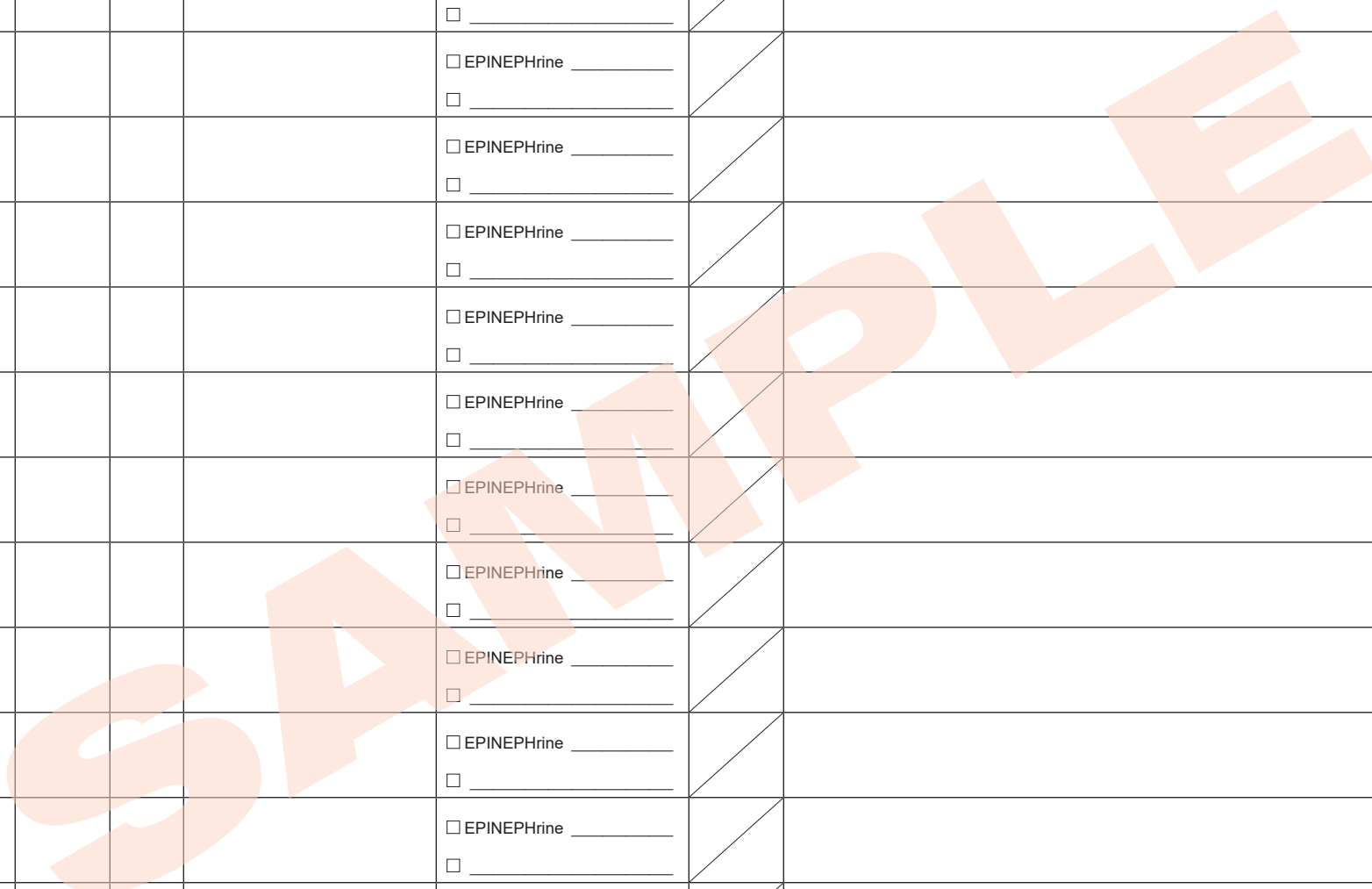
Stop Time:

 24 HOUR Disposition: _____ Family Present: Y N Family Notified: Y N Post-code Debrief/Timeout Review Form Completed

REAL TIME	RUN TIME	Cardiac Rhythm (q 2 min)	Comp. (✓)	Vital Signs BP-HR-RR-SATS	Medications Given Dosage and Route	Med Co-sign	CODE BLUE NOTES: Document all interventions (e.g. shocks, O ₂ , hand ventilation, line placement, medications, procedures, labs/tests), patient assessments and response to treatments (e.g. pulse/breathing)
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ABBREVIATION KEY - Rhythm: VF - Ventricular Fibrillation ST - Sinus Tachycardia VT - VT- Ventricular Tachycardia PEA - Pulseless Electrical Activity SVT - Supraventricular Tachycardia AFIB - Atrial Fibrillation NSR - Normal Sinus Rhythm AV BLOCK - Atrioventricular Block SB - Sinus Bradycardia	ABBREVIATION KEY: ACP - Advanced Care Planning Comp. - Compressions IPN - Integrated Progress Note mg - Milligrams PMHx - Past Medical History Sats - Saturations AED - Automated External Defibrillator Dx - Diagnosis LOC - Level of Consciousness ML - Medical Leader q - Every UC - Urgent Care BP - Blood Pressure HR - Heart Rate mcg - Micrograms N - No RR - Respiratory Rate Y - Yes CB - Code Blue ICU - Intensive Care Unit Med - Medication O ₂ - Oxygen RRT - Registered Respiratory Therapist Δ - Compressor Changed
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Health Record #: _____ Patient Name : _____