

## **CODE BLUE REVIEW**

To be completed by a Code Blue team member after each code and submitted to Code Blue Team Manager

Check off issues from options below. If i	issue is not listed, add issue in space pr <mark>ovided.</mark>
☐ No Issues with Code Blue	☐ Issue(s) identified, see below
Hospital-Wide Paging Response:	Travel Issues:
☐ Delay	☐ Location
☐ Pager issue(s)	□ El <mark>evator</mark>
☐ Location	□ Route
☐ Other:	Other:
Defibrillation(s):	Code Blue Team:
☐ Energy level lower/higher than recon	nmended Delay in identifying Medical leader
☐ Delay, defibrillating	Knowledge of equipment
$\square$ Delay, issue with pad placement	Knowledge of medications/protocols
☐ Equipment malfunction	☐ Knowledge of roles
☐ Paddles used	☐ Too many staff members
☐ Other:	Other:
Medications:	Protocol Deviation:
□ Delay	☐ Code Blue Policy & Procedure
☐ Access	□ BLS
☐ Dose lower/higher than recommende	ed
☐ Availability	☐ Appropriate PPE/Isolation Precautions
☐ Other:	☐ Other:
Equipment:	Communication:
	□ Orders not clear
☐ Availability ☐ Function	☐ Orders not clear
☐ Other:	☐ Documentation not clear
Utiler.	
	☐ Team Dynamics
	Other:
Comments:	
Form completed by:	
Signature	Printed Name Date Date