| Resuscitation Flow Sheet Rapid Response Rapid Response to Code Blue Code Blue | | | | | | | | | Patient Sticker | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|----------------|------------|----------------|------|-------------------------------|-----------------------------|------------------|-------------------------|---------------|-----------------------------------------------------|----------------------|-----------------------|----------------------------------|----------------------------|----------------------------------|--------------------------|---|--------|--|
| Ë | Date Time Location Witness Yes No | | | | | | | E | Event Summary | | | | | | | | | | | | | |
| ᇽ | Date Title Location Witness Yes No | | | | | | | | | | | | Event Summary Event End Time | | | | | | | | | |
| E Ke | Reason for Rapid Response / Code Blue | | | | | | | | | | | ` | ☐ Improved ☐ ROSC ☐ Expired | | | | | | | | | |
| | Conscious at Onset Yes No Monitoring at Onset ECG SPO2 Apnea | | | | | | | | | | | - 1 | Remain on Unit Transfer To | | | | | | | | | |
| | Breathing: ☐ Spontaneous ☐ Agonal ☐ Apneic ☐ Assisted ☐ Existing ETT | | | | | | | | | | | \vdash | Notified DD DEscribe D Code Blue Debrief Commission | | | | | | | | | |
| Airway | Oxygenation: DNC lpm DVM lpm BIPAP cmH2O DNRB lpm | | | | | | | | | | | 111 | □ ECG Strips Attached | | | | | | | | | |
| | Ventilation: □ BVM □ ETT □ Tracheostomy Sedative/Paralytic □ Yes □ No Intubation: Time □ ETT □ mm □ cm@lip Confirmation: □ CO2 Detector □ Auscultation | | | | | | | | | | | _ | Team Print Signature Arrival | | | | | | | | | |
| | Intubation: Time ETT mm cm@lip | | | | | | | | | | | _ | corde | | Prii | 11. | \neg | Signa | lure | | rrivai | |
| | Confirmation: ☐ CO2 Detector ☐ Auscultation | | | | | | | | | | | - | tient R | - | | | + | | | - | | |
| | | | | | | | | | | | | - | LS RN | _ | | | + | | | _ | | |
| IV Access | ☐ Peripheral ☐ Central Line ☐ Intraosseous ☐ None Crash Cart # (ie 55) | | | | | | | | | | | ′′ ├─ | | - | | | + | | | - | | |
| _ | | | | | | | | | | | | $\overline{}$ | Physician Anesthesia | | | | | | | | | |
| Test | Glucose time mg/dl | | | | | | - | Respiratory | | | | | | | | | | | | | | |
| Hespiratory | | | | | | | | | | | | | | | | | | | | | | |
| Treatment | Time 1242 | Blood Pressure | 08 Heart Rate | · Pulse + or - | PEA Bhythm | O Respirations | SPO2 | S CPR: Manual (M) Lucas (L) | Defibrillate/Cardiovert (J) | Epinephrine 1 mg | Amiodarone 150mg/300 mg | Atropine 1 mg | Dextrose 50% (25g/50 ml) | Calcium Chloride (g) | Magnesium Sulfate (g) | Sodium Bicarbonate (50 meq/50ml) | Dopamine Drip (mcg/kg/min) | Norepinephrine Drip (mcg/kg/min) | Amiodarone Drip (mg/min) | | | |
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| Narrative | | | | | | | | | | | | | | | | | | | | | | |



Code Blue Debriefing

(for QA/QI purposes only)

Please give pink copy of code sheet to the Unit manager within 24 hours of code blue event.

| BLS/ACLS Protocol | | BLS/ACLS Compliance - Comments | | | | | | |
|----------------------------------------------------------|------------|--------------------------------|--|--|--|--|--|--|
| BLS started by unit personnel? | ☐ Yes ☐ No | • | | | | | | |
| Airway maintained by unit personnel? | ☐ Yes ☐ No | | | | | | | |
| IV/IO accessed in a timely manner? | ☐ Yes ☐ No | | | | | | | |
| BLS/ACLS protocols followed? | ☐ Yes ☐ No | | | | | | | |
| Document completed and signatures obtained? | ☐ Yes ☐ No | | | | | | | |
| Patient ID sticker on all three copies? | ☐ Yes ☐ No | | | | | | | |
| Equipment | | Equipment - Comments | | | | | | |
| Timely arrival of crash cart/defibrillator? | ☐ Yes ☐ No | | | | | | | |
| Equipment readily available? | ☐ Yes ☐ No | | | | | | | |
| Equipment in good, working condition? | ☐ Yes ☐ No | | | | | | | |
| Crash cart complete? If not, what was missing? | ☐ Yes ☐ No | | | | | | | |
| Code Team Dynamics | | Code Team Dynamics - Comments | | | | | | |
| Crowd control adequate? | ☐ Yes ☐ No | , | | | | | | |
| Code leader: | | | | | | | | |
| Present, easy to identify, effective, and knowledgeable? | ☐ Yes ☐ No | | | | | | | |
| All orders directed via the Code Leader? | ☐ Yes ☐ No | | | | | | | |
| Runner Identified? | ☐ Yes ☐ No | | | | | | | |
| Runner clear room of obstructions? | ☐ Yes ☐ No | | | | | | | |
| All members present and arrived timely? | ☐ Yes ☐ No | | | | | | | |
| All team members respectful? | ☐ Yes ☐ No | | | | | | | |
| Closed loop communication used during the code? | ☐ Yes ☐ No | | | | | | | |
| | | | | | | | | |

For any "No" answers, please add comments.