

MPH CODE BLUE RECORD

Patient Label

Date: _____	Type of Event: <input type="checkbox"/> Cardiac <input type="checkbox"/> Respiratory <input type="checkbox"/> Witnessed <input type="checkbox"/> Unwitnessed <input type="checkbox"/> Trauma
	Height: _____ (Estimated) Weight: _____ kg <input type="checkbox"/> Estimated <input type="checkbox"/> Actual
Pre-Hospital, if applicable, Time last observed: _____	In Hospital, if applicable, Location: _____
CPR Initiated at _____ time <input type="checkbox"/> EMS <input type="checkbox"/> Bystander Site: _____ Gauge: _____ Site: _____ Gauge: _____ Established ETT: <input type="checkbox"/> Yes <input type="checkbox"/> No Combi tube: <input type="checkbox"/> Yes Size: _____ Location at lip: _____cm Verification of ETT on Arrival to ER: <input type="checkbox"/> Visual <input type="checkbox"/> ETCO ₂ <input type="checkbox"/> Auscultation Other Notes: _____	Time last observed: _____ CPR initiated at: _____ time Existing ETT: <input type="checkbox"/> Yes <input type="checkbox"/> No Size: _____ Location at lip: _____cm Assist Device: <input type="checkbox"/> N/A <input type="checkbox"/> IABP <input type="checkbox"/> Impella Other Notes: _____ _____ _____

PROCEDURES PERFORMED

CPR Continued Yes No N/A

Airway & **B**reathing BVM BVM via ETT

Intubation Time: _____ Size: _____ Location at lip: _____cm Secured Oral Nasal Cricoid Trach

Inserted by: (Print Name): _____

Verification of ETT: ETCO₂ Color Change ETCO₂ _____mmHg Auscultation Chest X-Ray

Existing IV Access:

#1: Location: _____ Gauge: _____ Infusion: _____
 #2: Location: _____ Gauge: _____ Infusion: _____

New Access:

Venipuncture: Time: _____ Site and Gauge: _____ By: _____

Venipuncture: Time: _____ Site and Gauge: _____ By: _____

Intraosseous: Time: _____ Site and Gauge: _____ By: _____

Central Venous Catheter: Time: _____ Site: _____ Gauge: _____ By: _____

Additional Procedures

CBG Results: _____

NG/OG Time: _____ Size: _____ By: _____ Auscultation

IDC Time: _____ Size: _____ By: _____

RN Recorder – Please print: _____ Signature: _____



Patient Label

Time	Narrative Notes

Name of Code Participants (please print) **Code Physician:** _____ **Physician/s:** _____
 APN: _____ RN Code Leader: _____ House Supervisor: _____
 RT: _____ RT: _____ CRNA/Anesthesia: _____
 Compressor: _____ Compressor: _____ Compressor: _____
 RN Med Administrator : _____ RNScribe/Recorder: _____
 Other: _____ Other _____ Other: _____

Return of Spontaneous Circulation (ROSC): Was the patient successfully resuscitated? Yes No **ROSC Time:** _____

Glasgow Coma Score (Circle Responses Below) Total Score: _____

Eyes Open	Best Motor Response	Best Verbal Response
4 – Spontaneously	6 – Obeys Command	5 – Oriented
3 – Speech	5 – Localized Pain	4 – Confused Conversation
2 – To Pain	4 – Withdrawal To Pain	3 – Inappropriate Words
1 - None	3 – ABN Flexion (Pain)	2 – Incomprehensible Sounds
	2 – ABN Extension (Pain)	1 - None
	1 – None	

R – Reacts Briskly
S – Reacts Slowly
NR – Nonreactive

PUPIL GAUGE (in mm)



Right pupil: _____ mm **Response:** R S NR

Left Pupil: _____ mm **Response:** R S NR

Time Code Terminated: _____ Disposition Remained on Unit Transfer ICU Time: _____ Other _____

Patient Expired at: _____ Pronounced by: _____

Name of Family Notified: _____ By: _____ Time: _____

Attending Physician Notified: _____ By: _____ Time: _____

Code Blue Physician – **Please print:** _____ Signature: _____ Date: _____ Time: _____

CRNA – **Please print:** _____ Signature: _____ Date: _____ Time: _____

RN Recorder – **Please print:** _____ Signature: _____ Date: _____ Time: _____

Time of Record Completion: _____ **Code Blue Record Sent to ICU Nurse Manager**



