



GREATER LANSING

RESUSCITATION RECORD

Date: _____ Location: _____ Code Status: _____ Time Started: _____ Recorder: _____

Time Attending Notified: _____ Time Family Notified: _____ Type Cardiac: _____ Resp: _____ Peri Arrest: _____

Time Ended: _____ Expired? Y N Transfer to: _____ Started as RRT? Y N

Physician (Team Leader)	Physician	ICU / Code RN	ICU / Code RN	ED RN or Paramedic	Respiratory Therapist	Respiratory Therapist
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Basic Life Support Time By

Mask with O2: _____

Ambu with 100% O2: _____

Intubated: _____

Breath sounds verified: _____

End tidal CO2 _____

Compressions: _____

IV Access _____ site/gauge: _____

Time	Rhythm	Rate	Pulse Y/N	Blood Press.	Defib. Joules	CPR Y/N	External pacing: Capture Y/N	S _o O ₂
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MEDICATIONS Record Dose Administered

DRIPS

ABGs

EPINEPHRINE	AMIODARONE	ATROPINE	SODIUM BICARBONATE	EPINEPHRINE DRIP mcg/min	DOPAMINE DRIP mcg/kg/min	AMIODARONE DRIP mcg/min	OTHER
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Time	pH	PaCO2	PaO2	SaO2	HCO3 ³⁻	Lactate	Na	K	CL	COMMENTS
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RESUSCITATION RECORD

Original • Patient's Chart
Copy • ICU Manager

