

McLaren Print System Order

Order No: 89886
 Order Date: 2024-11-12
 User: Jamie Dennison
 Phone: 2483385375

Ship Location: McLaren Oakland Attn: Jamie Dennison
 50 N. Perry Street
 Pontiac, MI 48342

Forms

Quantity: 1
 Paragon Dept No: 20605-0600-1240
 Dept Name: Nursing Administration
 Company Number: 310

Order Total Price: 26.00

Item Number: OAK-436
 Item Description: CODE BLUE Worksheet
 Revision Date: 05/2024
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info: Pkg of 100 11x17 Half Fold w/Perf 70# Offset Color

CODE BLUE WORKSHEET

ENCOUNTER# _____

Date: _____ Time: _____ Type: Resp Cardiac Location: Pre-hospital

Time of onset: _____ Time CPR Initiated: _____ By/Under: EMS McLaren Oakland Staff

Dr: _____ Arrival Time: _____ RT: _____

Anesthesia Provider: _____ ACLS RN: _____ RN: _____

Nurse Supervisor: _____ Scribe: _____ Other: _____

EMT Cardiography Post-Event Response Lines Device at: _____ CNA: _____

Initiated by: _____ # Attempts: _____ ETT Size: _____ Lb Line: _____ Placement Confirmed

IV Access: Existing Started w/ _____ site _____ Pressing rhythm: VF Vt CAB PEA

Medication	Dose	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME
Epinephrine	1 mg per amp											
Epinephrine	1 mg per amp											
Amiodarone	300 mg											
Amiodarone	100 mg											
Sodium Bicarb	50 m per amp											
50% Dextrose	25 grams per amp											
Calcium Chloride	1 gram per amp											
Mg sulfate	2 grams											
Lidocaine	100 mg per amp											
Adenosine	6 mg											
Atropine	1 mg per amp											

CPR OUTCOME

Survived (ROSC = 20 min) OK Family Notified Time: _____

Transferred to: _____ Notified Time: _____ Spiritual Care Contacted: _____

BP: _____ HR: _____ RR: _____ Attending: _____ Off of Life Contacted: _____

Rhythm: _____ GCS: _____ Notified Time: _____ Medical Examiner Contacted: _____

Patient Expired Intubation medications ordered and documented in NWR ECG strips printed/learned to chart

POD: _____

Physician: _____ Signature: _____ Date: _____ Time: _____

RN Recorder: _____ Signature: _____ Date: _____ Time: _____

Spec Info:

