

Adult & Pediatric Code Blue Form

Date _____ Time Event Recog. _____ Location _____ Age _____ Weight _____ Height _____

Was Hospital-wide resuscitation response activated? Yes No

Condition when need for Chest compression/defibrillation was identified? Pulse (poor perfusion) Pulseless

Witnessed: Yes No Indicate all monitors that were present at Onset: ECG Pulse Ox. Apnea

Patient Conscious at Onset: Yes No Did the patient with a pulse become pulseless? Yes No

Keyplate _____

Patient Name _____

MR # _____

Airway Ventilation	Circulation	Outcome
At Onset: <input type="radio"/> Spontaneous <input type="radio"/> Apnea <input type="radio"/> Agonal <input type="radio"/> Assisted Types of <input type="radio"/> Mouth/Mouth <input type="radio"/> Mouth/Mask <input type="radio"/> BVM Ventilation: <input type="radio"/> ETT <input type="radio"/> Tracheotomy <input type="radio"/> Other: _____ Time of First Assisted Ventilation _____ ETT Intubation: Time _____ Size _____ By Whom: _____ Confirmation Methods: <input type="radio"/> Auscultation <input type="radio"/> Expired CO ₂ <input type="radio"/> Other	First Documented Rhythm _____ Time Chest Compressions were Started _____ First Documented Pulseless Rhythm _____ AED Applied <input type="radio"/> Yes <input type="radio"/> No If yes, Time AED Applied _____ Defibrillator Type(s) _____ Pacemaker On: <input type="radio"/> Yes <input type="radio"/> No	Resuscitation Event Ended @ _____ Status: <input type="radio"/> Alive <input type="radio"/> Dead Reason Resuscitation Ended: <input type="radio"/> Return of Circulation (>20 min.) <input type="radio"/> Efforts Terminated (No Sustained ROC) <input type="radio"/> Medical Futility <input type="radio"/> Advance Directives <input type="radio"/> Restrictions by Family

Time	Resp. Spontaneous/ Assisted	Pulse Spontaneous / Compressions	BP	Rhythm	Defib / Cardio Jules	Defib / type ADE / Manual	Bolus Dose / Route					Infusions Dose / cc per hour				Comments: i.e.: Peripheral/Central Line Placement, IO, Chest tube, Vital Signs, Response to intravenous			
							Amiodarone Dose / IV or IO	Atropine Dose / Route	Epinephrine Dose / Route	Lidocaine Dose / Route	Vasopressin Dose / IV or IO	Dopamine	Dobutamine	Epinephrine	Norepinephrine				
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MD in Charge: _____ RN: _____

RPh: _____ Recorder: _____ Code RN: _____

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