CPR RECORD FORM

Note: To be recorded by Code Blue team leader

Patient Label

Name: _____Age/Sex: _____
UHID No. _____ IP NO.: _____
Date of Admission: _____ Dept./Unit: _____
Date of Discharge: _____ Bed No.: _____
Ward: _____ Doctor-in charge: _____

Code-Blue Team Leader is responsible for filling this form:

Patient Name: _____ Age _____ Male Female Date _____
Time of Arrest_____ Time of Code announcement_____ Time of Team arrival_____
Time of CPR started_____ Code Blue location _____

Name of 1st Responder _____ Name of 2nd Responder _____
Name of 3rd Responder _____

EMS Activated : ☐ Yes ☐ No
Witnesses Arrest: ☐ Yes ☐ No
Patient Conscious at Onset: ☐ Yes ☐ No
Type of arrest:
☐Cardiac ☐ Respiratory ☐Cardio-Respiratory

Airway Initial	**Type of Ventilation**	**Advanced Airway**
☐ Spontaneous	☐ Ambu-bagging Time_____	
☐ Apnoea	☐ EET	Tube size_____
☐ Gasping assisted	☐ LMA	Type: ☐ Oral ☐ Nasal
Assisted	Tracheostomy	Intubated by: .....
	Time of 1st Assisted Ventilation	Confirmed by Auscultation
		Capnography

Circulation: I.V. Access [ ]	
Cardio Pulse present at onset ☐ Yes ☐ No	

Medications and Vitals:

	Vitals					Bolus Dose Infusions (Doses-CC per hour)								
Time in min.	**Resp.**	**Pulse**	**B.P.**	**Rhythm**	**Defib/ Cardioverison Joules**	**Epine phrine Dose**	**Vas op-ressin**	**Atro-pine**	**Lido-caine**	**Amio-darone**	**Sod ab-icarb**	**Dopa-mine**	**Mg. sulphate**	**Other medicines**
0														
2														
4														
6														
8														
10														
12														
14														
16														
18														
20														
22														
24														
26														
28														

Reason Resuscitation ended**:** ☐ Pulse ☐ Breathing Present ☐ Unresponsive to ALS

Resuscitation: Event ended at …….. Status ☐ Alive ☐ Dead

Code Blue Team incharge: …….

Patient Transported to ER/ICU: ☐ Yes ☐ No

Recorded by: …….. Accompanied by ……..

Family Informed by:…….

Category	Issue Noted	Comments
Airway	☐ Delay ☐ Misplacement ☐ No Issues	
Vascular Access	☐ Delay ☐ Displacement ☐ No Issues	
Chest Compressions	☐ Inadequate Force ☐ Rib Fractures ☐ No Issues	
Defibrillation	☐ Equipment Malfunction ☐ No Issues	
Medications	☐ Not Available ☐ No Issues	
Leadership	☐ Chaos ☐ Delay ☐ No Issues	
Equipment	☐ Delay ☐ Malfunction ☐ No Issues	
Oxygen	☐ Delay ☐ Malfunction ☐ No Issues	

Indication of Problems:

Signatures:

ICU Doctor/Anaesthetist:

Name _____

Sign. _____

Nurse:

Name _____

Sign. _____

Disclaimer

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