

Hospital Emergency Code

Name of the hospita

CODE BLUE MOCK DRILL REPORT/ Post CPR analysis format
Date & Time of Mock Drill
Sequence of Mock Drill (No. of Code Blue Drill since beginning of year, Ex – 1 st mock drill of 2024)
Location
Conducted By
Supervised By (can be same as above)
Participants Category (Doctor, Nurse, Security, Housekeeping, etc.)
Total Participants (Nos)
Pre-Briefing of the Participants (Done/Not done/Not Required)
Details of emergency scenario explained to participants
Description of the Code Blue Mock Drill

Deviations / Observations / Comments

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Debriefing of the Participants
(Done/Not done/Not Required)

Corrective Actions

Preventive Actions

Any Additional Points

Signature:

Name:

Date:

Disclaimer

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