

Date: _____ Time Event Recognized: _____ Location of Event: _____ Witnessed? ☐ Yes ☐ No
 Age: _____ Weight: _____ Gender: _____ Race: _____ Hospital-wide resuscitation response activated? ☐ Yes ☐ No
 Illness Category ☐ Medical Cardiac ☐ Medical Noncardiac ☐ Newborn ☐ Obstetric ☐ Pre Event MEWS Score: _____
☐ Surgical Cardiac ☐ Surgical Noncardiac ☐ Trauma ☐ Other _____ Pre Event PEWS Score: _____
 Condition when need for chest compressions/defibrillation was identified? ☐ Pulseless ☐ Pulse (poor perfusion)
 Interventions Already in Place: ☐ Assisted or mechanical ventilation (includes CPAP/BiPAP) ☐ Intra-arterial catheter ☐ ET/CO₂ monitoring
☐ Vascular Access ☐ Vasoactive drug ☐ Supplemental O₂ Monitoring at Onset: ☐ ECG ☐ Pulse Oximeter

Time of First Assisted Ventilation: _____
 Ventilation: ☐ BVM ☐ ETT ☐ LMA ☐ Tracheostomy tube
☐ Mask or Nasal CPAP/BiPAP ☐ Other _____
 Invasive Airway: ☐ In place at time event ☐ Inserted ☐ Reinserted
 If inserted/reinserted: By whom: _____
 Time: _____
 Confirmation: ☐ Waveform ET/CO₂ ☐ Numeric ET/CO₂
☐ Color ET/CO₂ ☐ Direct laryngoscopy

First Rhythm Requiring Compressions: _____
 First Documented PULSELESS Rhythm: _____
 Time Chest Compressions Started: _____
 Compression Method Used: ☐ Standard manual ☐ IAC-CPR
☐ Active Compression-Decompression Device
☐ Automatic Compressor ☐ Open Chest ☐ Other _____
 AED or Defibrillator in AED mode applied? ☐ Yes ☐ No
 If yes, time AED applied: _____

| Time | Breathing | | Pulse | | BP | | Rhythm | ET/CO ₂ | Joules | Bolus - Dose / Route | | | | Infusions - Dose / ml per hour | | | | Comments: i.e.: Peripheral/Central Line Placement, IO, Chest Tube, Vital Signs, Response to Interventions |
|------|-------------|--------------|-------------|-----------------|----|--|--------|--------------------|--------|-------------------------------|-----------------------------|--------------------------------|----------------------------|--------------------------------|----------|-------------|----------------|--|
| | Spontaneous | Assisted (-) | Spontaneous | Compression (-) | | | | | | Amiodarone Dose / IV or IO | Atropine Dose / IV or IO | Epinephrine Dose / IV or IO | Udovale Dose / IV or IO | Vasopressin Dose / IV or IO | Dopamine | Epinephrine | Norepinephrine | |
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Time Event Ended: _____ Status: ☐ Survived - ROC ☐ Expired - Efforts terminated, no ROC
 Was CPR Performance Monitored or Guided by? ☐ Waveform ET/CO₂ ☐ Arterial Waveform/Diastolic Pressure ☐ CPR Mechanics Device
☐ Metronome ☐ Other _____
 Recorder Signature: _____
 Recorder Printed Name: _____
 Provider Signature: _____
 Provider Printed Name: _____

Patient Identification

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Terry C. Jones



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