

CODE BLUE RECORD

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

Was Hospital-wide resuscitation response activated? Yes No

Type of Event: Respiratory Respiratory Leading to Cardiopulmonary Cardiopulmonary

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

Patient Conscious at Onset: Yes No Pulse present at Onset: Yes No

Airway / Ventilation

Initial: Spontaneous Apnea Agonal Assisted

Types of: Mouth/Mask BVM

Ventilation: ETT Tracheotomy Other: _____

Time of First Assisted Ventilation: _____

ETT Intubation: Time _____ Size _____

By Whom: _____

Secondary Confirmation: Auscultation Ex. CO₂

Other _____

Circulation

Initial Rhythm: _____

Time Chest Compressions were Started: _____

Rhythm when Chest Compressions Started: _____

Patient Defibrillated: Yes No

If yes, Time of first Shock: _____

AED Applied: Yes No

AED Shock: Advised Delivered 1st Shock

Pacemaker On: Yes No

Patient Label or Addressograph _____

Outcome

Resuscitation

Event Ended @ _____ Status: Alive Dead

Reason Resuscitation Ended:

- Restoration of Circulation Restoration of Ventilation
 Unresponsive to ALS Medical Facility
 Advance Directives Restrictions by Family

Bolus

Dose / Route

Infusions

Dose / cc per hr

Time	Resp. Spontaneous/ Assisted	Pulse Spontaneous/ Compressions	Defib/Cardiov Joules	Rhythm	O ₂ sat	BP	Bolus		Dose / Route				Infusions			Comments: i.e.: Peripheral/Central Line Placement, IO, NG, Chest tube, Vital Signs, Response to Interventions	
							Amiodarone Dose/IV or IO	Atropine Dose/Route	Epinephrine Dose/Route	Lidocaine Dose/Route	Vasopressin Dose/IV or IO	Dopamine	Dobutamine	Epinephrine	Norepinephrine		

Recorder's Signature _____

Physician's Printed Name _____

ICU/Code Team Nurse's Name _____

Physician's Signature _____