<table>
<thead>
<tr>
<th>Time Resuscitation Event Ended:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reason Resuscitation Ended:</strong></td>
<td>Survived – Return of Circulation (ROC) &gt;20 min</td>
</tr>
<tr>
<td></td>
<td>Died – Efforts Terminated (No Sustained ROC)</td>
</tr>
<tr>
<td></td>
<td>Died – Medical Futility</td>
</tr>
<tr>
<td></td>
<td>Died – Advance Directives</td>
</tr>
<tr>
<td></td>
<td>Died – Restrictions by Family</td>
</tr>
</tbody>
</table>

**Comments:**
e.g. Transillumination, Thoracentesis, Peripheral/Central Line Placement, Chest Tube, Vital Signs, Response to Interventions, Labs

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**Airway/ Ventilation**

- **Breathing**: Spontaneous, Apneic, Agonal, Assisted
- **Ventilation**: Bag-Valve-Mask, Endotracheal Tube, Tracheostomy, Other: __________
- **Intubation**: Time: __________ Size: __________
- **By Whom**: __________
- **Confirmation**: Auscultation, Exhaled CO₂, Other: __________

---

**Special circumstances recognized at birth**

(Select all that apply)

- None
- Congenital Malformation/Abnormality
- Cord Prolapse, Decelerations
- Fetal Hydrops, Mec Aspiration
- Multiple Gestation, Nuchal Cord
- Placental Abruption, Placenta Previa
- Shoulder Dystocia
- Cardiac Defect, Cyanotic, Acyanotic

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**Recorder Signature** ____________________________ **ID# _____**

**ICU/Code Team**

**Nurse Signature** ____________________________ **ID# _____**

**Provider Printed Name** ____________________________ **ID# _____**

**Provider Signature** ____________________________

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**Original:** __________ **Yellow:** __________

Provided by American Heart Association’s Get With The Guidelines- Resuscitation