## Quality of Respiratory and Cardiopulmonary Resuscitation

**Acute Respiratory Arrest** answer only highlighted questions.

### CPR Quality:
- Was continuous end tidal CO$_2$ monitoring used to monitor quality of CPR?  
  - Yes  
  - No/Not Documented
- If yes, was an end tidal CO$_2$ value of >10 mmHg achieved?  
  - Yes  
  - No/Not Documented
- Was arterial line diastolic pressure used to monitor compression quality?  
  - Yes  
  - No/Not Documented
- Not Applicable (arterial line not in place)
- Was a *device or technology used to monitor quality of compressions?  
  - Yes  
  - No/Not Documented
  (* e.g., an electronic sensor which connects to a monitoring device to measure, compression rate and depth, ventilation rate and volume, and hands off period)
  
  - If Yes, Was a compression rate of about 100/minute provided during CPR (to deliver at least 80 compressions per minute)?  
    - Yes  
    - No/Not Documented
  - Were compressions interrupted (hands off period) for > 10 seconds at any time during CPR (other than for interventions such as ET placement)?  
    - Yes  
    - No/Not Documented
  - Were compressions interrupted for > 15 sec (>20 sec for neonates) for interventions such as invasive airway placement during CPR?  
    - Yes  
    - No/Not Documented
  - Did ventilation rate exceed 10/min (20/min for ped patients), excl. the initial confirmation of tracheal tube placement?  
    - Yes  
    - No/Not Documented

### Universal Precautions:
- Not Followed By All Team Members (specify in comments section)

### Documentation:
- Signature of code team leader not on code sheet  
- Incomplete Record
- Other (specify in comments section)

### Alerting Hospital-Wide Resuscitation Response:
- Delay  
- Pager issue(s)
- Other (specify in comments section)

### Airway:
- Aspiration related to provision of airway  
- Intubation attempted, not achieve
- Multiple intubation attempts (# attempts: ________)  
- Delay
- Delayed recognition of airway misplacement/displacement  
- Other (specify in comments section)

### Vascular Access:
- Delay  
- Inadvertent arterial cannulation  
- Infiltration/Disconnection
- Other (specify in comments section)

### Chest Compression:
- Delay  
- No board  
- Other (specify in comments section)

### Defibrillation(s):
- Given, not indicated  
- Indicated, not given  
- Equipment malfunction
- Energy level lower / higher than recommended  
- Initial delay, personnel not available to operate defibrillator
- Initial delay, issue with defibrillator access to patient  
- Initial delay, issue with pad or paddle placement
- Other (specify in comments section)

### Medications:
- Delay  
- Route  
- Dose  
- Selection  
- Other (specify in comments section)

### Leadership:
- Delay in identifying leader  
- Knowledge of equipment  
- Knowledge of medications/protocols
- Knowledge of roles  
- Team oversight  
- Too many team members  
- Other (specify in comments section)

### Protocol Deviation:
- BLS  
- ACLS/PALS  
- NRP  
- Other (specify in comments section)

### Equipment:
- Availability  
- Function  
- Other (specify in comments section)

### Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Quality of Medical Emergency Team Response

- MET trigger(s) present, but team not immediately activated

  - MET Response Delay:
    - MET criteria / process not known or misunderstood by those calling MET
    - MET communication system not working (e.g., phone, operator, pager)
    - Incomplete or inaccurate information communicated
    - Other: Specify: __________________________________________________________

- Essential Patient Data Not Available

- Medication Delay

  - Equipment Issue: Specify Equipment: __________________________________________
    - Availability
    - Function

- Issues Between MET team and Other Caregivers/Departments

- Prolonged MET Event Duration

Comments:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________