

**HOSPITAL NAME****Patient sticker**

For Quality Purposes Only  
**DO NOT** Place In Medical Record

## Quality of Respiratory and Cardiopulmonary Resuscitation

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

**CPR Quality:**

- Was continuous end tidal CO<sub>2</sub> monitoring used to monitor quality of CPR?  Yes  No/Not Documented  
 If yes, was an end tidal CO<sub>2</sub> 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:**

---



---



---

**HOSPITAL NAME**

For Quality Purposes Only

**DO NOT** Place In Medical Record

**Patient sticker**

**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:**

---

---

---

---