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]
- 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 [Yes] [No/Not Documented]
- Incomplete Record [Yes] [No/Not Documented]
- Other (specify in comments section) [Yes] [No/Not Documented]

**Alerting Hospital-Wide Resuscitation Response:**
- Delay [Yes] [No/Not Documented]
- Pager issue(s) [Yes] [No/Not Documented]
- Other (specify in comments section) [Yes] [No/Not Documented]

**Airway:**
- Aspiration related to provision of airway [Yes] [No/Not Documented]
- Intubation attempted, not achieve [Yes] [No/Not Documented]
- Multiple intubation attempts (# attempts: ________) [Yes] [No/Not Documented]
- Delayed recognition of airway misplacement/displacement [Yes] [No/Not Documented]
- Other (specify in comments section) [Yes] [No/Not Documented]

**Vascular Access:**
- Delay [Yes] [No/Not Documented]
- Inadvertent arterial cannulation [Yes] [No/Not Documented]
- Infiltration/Disconnection [Yes] [No/Not Documented]
- Other (specify in comments section) [Yes] [No/Not Documented]

**Chest Compression:**
- Delay [Yes] [No/Not Documented]
- No board [Yes] [No/Not Documented]
- Other (specify in comments section) [Yes] [No/Not Documented]

**Defibrillation(s):**
- Given, not indicated [Yes] [No/Not Documented]
- Indicated, not given [Yes] [No/Not Documented]
- Equipment malfunction [Yes] [No/Not Documented]
- Energy level lower / higher than recommended [Yes] [No/Not Documented]
- Initial delay, personnel not available to operate defibrillator [Yes] [No/Not Documented]
- Initial delay, issue with defibrillator access to patient [Yes] [No/Not Documented]
- Initial delay, issue with pad or paddle placement [Yes] [No/Not Documented]
- Other (specify in comments section) [Yes] [No/Not Documented]

**Medications:**
- Delay [Yes] [No/Not Documented]
- Route [Yes] [No/Not Documented]
- Dose [Yes] [No/Not Documented]
- Selection [Yes] [No/Not Documented]
- Other (specify in comments section) [Yes] [No/Not Documented]

**Leadership:**
- Delay in identifying leader [Yes] [No/Not Documented]
- Knowledge of equipment [Yes] [No/Not Documented]
- Knowledge of medications/protocols [Yes] [No/Not Documented]
- Knowledge of roles [Yes] [No/Not Documented]
- Team oversight [Yes] [No/Not Documented]
- Too many team members [Yes] [No/Not Documented]
- Other (specify in comments section) [Yes] [No/Not Documented]

**Protocol Deviation:**
- BLS [Yes] [No/Not Documented]
- ACLS/PALS [Yes] [No/Not Documented]
- NRP [Yes] [No/Not Documented]
- Other (specify in comments section) [Yes] [No/Not Documented]

**Equipment:**
- Availability [Yes] [No/Not Documented]
- Function [Yes] [No/Not Documented]
- Other (specify in comments section) [Yes] [No/Not Documented]

**Comments:**

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<table>
<thead>
<tr>
<th>Quality of Medical Emergency Team Response</th>
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<tbody>
<tr>
<td>☐  MET trigger(s) present, but team not immediately activated</td>
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<tr>
<td>☐  MET Response Delay:</td>
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<tr>
<td>☐  MET criteria / process not known or misunderstood by those calling MET</td>
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<td>☐  MET communication system not working (e.g., phone, operator, pager)</td>
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<td>☐  Incomplete or inaccurate information communicated</td>
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<tr>
<td>☐  Other: Specify: ____________________________________________</td>
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<tr>
<td>☐  Essential Patient Data Not Available</td>
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<td>☐  Medication Delay</td>
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<tr>
<td>☐  Equipment Issue: Specify Equipment: ____________________________________________</td>
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<tr>
<td>☐  Availability</td>
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<td>☐  Function</td>
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<tr>
<td>☐  Issues Between MET team and Other Caregivers/Departments</td>
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<td>☐  Prolonged MET Event Duration</td>
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Comments:
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