Date: Time Event Recognized: Location of Event: Witnessed? ☐ Yes ☐ No

Age :\_\_\_\_\_\_\_\_\_\_ Weight :\_\_\_\_\_\_\_\_\_\_\_ Gender :\_\_\_\_\_\_\_\_\_\_ Race:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital-wide resuscitation response activated? ☐ Yes ☐ No

Illness Category

☐ Medical Cardiac ☐ Medical Noncardiac ☐ Newborn ☐ Obstetric **Pre Event MEWS Score**: \_\_\_\_\_\_

☐ Surgical Cardiac ☐ Surgical Noncardiac ☐ Trauma ☐ Other\_\_\_\_\_\_\_\_\_ **Pre Event PEWS Score: \_\_\_\_\_\_**

**Condition when need for chest compressions/defibrillation was identified?** ☐ Pulseless ☐ Pulse (poor perfusion)

Interventions Already in Place: ☐ Assisted or mechanical ventilation (includes CPAP/BiPAP) ☐ Intra-arterial catheter ☐ ETCO2 monitoring

☐ Vascular Access ☐ Vasoactive drug ☐ Supplemental O2  Monitoring at Onset: ☐ ECG ☐ Pulse Oximeter

Time of First Assisted Ventilation: First Rhythm Requiring Compressions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Time** | **Spontaneous**      **Assisted (****)** | | **Spontaneous**    **Compression (****)** | | **BP** | **Rhythm** | **ETCO2** | **Joules** | **Amiodarone**  Dose / IV or IO | **Atropine**  Dose / IV or IO | **Epinephrine**  Dose / IV or IO | **Lidocaine**  Dose / IV or IO | **Vasopressin**  Dose / IV or IO |  |  | **Dopamine** | **Epinephrine** | **Norepinephrine** |  | **Comments:**  i.e.: Peripheral/Central Line Placement,  IO, Chest Tube, Vital Signs,  Response to Interventions |
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**Ventilation:** ☐ BVM ☐ ETT ☐ LMA ☐ Tracheostomy tube **First Documented PULSELESS Rhythm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

☐ Mask or Nasal CPAP/BiPAP ☐ Other \_\_\_\_\_\_\_\_\_\_ **Time Chest Compressions Started:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Invasive Airway:** ☐In place at time event ☐Inserted☐ Reinserted **Compression Method Used:** ☐ Standard manual ☐ IAC-CPR

**If inserted/reinserted: By whom:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Active Compression-Decompression Device

**Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ Automatic Compressor ☐ Open Chest ☐ Other\_\_\_\_\_\_\_\_\_\_\_

**Confirmation:** ☐ Waveform ETCO2 ☐ Numeric ETCO2  **AED or Defibrillator in AED mode applied?** ☐ Yes ☐ No

☐ Color ETCO2 ☐ Direct laryngoscopy I**f yes, time AED applie**d: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pulse**

**Breathing**

**Infusions ~ Dose / ml per hour**

**Bolus ~ Dose / Route**

Time Event Ended: \_\_\_\_\_\_\_\_\_\_\_\_ Status: ☐ Survived - ROC ☐ Expired - Efforts terminated, no ROC

Was CPR Performance Monitored or Guided by? ☐ Waveform ETCO2 ☐ Arterial Waveform/Diastolic Pressure ☐ CPR Mechanics Device

☐ Metronome ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recorder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recorder Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Time** | **Spontaneous**      **Assisted (****)** | | **Spontaneous**    **Compression (****)** | | **BP** | **Rhythm** | **ETCO2** | **Joules** | **Amiodarone**  Dose / IV or IO | **Atropine**  Dose / IV or IO | **Epinephrine**  Dose / IV or IO | **Lidocaine**  Dose / IV or IO | **Vasopressin**  Dose / IV or IO |  |  | **Dopamine** | **Epinephrine** | **Norepinephrine** |  | **Comments:**  i.e.: Peripheral/Central Line Placement,  IO, Chest Tube, Vital Signs,  Response to Interventions |
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**Pulse**

**Breathing**

**Infusions ~ Dose / ml per hour**

**Bolus ~ Dose / Route**

**Flow Sheet (Continuation)**

**Progress Notes (Continuation)**

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| Time | Nursing Observations | Time | Nursing Observations |
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