# **Quality of Cardiopulmonary Resuscitation**

**If CPR mechanics device (e.g. accelerometer, force transducer, TFI device) used:**

Average compression rate \_\_\_\_\_\_\_\_(per minute) ❑ Not Documented

Average compression depth \_\_\_\_\_\_\_\_ ❑ mm ❑ cm ❑ inches ❑ Not Documented

Compression fraction \_\_\_\_\_\_\_\_\_ (enter number between 0 and 1) ❑ Not Documented

Percent of chest compressions with incomplete release \_\_\_\_\_\_\_\_\_\_\_ % ❑ Not Documented

Average ventilation rate \_\_\_\_\_\_\_\_\_\_ (per minute) ❑ Not Documented

Longest Pre-shock pause \_\_\_\_\_\_\_\_ (seconds) ❑ Not Documented

**Was a team debriefing on the quality of CPR provided completed after the event?**   Yes  No

**Universal Precautions:** Not Followed By All Team Members (specify in comments section)

**Resuscitation-Related Events and Issues**

**Documentation:**  Signature of code team leader not on code sheet  Incomplete Record  Other (specify in comments**)**

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

**Airway:**  Aspiration related to provision of airwayIntubation attempted, not achieved

Multiple intubation attempts (# attempts: \_\_\_\_\_\_\_\_)  Delay

 Delayed recognition of airway misplacement/displacementOther (specify in comments)

**Vascular Access:**  Delay  Inadvertent arterial cannulation  Infiltration/Disconnection  Other (specify in comments)

**Chest Compression:**  Delay  No board  Other (specify in comments)  Pager issue(s)

**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)

**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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