

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 CO₂ monitoring used to monitor quality of CPR? Yes No/Not Documented
 If yes, was an end tidal CO₂ 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:

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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:

