CODE BLUE/RAPID RESPONSE DOCUMENTATION FORM Page 1 of 4

Date: _____ **Time event recognized:** _____ **Location of Event:** _____ **Witnessed?** ☐ Yes ☐ No
Age: _____ Weight: _____ Gender: _____ Hospital-wide resuscitation response activated? ☐ Yes ☐ No

Invasive Airway: ☐ In place at time event ☐ Inserted ☐ Reinserted
Size: _____ ☐ Cuffed ☐ Uncuffed Taped at _____ cm gum/teeth
If inserted/reinserted: By whom: _____
Time: _____
Confirmation: ☐ Numeric $ETCO_2$ ☐ Color $ETCO_2$
Ventilation: ☐ BVM ☐ ETT ☐ LMA ☐ Tracheostomy
☐ CPAP/BiPAP ☐ Other_____

First PULSELESS Rhythm: ☐ Asystole ☐ PEA ☐ VT ☐ VF
☐ Other _____
Time Chest Compressions Started: _____
Compression Method Used: ☐ Standard manual ☐ Open Chest
☐ Autopulse or Lucas Device
Time backboard placed: _____
Time defib pads applied: _____

VITAL SIGNS

MEDS/FLUIDS

Time	Heart Rate	Rhythm *	BP A-line vs NIBP	FiO_2	O_2 saturation	$ETCO_2$	Compressions (✓)	Change Compressors (✓)	Pulse Check (✓)	Pulses Y or N	Joules (Synch vs Defib)	Epinephrine Dose _____ mg	Dose	Dose	NS/LR Volume (mL)	Route (IV vs IO)	Comments: Lab/Blood Gas results, Other meds, Blood products, Foley, NG, CT placement, Vascular access attempted /obtained (Peripheral/Central/Art/IntraOss)

Time Event Ended: _____ **Status**: ☐ Survived - ROSC ☐ Survived – ECMO ☐ Expired - Efforts terminated, no ROSC

Was CPR Performance Monitored or Guided by? ☐ Waveform $ETCO_2$ ☐ Arterial Waveform/Diastolic Pressure ☐ CPR Mechanics Device
☐ Metronome ☐ CPR coach ☐ Other _____

Condition when need for chest compressions was identified? ☐ **Pulseless** ☐ **Slow Pulse / Poor Perfusion**

Interventions Already in Place: ☐ **Non-invasive mechanical ventilation (includes CPAP/BiPAP)** ☐ **Invasive mechanical ventilation**
☐ **Central Vascular Access** ☐ **Vasoactive drip**

Monitoring at Onset: ☐ **ECG** ☐ **Continuous arterial BP** ☐ **Pulse Oximeter** ☐ **Continuous $ETCO_2$ monitoring**

* **NSR** = normal sinus rhythm; **ST** = sinus tachycardia; **SB** = sinus bradycardia; **SVT** = supraventricular tachycardia; **JET** = junctional ectopic tachycardia; **VT** = ventricular tachycardia; **VF** = ventricular fibrillation; **TdP** = Torsades; **PEA** = pulseless electrical activity; **AS** = asystole

Recorder Printed Name: _____
Recorder Signature: _____
Team Captain Printed Name: _____
Team Captain Signature: _____

PATIENT IDENTIFICATION

SSMHealth Cardinal Glennon Children's Hospital

Flow Sheet (Continuation)

VITAL SIGNS | **MEDS/FLUIDS**

Time	Heart Rate	Rhythm *	BP A-line vs NIBP	FiO_2	O_2 saturation	$ETCO_2$	Compressions (✓)	Change Compressors (✓)	Pulse Check (✓)	Pulses Y or N	Joules (Synch vs Defib)	Epinephrine Dose ____ mg	Dose	Dose	NS/LR Volume (mL)	Route (IV vs IO)	Comments: Lab/Blood Gas results, Other meds, Blood products, Foley, NG, CT placement, Vascular access attempted /obtained (Peripheral/Central/Art/IntraOss)

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Recorder Printed Name: _____

Recorder Signature: _____

Team Captain Printed Name: _____

Team Captain Signature: _____

PATIENT IDENTIFICATION

SSMHealth Cardinal Glennon Children's Hospital

Progress Notes (Continuation)

Time	

STAFF IN ATTENDANCE:

Code Captain: ______________________

CPR Coach: ______________________

Airway: ______________________

Resp. Therapy: ______________________

Pharmacist/Med Prep: ______________________

Medication Administration: ______________________

Medication Administration: ______________________

CPR: ______________________

CPR: ______________________

Procedures: ______________________

Nursing Supervisor: ______________________

Other Personnel: ______________________

____

Recorder Printed Name: ______________________

Recorder Signature: ______________________

Team Captain Printed Name: ______________________

Team Captain Signature: ______________________

PATIENT IDENTIFICATION

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