Admission Diagnosis/History:

Date: Location:

Time Code Initiated:

Time Code Ended:

	CODE TEAM	ARRIVAL TIME
Physician		
ICU / E.R. Nurse		
Medications By		
Respiratory Therapist		
EKG Tech		
Attendants		
Administrative Supervisor		
Other Physicians		

Code: ☐ Witnessed ☐ Unwitnessed

Page Announced ☐ Yes ☐ No

L.O.C. ☐ UNCONSCIOUS ☐ CONSCIOUS RESP ☐ PRESENT ☐ PRESENT CAROTID PULSE ☐ PRESEN ☐ PRESENT

CPR Started By: Time:

☐ Spontaneous (S) Respiration ☐ Assisted (A) Ventilation ☐ Breath Sounds Audible

E.T. Size ____ cm Mark ____ ☐ CO_2 Detecte

☐ Chest Compressions ☐ Backboard

☐ EKG/Monitor Initial Rhythm:

☐ IV Started Location ____ Size ____

IV FLuids (Pre-Code) :

(Medication doses per AHA Guidelines

Time	Defibrillation/ Cardioversion (Watts/ Sec)	Epinephrine	Vasopressin	Amiodarone	Lidocaine	Magnesium Sulfate	Procainamide	Sodium Bicarbonate	Atropine	Rhythm	H.R.	B.P.	Pulse (+/-)	Resp (A) (S)

IV Fluids; ABG's: Lab:
Other Meds: Pt. Response:
Code Problems, Etc.

Code Physician Signature:

Recording Nurse:

Attending Physician Notified (Time):

Family Notified (Time):

Post Code - PT. Disposition:

Law Enforcement / M.E.:

Code Cart # ____ ☐ PI Form Completed

☐ Paralytics Used ____

Medication Wasted

Medication: Amount:

R.N.

R.N.

Addressograph

CODE BLUE REPORT FORM

UNIVERSITY HOSPITAL

White - Chart Yellow - Nursing Office Pink - Code Physician Gold - Pharmacy

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