### CODE BLUE REPORT FORM

**UNIVERSITY HOSPITAL**

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

**UCQ027** Rev. 05/23/05

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**Admission Diagnosis/History:**

**Date:** 

**Location:** 

**Code:**
- Witnessed
- Unwitnessed

**Page Announced:**
- Yes
- No

### Time Code Initiated:

**Time Code Ended:**

**CODE TEAM**

**ARRIVAL TIME:**

**CPR Started By:**

**Time:**

- Spontaneous ($$)
- Assisted (A) Ventilation
- Breath Sounds Audible

**Respiration**

**F.T. Size**

**cm Mark**

**CO$_2$ Detects**

**Chest Compressions**

**Backboard**

**EKG Tech**

**Attendance**
- IV Started
- Location
- Size

**Administrative Supervisor**

**Other Physicians**

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**Medication doses per AHA Guidelines**

<table>
<thead>
<tr>
<th>Time</th>
<th>Dextrose (mg), Glucose (mg)</th>
<th>Epinephrine</th>
<th>Metaraminol</th>
<th>Lidocaine</th>
<th>Magnesium Sulfate</th>
<th>Procainamide</th>
<th>Sodium Bicarbonate</th>
<th>Atropine</th>
<th>Rhythm</th>
<th>H.R.</th>
<th>B.P.</th>
<th>Resp</th>
<th>Resp (A)</th>
<th>O2</th>
</tr>
</thead>
<tbody>
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</table>

**Code Physician Signature:**

**Recording Nurse:**

**Attending Physician Notified (Time):**

**Family Notified (Time):**

**Post Code - PT Disposition:**

**Law Enforcement / M.E.:**

**Medication Wasted**

- Medication:
- Amount:
- R.N.
- R.N.
- Addressograph

**Code Cart #:**

- PI Form Completed
- Paralytics Used

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