

Your
Hospital's
Logo
Here

CODE BLUE FORM

PATIENT IDENTIFICATION

START OF CODE

DATE:	TIME: (Military Time)	FOUND BY:	LOCATION:
-------	-----------------------	-----------	-----------

CONDITION: FOR INTUBATION ONLY APNEIC PULSELESS OTHER: _____

RESUSCITATION EFFORTS

CPR Initiated _____ Military TIME	MD IN CHARGE:
Intubation _____ Military TIME	
Central Line Placement _____ Military TIME	
Other _____ Military TIME (Describe) > > _____	

DRUGS

DRUGS / FLUID / RATE	TIME / DOSE	TIME / DOSE	TIME / DOSE	TIME / DOSE	TIME / DOSE	TIME / DOSE
Epinephrine Bolus Syr.						
Atropine Bolus Syr.						
Lidocaine Bolus Syr.						
Sodium Bicarbonate Bolus Syr.						
Vasopressin Bolus (Vial 20 units)						
Magnesium Sulfate Bolus						
Amiodarone Bolus 50mg / ml - 3 ml						
Dopamine Drip						
Levophed Drip						
Neosynephrine Drip						
I.V. / FLUID / RATE	TIME / RATE	TIME / RATE	TIME / RATE	TIME / RATE	TIME / RATE	TIME / RATE
I.V. Fluid						
INTERVENTIONS	TIME	TIME	TIME	TIME	TIME	TIME
Rhythm / HR						
B P						
Defib Time / Joules						
Pacer / Time / MA						
Labs / ABGs Sent						

RESUSCITATION OUTCOME

RECOVERY TIME STOPPED: _____ BP: _____ HR: _____ RR: _____ RHYTHM: _____
RECEIVING UNIT: _____

DEATH TIME OF DEATH: _____ PMD NOTIFIED BY: _____

MD SIGNATURE:	RN SIGNATURE / TITLE:
---------------	-----------------------

WHITE COPY = Chart

YELLOW COPY = ICU Medical Director

PINK COPY = Pharmacy

PART OF THE MEDICAL RECORD