

UMMC Cardiac Arrest QA Sheet

Confidential: Not for the Medical Record—Quality Improvement Only

SAMPLE

In accordance with the protection provided under the Maryland Health Occupations Code Annotated, Section 1-401, the proceedings, records, and files of a medical review committee are not discoverable and are not admissible in evidence in any civil action arising out of matters that are being reviewed and evaluated by the Medical Review Committee. This record is a record of the Resuscitation Committee, a medical review committee formed pursuant to Maryland Health Occupations Code Annotated and as such is fully protected as stated therein.

Please complete **both the front and back** of this form after every cardiac or respiratory arrest or acute medical event for which the crash cart is opened. It is used to identify systemic issues related to resuscitation and for education and systems improvement. Use the back of this page if additional space is needed. *All information will be strictly confidential. Return to Patient Care Services Manager.*

Patient Name _____ Medical Record Number _____
Date of incident _____ Time of incident _____

Events leading up to the arrest/medical event:

Was the arrest team activated? Yes No
If "yes," time _____ If "no," reason _____

Was there a delay of >5 min. in arrival of any of the following? Yes No
Anesthesia, Critical Care RN, Nursing Coordinator, Respiratory Therapy, Surgery, Team Leader
Comments:

Were there communication issues? Yes No
Difficulty/delay contacting switchboard, overhead page, pager issues
Comments:

Were there airway issues? Yes No
Equipment management, personnel
Comments:

COMPLETE THIS FORM ON THE BACK SIDE OF THE PAGE.

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Were there crash cart issues?

Yes No

Broken/missing equipment or supplies, medications

Comments:

Did the defibrillator/AED work properly?

Yes No

Inoperative, missing necessary components (conductive medium, cable), operator technique

Comments:

Should this event be reviewed by the Resuscitation Committee?

Yes No

Be as specific as possible, including names, departments, extra equipment/supplies needed, patient condition, etc.

Comments:

Name of individual completing this form _____

Print

Signature

Signature of Patient Care Services Manager _____

In accordance with the protection provided under the Maryland Health Occupations Code Annotated, Section 14-501, the proceedings, records, and files of a medical review committee are not admissible and are not discoverable in evidence in any civil action arising out of matters that are being reviewed and reported to the Medical Review Committee. This record is a record of the Resuscitation Committee and is not discoverable pursuant to Maryland Health Occupations Code Annotated and as such is fully protected as stated therein.

UMMC Resuscitation Documentation Reference

SAMPLE

Don't forget!

Patient identification:

- Patient plate (or name and medical record number) stamped on all sheets of resuscitation record.
- Arrest location—unit and room—be as specific as possible
- Date and time of event.
- Patient name, medical record number, date and time on QA form.

Required signatures:

- Physician team leader signature and name printed – **Mandatory to authorize verbal orders given!!**
- Recorder signature and name printed – the person completing the record must sign it.

Assure the record clearly reflects:

- Accurate times. Each line should have a 24-hour clock time recorded. There should be no voids in time. Use the same watch/clock throughout the entire resuscitation, if possible.
- BLS care given (ongoing pulse checks, CPR/ventilations performed).
- Completion of the two black boxes above the intervention grid. In particular, 1st EKG rhythm, time of 1st CPR and definitive airway time must be noted.
- Rhythm should be noted at the time of each intervention.
- Energy used for each defibrillation/cardioversion should be recorded.
- Drug doses should be entered as milligrams or mEq., **not** ampules.
- Resuscitation team members should be clearly indicated. Print all names.
- Patient outcome.

Other points to remember:

- A resuscitation record and QA sheet must be completed for each cardiac or respiratory arrest or each acute medical event for which the crash cart is opened.
- The resuscitation record must be completed in full.
- Pharmacy and crash cart charge vouchers should be stamped and returned with the crash cart.
- Laryngoscope handle and blades should be sealed in the ziplock bag provided then placed on the top of the crash cart.
- Cart exterior should be disinfected before the cart is returned for replacement.
- The physician should fill out the Resuscitation Event progress note after each cardiac or respiratory arrest or each acute medical event for which the crash cart is opened.

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