University of Maryland Medical Center
Resuscitation Record

SAMPLE

Page _____ **of** _____

Date _____ Time of Arrest _____

Location _____

Witnessed Arrest? ☐ Yes ☐ No

Monitored Arrest? ☐ Yes ☐ No

Initial Assessment:

Resp.: ☐ Spont. Resp. ☐ Resp. Distress ☐ Apnea

Pulse: ☐ Pulse Present ☐ Pulseless, Time CPR Started _____

1st Documented Rhythm _____

Interventions in place at time of event:

☐ ETT ☐ Trach. ☐ Cricothyroidotomy

☐ Central Line ☐ Peripheral Line ☐ Intraosseous Line ☐ Arterial Line

Patient Weight _____ kgs

Definitive Airway Placed:

☐ ETT ☐ Trach. ☐ Cricothyroidotomy

☐ Other _____

Size _____ Time _____ cm. at gum line _____

By whom _____

Confirmation (√ all used):

☐ Auscultation ☐ $ETCO_2$ (monitor) ☐ Easy Cap ☐ EDD

TIME 0-24	RHYTHM	BLOOD PRESSURE c cuff a art line	PALPABLE PULSE/RATE y yes n no	CHEST COMPRESSION y yes n no	DEFIBRILLATION (D) CARDIOVERSION (C) JOULES	END TIDAL CO_2	PULSE OX	RESPIRATIONS/RATE b bag-valve v ventilator s spontaneous	BOLUS DRUGS/DOSAGE/ROUTE: EPINEPHERINE	ATROPINE	AMIODARONE	SODIUM BICARBONATE				DRIPS: DOPAMINE		FLUIDS: TYPE RATE	TYPE BOLUS

WHITE Patient Chart **YELLOW** Resuscitation Coordinator

SAMPLE

Page _____ **of** _____

Date _____ Time of Arrest _____

REQUIRED SIGNATURES

Physician Team Leader
Verbal Order Authorization: _____
Print Name

Physician Team Leader
Verbal Order Signature: _____

Recorder Completing Record: _____
Print Name

Recorder Signature: _____

CODE TEAM INFORMATION (Print)

Anesthesia _____

Physicians _____

_____

Nurses _____

Respiratory Therapy _____

Nursing Coordinator _____

Others _____

EVENT OUTCOME: ☐ Alive, remains in present location
☐ Alive, transferred to _____
☐ Expired at (time) _____

TIME 0-24	PROCEDURES, CARDIOVERSION, PACING, TEMPERATURE, COMMENTS

SAMPLE

WHITE Patient Chart **YELLOW** Resuscitation Coordinator

SAMPLE