ECU PHYSCIANS
CODE BLUE RECORD

Date _____ Time Code Started _____ IV started _____
Location _____ Time IV inserted _____
Code Blue System Activated ☐Yes ☐No Size _____ Site_____
Type of Arrest: ☐Cardiac ☐Resp. ☐Resp.-Cardiac Witnessed Aresst ☐Yes ☐No
Patient Conscious at onset ☐ Yes ☐ No

Resuscitation successful ☐ Yes ☐ No Time Ended _____
Reason Resuscitation Ended:
☐ Restoration of Circulation ☐ Restoration of Ventilation
☐ Unresponsive to ALS ☐ Medical Futility
☐ Advance Directive ☐ Restrictions by Family
Pertinent rhythm strips in chart ☐Yes ☐ No

Airway

Initial ☐ spontaneous Type of ventilation
☐ apnea ☐ Manual ventilation bag
☐ agonal ☐ ETT
☐ assisted ☐ tracheostomy
☐ LMA
Time of first assisted ventilation _____

Intubation: Time:_____
Tube Size: _____
Type: ☐ oral ☐ nasal
Intubation by: _____
Secondary confirmation:
☐ Auscultation ☐Ex. CO2 ☐other

Circulation/Cardiac

Pulse present at onset ☐Yes ☐ No Initial Rhythm _____
Time compression started_____
Rhythm when compression started _____
Time of 1st defibillation _____ Pacemaker on: ☐Yes
AED Applied ☐Yes ☐No Time Applied:_____ ☐ No
AED Shock ☐Advised ☐Delivered ☐st shock Time: _____

Pt. Age: _____ Weight: _____ Height: _____

TIME	Pulse/ Respirations	BP	Rhythm	Defibrillation (joules)	Pacemaker	Epinephrine 1:10,000 (IV,ET) 1 mg q 3- 5 min	Atrophine (0.5- 1 mg q 3-5 min) NOT TO EXCEED 0.04 mg/kg	Amiodarone 300 mg over 1-2 minutes Repeat 150 mg	Lidocaine 1-1.5 mg/kg Max 3mg/kg	Vasopressin 40 units IV	Amiodarone 900 mg/ 500 ml D5w	Lidocaine 2 mg/ 500 ml D5w	Dopamine 400 mg/ 250 ml D5w		Nurse's Notes (labs, therapies, assessments, vent settings, comments) * all meds are IV unless otherwise stated

Family notified by: _____

Physician Signature for Code Orders _____

MD Name Printed _____

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RN administering meds_____

Recording nurse _____ page _____ of _____

Pt. Transported to ED ☐Yes ☐No Time _____

Accompanied by _____