UNIVERSITY OF HOSPITAL
DEPARTMENT OF NURSING

CPR DATA SHEET

DATE	TIME	BLS BEGUN	OUTCOME	TIME RESUSCITATION ENDED	PATIENT SURVIVED / EXPIRED	TRANSFERRED TO	FAMILY PRESENT / NOTIFIED
WT (KG)	TIME OF INTUBATION	FIO2	TEAM LEADER SIGNATURE (SIGN NAME)		/PRINT NAME)		(DATE)
ACLS BEGUN	DISCOVERED BY	SITE OF ARREST	NURSE RECORDER (SIGN NAME)		(PRINT NAME)		(DATE)

TIME	VITAL SIGNS			RHYTHM	DEFIB	DRUGS (DOSE/ROUTE)				BLOOD GASES						COMMENTS
	BP	HR	RESP		J / SEC	EPI	ATROP	NaHCO2		PH	PCO2	PO2	HCO2	BE	SaO2	
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IV DRIP MEDICATION (CIRCLE)	TIME STARTED	TIME DC'd	VOLUME GIVEN	RATE CC/HR	RATE CC/HR	RATE CC/HR	IV DRIP MEDICATION (CIRCLE)	TIME STARTED	TIME DC'd	VOLUME GIVEN	RATE CC/HR	RATE CC/HR	RATE CC/HR
____mg IN 100 250 500 DSW / NSS ____ RATE / DOSE							____mg IN 100 250 500 DSW / NSS ____ RATE / DOSE						
____mg IN 100 250 500 DSW / NSS ____ RATE / DOSE							____mg IN 100 250 500 DSW / NSS ____ RATE / DOSE						
____mg IN 100 250 500 DSW / NSS ____ RATE / DOSE							____mg IN 100 250 500 DSW / NSS ____ RATE / DOSE						