County Hospital

Cardiopulmonary Resuscitation Record

Patient Name:			**Medical Record #:**
Date:	**Age:**	**Sex:**	**Time began:** _____ **Time ended:** _____

M.D. _____
Notified By: _____
Time: _____
Family Notified: Yes No
Notified By: _____
Time: _____

Location:
☐ Medical / Surgical
☐ Emergency Department
☐ Special Care Area
☐ Surgery ☐ Recovery Room
Other _____

Intubated upon arrival: Yes _____ No _____
Time By Whom
Bag / Mask: _____ _____
Intubation: _____ _____
ET Tube Size: _____
ET Placement: _____ @ lips or teeth

Defibrillation Record: N/A

Time	Watts / Second	Time	Watts / Second
#1. _____	@ _____	#4. _____	@ _____
#2. _____	@ _____	#5. _____	@ _____
#3. _____	@ _____	#6. _____	@ _____

EKG Monitor applied @ _____
External Heart Massage:
Began: _____ Stopped: _____
External Pacer Applied @ _____

Vital Signs: **Time / BP / HR / RR ♦ Time / BP / HR / RR ♦ Time / BP / HR / RR**

_____/_____/_____/_____ ♦ _____/_____/_____/_____ ♦ _____/_____/_____/_____

MEDICATIONS ADMINISTERED

	Time	Dose	Route	Time	Dose	Route	Time	Dose	Route	Time	Dose	Route
Epinephrine 1:10,000												
Vasopressin												
Atropine Sulfate												
Lidocaine												
Amiodarone												
Sodium Bicarbonate												
Dopamine												

IV's & IV Fluids:

STAFF PRESENT / TITLE

Summary and Comments: (Include event or situation precipitating the arrest) _____

Survived ☐ Transferred to: _____
Expired ☐ Cause of Death: _____

M.D. Signature **Recorder's Signature**

WHITE - Medical Records • YELLOW - Pharmacy