

MEMORIAL HOSPITAL

DATE

IMPRINT WITH PATIENT CHARGE PLATE

NURSING EMERGENCY RESUSCITATION FLOW SHEET

INTUBATION

RESUSCITATION

Attempted by _____ Initiated by _____
Time _____ By _____ (Name) Page _____ (Time) Team Responded _____ (Time)
NT / OT # _____ FIO2 _____ Monitor Attached _____ (Time)

Oral Airway - Time: _____ Size: S M L XL

Table with columns: IV SOLUTIONS (No., Site, Solution, Amount, Start, Stop), ABG'S (Time, pH, PCO2, PO2, HCO3), and Other Lab Values.

Large table for monitoring vital signs and treatments. Rows include: Pulse palpable, Respirations source, Compressions, BP, Defib: Joules, Pacer method, Foley #, IV Meds (Epinephrine, Lidocaine, Bretylol, Atropine, Magnesium sulfate, D/50/25 cc, NaHCO3), and IV Drips (Dopamine, Isuprel, Lidocaine, Dobutamine, Bretylol, Pronestyl).

Transfer To: _____ Time _____ Pronounced by _____ MD
ICU _____ Time _____ Date _____
CCU _____ Family Notified Yes No
Other _____

Respirations: B - Barrier A - Ambu S - Spontaneous Legend Pacing: T - Transvenous E - External

MD in charge of event: Documentation reflects a true and accurate representation of orders and events as they transpired.

PRINT NAME _____ PHYSICIANS SIGNATURE _____