



**COHESIVE HEALTHCARE MANAGEMENT & CONSULTING**  
**MANGUM REGIONAL MEDICAL CENTER**

**Code Blue Record – Name of Hospital (EMS-001A)**

|  |  |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
|--|--|--------------|--|--|------------------------|-------------------|--------------------|--|-----------------------------------|----------------------------------|-------------|-------------|---------------------|--|
| Date of arrest   |  | Time:        |  | Time CPR started:  |                        | Time CPR ended:   |                    | Admitting Diagnosis:                                     |                                   |                                  |             |             |                     |  |
| <b>ARREST TYPE</b>   | <input type="checkbox"/> On Telemetry                        |              | <input type="checkbox"/> Previous Rapid Response |  | <b>VENTILATION</b>     |                   | <b>Airway</b>      |  | <b>Yes/No</b>                     | <b>Time</b>                      | <b>By</b>   |             |                     |  |
|  | <input type="checkbox"/> Witnessed                           |              | <input type="checkbox"/> Unwitnessed             |  |                        |                   | Oral Airway        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |                                  |             |             |                     |  |
|  | <input type="checkbox"/> Cardiac Arrest                      |              | <input type="checkbox"/> Respiratory Arrest      |  |                        |                   | Ambu/Mask/ O2      | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |                                  |             |             |                     |  |
|  | <input type="checkbox"/> Bradycardia                         |              | <input type="checkbox"/> Asystole                |  |                        |                   | ET/Trach.          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |                                  |             |             |                     |  |
|  | <input type="checkbox"/> Ventricular Fib                     |              | <input type="checkbox"/> Ventricular Tach        |  |                        |                   | Intubated          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |                                  |             |             |                     |  |
|  | <input type="checkbox"/> PEA (Pulseless Electrical Activity) |              |  |  |                        |                   | Placement checked  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |                                  |             |             |                     |  |
| <b>DEFIBRILLATION</b>  | <b>Dysrhythmia Identified</b>                                | <b>Time</b>  | <b>Joules</b>                                    | <b>Converted</b>   | <b>Rhythm</b>          | <b>PROCEDURE</b>  |                    | <b>Procedure</b>   | <b>Time</b>                       | <b>Size</b>                      | <b>By</b>   |             |                     |  |
|  |  |              |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |                   |                    | IV   |                                   |                                  |             |             |                     |  |
|  |  |              |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |                   |                    | NG Tube  |                                   |                                  |             |             |                     |  |
|  |  |              |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |                   |                    | External Pacer   |                                   |                                  |             |             |                     |  |
| <b>MEDICATIONS - IVP</b>   | <b>Drug</b>  | <b>Route</b> | <b>Dose/ Time</b>                                | <b>Dose/ Time</b>  | <b>Dose/ Time</b>      | <b>Dose/ Time</b> | <b>INTRAVENOUS</b> |  | <b>Fluids/Drips</b>               | <b>Dose/ Solution</b>            | <b>Site</b> | <b>Rate</b> | <b>Time Started</b> |  |
|  | Epinephrine  |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
|  | Atropine   |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
|  | Na. Bicarb   |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
|  | Cordarone  |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
|  | D 50   |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
|  | Lidocaine  |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
|  | CaCl <sub>2</sub>  |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
|  | Magnesium  |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
| Vasopressin  |  |              |  |  |                        | <b>COMMENTS</b>   |                    | Synopsis of Events:                                      |                                   |                                  |             |             |                     |  |
|  |  |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
|  |  |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
|  |  |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
|  |  |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
|  |  |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
| <b>VITAL SIGNS</b>   | <b>Time</b>  |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
|  | <b>BP</b>  |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
|  | <b>Pulse</b>   |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
|  | <b>Resp.</b>   |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
|  | <b>O2 Sat</b>  |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |
| <b>LABS / DIAGNOSTICS</b>  | <b>Time of ABG</b>   | <b>pH</b>    | <b>PCO<sub>2</sub></b>                           | <b>PO<sub>2</sub></b>                                    | <b>HCO<sub>3</sub></b> | <b>CODE TEAM</b>  |                    | <b>Time Code Ended</b>                                   | <input type="checkbox"/> Survived | <input type="checkbox"/> Expired |             |             |                     |  |
|  |  |              |  |  |                        |                   |                    | <b>Code Leader</b>                                       |                                   |                                  |             |             |                     |  |
|  |  |              |  |  |                        |                   |                    | <b>RT</b>  |                                   |                                  |             |             |                     |  |
|  |  |              |  |  |                        |                   |                    | <b>RN/LPN</b>  |                                   |                                  |             |             |                     |  |
|  |  |              |  |  |                        |                   |                    | <b>RN/LPN</b>  |                                   |                                  |             |             |                     |  |
|  |  |              |  |  |                        |                   |                    | <b>RN/LPN</b>  |                                   |                                  |             |             |                     |  |
| Other Labs: <input type="checkbox"/> CBC <input type="checkbox"/> Chemistry <input type="checkbox"/> Cardiac Enzymes |  |              |  |  |                        | <b>Recorder</b>   |                    |  |                                   |                                  |             |             |                     |  |
| Diagnostics :  |  |              |  |  |                        |                   |                    |  |                                   |                                  |             |             |                     |  |

