QUINTE HEALTH CARE		
CARDIOPULMONARY RESUSCITATION RECORD		
SITE:	UNIT/LOCATION:	
START:	STOP:	
Physician Name and Arrival Time:	Departure Time:	Physician Signature:

Responder #1 Name	Role:	Time of Arrival:	Responder #3 Name	Role:	Time of Arrival:
Responder #2 Name	Role:	Time of Arrival:	Responder #4 Name	Role:	Time of Arrival:

Arrest witnessed? Yes ☐ No ☐	Airway:	Breathing: Spontaneous: Yes ☐ No ☐	Bag / Mask initiated

Compressions Yes ☐ No ☐ Commenced:	Time Monitor Applied: Initial Rhythm:

Intubated: Yes ☐ No ☐ Time: ETT: Intubated by:	I.V./I.O. and Location(s):	SOL'N

Time Ordered	Intervention Order	Ordering Physician	Time Order Completed	Staff Initials

Recorders Signature:	Code Nurses Signatures:

QHC Form # 894

Date:	**Notes**
Time	

OUTCOMES:

Resuscitation Ended at:	Return of spontaneous circulation: Yes ☐ No ☐

Transferred to:

Family Notified: Yes ☐ No ☐	Belongings sent to:

Coroner's case: Yes ☐ No ☐	Autopsy requested: Yes ☐ No ☐	TGLN Notified: Yes ☐ No ☐

Recorders Signature:	Code Nurses Signatures: