



Date:	Notes
Time	

**OUTCOMES:**

Resuscitation Ended at:	Return of spontaneous circulation: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Transferred to:

Family Notified: Yes <input type="checkbox"/> No <input type="checkbox"/>	Belongings sent to:
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Coroner's case: Yes <input type="checkbox"/> No <input type="checkbox"/>	Autopsy requested: Yes <input type="checkbox"/> No <input type="checkbox"/>	TGLN Notified: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Recorders Signature:	Code Nurses Signatures:
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