

NURSING SERVICES

CODE BLUE EVALUATION

CRITICAL TIME INTERVAL	YES	NO	REMARKS
Code Blue was called correctly and promptly			
Code Blue was announced correctly			
Code Blue announcement was clearly heard over the PA system			
PERSONNEL			
All necessary personnel responded			
Physician arrived promptly			
Too many personnel responded			
One person assumed the Team Leader role			
BLS/ ACLS PERFORMANCE			
BLS properly performed			
Defibrillator properly connected and turned ON			
Endotracheal tube placement verified			
Operator verified "All Clear" prior to defibrillation			
ACLS standards followed according to AHA			
Functioning IV access established			
EQUIPMENT/ SUPPLIES			
All equipment functioned properly			
All supplies/ medications were available on E-Trolley			
Emergency medicines were administered properly			
DOCUMENTATION			
Strip of initial cardiac rhythm recorded			
Vital sign/ rhythm recorded every five minutes			
Rhythm strip recorded after Defibrillation/ Cardioversion and after change in rhythm			

Overall evaluation of Code Blue. List any problems or concerns.

Name of Person Completing Form :

Date :

Location of Code Blue :

Time :