

CODE BLUE RECORD

DATE: _____

M.D.: _____

RN Team Lead: _____ Attending RN: _____

Pharmacist: _____ RT: _____

Time Code Called: _____	Time CPR Initiated: _____	IV Present: _____ No, started by: _____
Time Code Cleared: _____	Time 1st Defibrillation: _____	Time Intubated: _____ Tube size: _____

TIME	OBSERVATIONS	TREATMENT/RESULTS

RECORDER: _____ Signature _____ Printed Name _____



**ST. VINCENT CHARITY
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A Ministry of the Sisters of Charity Health System

PATIENT LABEL

TIME	OBSERVATIONS	TREATMENT/RESULTS

Initial EKG Strip

Final EKG Strip

Summary of Code Blue (including post-resuscitation condition):

Post Code debriefing completed: Yes Led by: _____ No Reason: _____

Name of Attending Notified: _____ Time: _____

Name of family member notified: _____ By: _____ Time: _____

Signatures:

MD: _____

Summary completed by Attending RN: _____

Reviewed by RN Team Lead: _____