

RESUSCITATION RECORD

Nam	ie			Date:		Time:	
-	essed Arrest: Ye st Occurred: In	s Hospital		No Pre-hospital			
AIRWAY				BREATHING		CIRCULATION	
		Time	Size	_	Time		Time
	None			Spontaneous		Pulse present	
	Oro-pharyngeal airway			Bag-valve mask		Pulse absent	
	Naso-pharyngeal airway			O ₂ established		CPR started	
	Combi-tube			@Lpm		Monitor established	
	Laryngeal mask airway						
	Endotracheal tube						
	cm @ lip						

If present pre-hospital, indicate with "P" under "time" and refer to ambulance call report.

Time	Pulse	Rhythm	Defib/Joules	Drug/Interventions

Time	Pulse	Rhythm	Defib/Joules	Drug/Interventions				
Resuscitat	on discontini	ued at						
Autopsy: [Resuscitation discontinued at Autopsy: Yes No							
Events/His	tory Precedin	g Arrest:						
Medication Nurse:								
Code Director (Physician):								
Recorder:								

Other Personnel Present: