

Patient's Consultant:

Patient's Nurse:

Admission details
 Date of admission:
 Reason for admission:

Diagnosis:

Medical Hx:

Last NEWS: Time: __:__

Grade/Role of last reviewer:

Time of last review: __:__

Resuscitation details
 Witnessed: Yes / No
 Monitored: Yes / No
 Likely/known cause of cardiac arrest:

Interventions

- Chest compressions
- Defibrillation
- Adrenaline
- Amiodarone
- LMA/i-Gel/Intubation
- Capnography
- LUCAS
- IO access

Other (specify):

Team debriefing

Reason CPR stopped

- ROSC
- Team decision to stop
- DNACPR form found

Other (specify):

Resuscitation decision post ROSC

- For CPR
- DNACPR

Planned location after event

- Mortuary
- Remained on ward
- ITU/HDU
- Cath Labs
- CCU

Other (specify):

DNACPR discussion documented prior to this event: Yes / No
 In your opinion, was this resuscitation attempt appropriate: Yes / No
 If your opinion is no, please state why:

PRINT names and grades of:

Team Leader:

CCOT/RP/CSM/NP:

Form completed by:

FILE COMPLETED FORM IN THE PATIENTS CURRENT NOTES!