

CPR - Full Code - Documentation

Resident Name: _____	Room Number: _____
Date _____	Time: _____
Location: _____	Witness: _____

Time emergency code was announced	
Time code status verified	
Name and title of person verifying code status	
Time 911 was called	
Name and title of person calling 911	
Time physician was notified	
Name and title of person notifying physician	
Time airway was assessed	
Name and title of person assessing airway	
Time airway/ventilation was initiated	
Name and title of person initiating ventilation	
Ventilation method used	
Time pulse was assessed	
Name and title of person assessing pulse	
Time chest compressions were initiated	
Name and title of person initiating chest compressions	

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

AED applied (Yes/No)	
Time AED applied (if applicable)	
Name and title of person applying AED (if applicable)	
Time IV inserted (if applicable)	
IV solution instilled/rate (if applicable)	
Name and title inserting IV/instilling medications (if applicable)	
Time first responders arrive	
Time first responders assume resuscitation efforts	
Time of transfer to hospital (if applicable)	
Name of hospital (if applicable)	
Time death pronounced (if applicable)	
Name and title of person pronouncing death (if applicable)	
Name of person contacting mortuary (if applicable)	
Name of mortuary (if applicable)	
Time of family notification	
Name and title of person notifying family	
Physician follow up notification	
Name and title of person notifying physician of resident status	

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