

Pt Name <input style="width:150px;" type="text"/> Date <input style="width:100px;" type="text"/> MRN <input style="width:150px;" type="text"/> <input type="checkbox"/> 9C <input type="checkbox"/> 9N <input type="checkbox"/> 9T <input type="checkbox"/> 11C Code Start Time: <input style="width:100px;" type="text"/> AM / PM Code End Time: <input style="width:100px;" type="text"/> AM / PM Code Outcome: <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> ECMO Parental Request to Cease Resuscitation? <input type="checkbox"/> Y <input type="checkbox"/> N	Attending ICU MD Present: <input type="checkbox"/> Y-Fully <input type="checkbox"/> Y-Partially <input type="checkbox"/> N RN:Pt Staffing Ratio: <input type="checkbox"/> 1:1 <input type="checkbox"/> 1:2 How many people in room (maximum): <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> >15
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RHYTHM	<input type="checkbox"/> Asystole <input type="checkbox"/> PEA <input type="checkbox"/> VT <input type="checkbox"/> VF <input type="checkbox"/> Sinus Tach <input type="checkbox"/> JET <input type="checkbox"/> Sinus Brady <input type="checkbox"/> NSR <input type="checkbox"/> A fib/flutter <input type="checkbox"/> SVT <input type="checkbox"/> Other _____	SHOCKABLE RHYTHM? <input type="checkbox"/> Y <input type="checkbox"/> N Time shockable rhythm detected: <input style="width:100px;" type="text"/> AM / PM Type of electricity: <input type="checkbox"/> Defibrillation <input type="checkbox"/> Cardioversion Time of first shock: <input style="width:100px;" type="text"/> AM / PM Multiple shocks: <input type="checkbox"/> Y <input type="checkbox"/> N
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AIRWAY/BREATHING	TOOLS USED DURING CODE <input type="checkbox"/> Bag/ mask <input type="checkbox"/> Oral airway <input type="checkbox"/> Bag/ ETT <input type="checkbox"/> Quant ETCO2	INTUBATION? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Already Intubated Meds given: <input style="width:150px;" type="text"/> Complications: <input type="checkbox"/> Multiple DL <input type="checkbox"/> Airway bleeding <input type="checkbox"/> Pneumothorax <input type="checkbox"/> >20% drop in O ₂ saturation <input type="checkbox"/> Intubated by anesthesia Appropriate PPV rate: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Inconsistent
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CIRCULATION	<input type="checkbox"/> Fluid bolus <input type="checkbox"/> Electrolyte bolus <input type="checkbox"/> Cardiac med bolus	COMPRESSIONS? <input type="checkbox"/> Y <input type="checkbox"/> N Duration: <input style="width:100px;" type="text"/> min Good quality: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Inconsistent Unnecessary pauses: <input type="checkbox"/> Y <input type="checkbox"/> N Vasc access w/i 2 min? <input type="checkbox"/> Y <input type="checkbox"/> N
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Privileged information for Quality Improvement. Not to be placed in patient charts.
 Updated 6.30.15

Debriefing performed: <input type="checkbox"/> Y <input type="checkbox"/> N	if no, reason: <input type="checkbox"/> RN busy <input type="checkbox"/> No interest in debriefing <input type="checkbox"/> MD busy <input type="checkbox"/> Resuscitation w/o problem <input type="checkbox"/> Other _____
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Introduction: We're here to learn from this event to improve ourselves as clinicians. We'd like to discuss what guided our actions during the event, with the goal of improving patient care, not assigning blame.

Choose 1-4 focus areas and complete GAS cycle for each:

TEAMWORK	MEDICAL MANAGEMENT	ENVIRONMENT
<input type="checkbox"/> Closed loop communication <input type="checkbox"/> Clear messages <input type="checkbox"/> Clear roles <input type="checkbox"/> Knowing one's limitations <input type="checkbox"/> Knowledge-sharing <input type="checkbox"/> Re-evaluation <input type="checkbox"/> Summarizing <input type="checkbox"/> Mutual respect	<input type="checkbox"/> Adherence to PALS algorithms <input type="checkbox"/> Effective ventilation <input type="checkbox"/> High quality chest compressions <input type="checkbox"/> Limited breaks between compressions <input type="checkbox"/> Rhythm identified and managed appropriately <input type="checkbox"/> Defibrillation without delay	<input type="checkbox"/> Medication availability <input type="checkbox"/> Equipment available/functioning <input type="checkbox"/> Noise interference <input type="checkbox"/> Crowd control

GAS Cycle:		Focus area: <input type="text"/>	Focus area: <input type="text"/>
GATHER <i>Team Observations</i> <ul style="list-style-type: none"> Can you describe your perspective? How did you think our code went? What did the team do well? What could we have improved? <i>Leader Observations</i> <ul style="list-style-type: none"> I noticed that... I observed that... I saw that... 	DESCRIPTION OF ISSUES		
		ANALYZE <i>Done Well</i> <ul style="list-style-type: none"> How were we able to... Why do you think we were able to... Tell me a little more about... <i>Needs Improvement</i> <ul style="list-style-type: none"> Why do you think ____ occurred? How could we improve... What was your thinking while... What prevented us from.... 	
SUMMARIZE <i>Team Summary</i> <ul style="list-style-type: none"> What are the main things we learned? Can we summarize the key points? What are the main take-home points? <i>Leader Summary</i> <ul style="list-style-type: none"> Let's summarize what we learned... Here is what I think we learned... The main take-home messages are... 	PROPOSALS		

DEMOGRAPHICS	Debrief Leader Name: <input type="text"/>		Debrief Leader Role: MD RN RT NP		Debrief Recorder Name: <input type="text"/>	
	Number of Attendees:	<input type="checkbox"/> PICU Fellow	<input type="checkbox"/> PICU Attending	<input type="checkbox"/> ICU RN	<input type="checkbox"/> Resident	<input type="checkbox"/> RT
	<input type="checkbox"/> Med student	<input type="checkbox"/> Administrator	<input type="checkbox"/> Housedoc/NP	<input type="checkbox"/> Other _____		

OVERVIEW	Estimated time spent debriefing: <input type="text"/> min
	Were there any delays in therapy? <input type="checkbox"/> Y <input type="checkbox"/> N If Y, describe: _____
	Could the event have been prevented? <input type="checkbox"/> Y <input type="checkbox"/> N If Y, how: _____
	What went well? _____
What could have been improved? _____	