

Cohen Children's Medical Center Pediatric Code W Debrief Form

A. PATIENT INFORMATION

Name:

Date

MR#

Location:

B. ACTIVATION:

1. Activated by floor team, announced via overhead and pagers? Y N

If no, please describe issues:

C. RESPONSE

Delay in Code Team arrival (> 5 Minutes) Y N

Is the Code Team Leader identified and in charge? Y N

Were all team members fulfilling their assigned roles? Y N

If no to any of the above, please explain:

D. Equipment

Any malfunctioning or missing equipment? Y N

If yes, what was wrong or missing?

E. NRP/PALS PROTOCOLS

Were protocols followed appropriately? (Comments): _____

Was End Tidal CO₂ monitored and documented? Y N

Were compression depth and rate monitored and documented? Y N

Was ventilation rate monitored and documented? Y N

F. DOCUMENTATION (S= satisfactory D= deficient)

Personnel _____ Patient Status/Vitals _____

Medications _____ Other interventions _____

Were defibrillator pads used? Y N

If no, why not? _____

Was data captured to card? Y N

G. Medication Variations:

If any, please explain: _____

H. OUTCOME

Outcome of arrest: Alive _____ Expired _____

Patient disposition: _____

If there were any issues not addressed above, please describe:

What intervention(s), if any, could have been performed prior to event to avoid patient's decline in status?

WHAT WENT WELL DURING EVENT	AREAS NOTED FOR IMPROVEMENT

Attendance: