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: ______________________________________________________

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PUBLIC HEALTH LAW 2805, J., K., L., M.
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?

________________________________________________________________________

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<thead>
<tr>
<th>WHAT WENT WELL DURING EVENT</th>
<th>AREAS NOTED FOR IMPROVEMENT</th>
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Attendance: