

CPR Record

Place Patient Label Here

Date: _____

Time of Event: _____

Event: Respiratory Arrest CPA

Location: Kennel Tx Area ICU ER Triage
 Department (list): _____

CPA Response Team

Clinician: _____ Team Leader: _____

Compressor(s): _____

Ventilator(s): _____ Drug Handler: _____

Recorder: _____

IVC

- Yes No
- Gauge/Location: _____

Intubation

- Yes No
- Nurse Initials: _____
- ET-Tube Size: _____
- Time: _____

Cycle	Time	Epinephrine <small>(Dose/Route)</small>	Atropine <small>(Dose/Route)</small>	Rx <small>(Dose/Route)</small>	ETCO ₂ <small>(≥ 15 mmHg)</small>	ECG	Notes <small>(Defibrillation, Additional Interventions, etc.)</small>
1							
2							
3							
4		*Consider increase to 0.1 mg/kg*					
5		*Consider increase to 0.1 mg/kg*					
6		*Consider increase to 0.1 mg/kg*					
7		*Consider increase to 0.1 mg/kg*					

End Time of CPR: _____

Reason:

- ROSC Owner Elected to Discontinue
- Medical Futility

Patient Status:

- Alive Deceased

Additional Comments: _____

