

CCHMC Cardiac Arrest Prevention Collaborative-PICU



Date: _____ Time: _____ Duration: _____ Room: _____

Pre-Identification

What was the first sign of clinical deterioration?

What were potential factors leading to deterioration?

Was this patient a watcher? ☐ Yes ☐ No

MENTAL MODEL shared during arrest?

☐ Yes ☐ No

Was the documenter able to hear?

☐ Yes ☐ No

Was there an IDENTIFIED leader?

☐ Yes ☐ No

Did the group maintain assigned roles?

☐ Yes ☐ No

How would you rate closed loop communication?

1	2	3	4	5
Poor	Below Average	Average	Above Average	Exceptional

Differential Diagnosis shared?

☐ Yes ☐ No

Teamwork/Communication

PALS/ACLS Algorithm Communicated?

☐ Yes ☐ No

Reviewed Hs & Ts?

☐ Yes ☐ No

CPR Coach?

☐ Yes ☐ No

Effectiveness of CPR evaluated by:

☐ End Tidal CO2

☐ Arterial Line Waveform

☐ Zoll CPR Feedback

Backboard under patient?

☐ Yes ☐ No

Pulseless Time _____

Time to Chest Compressions _____

Time to code dose of Epi _____

Was there a shockable rhythm?

☐ Yes ☐ No

What Rhythm? _____

High Quality CPR

eCPR Discussed in Timely Fashion?

☐ Yes ☐ No

Improvement

What went well during the code?

What could we have done better?

Were there any delays in therapy? Was there equipment or medications needed that was not on the code cart or easily available in the patient's room? If so, what?

How could the event have been anticipated?

Hot Debrief Participants (Number only):

MDs/DOS: _____ RNs: _____

APRNs: _____ RTs: _____

Other: _____

☐ Code sheet reviewed by code leader

Please remind staff that Peer2Peer program is available if they or others would like support after a code

Email: peer2peersupport@cchmc.org