Appendix 3

དཔལ་ལྡན་འབྲུག་གཞུང་།
འཇིགས་མེད་རྡོ་རྗེ་དབང་ཕྱུག་རྒྱལ་ཡོངས་གཙོ་བསྟེན་སྨན་ཁང་།
ཐིམ་ཕུག།

ROYAL GOVERNMENT OF BHUTAN

Jigme Dorji Wangchuck National Referral Hospital

THIMPHU BHUTAN

FORM: ER/01

CPR AND POST EVENT ANALYSIS FORM

NAME OF THE PATIENT:.. **AGE:**................ **SEX: M / F** **CID NO:**...............................

MEDICAL RECORD NO:.. **CONSULTANT NAME:**..

DATE OF ARREST:.. **TIME OF ARREST:**..

CODE BLUE TEAM ALERT GIVEN: ◻ **YES, IF YES TIME:**................................

◻ **NO, IF NO WHY?**................................

TEAM ARRIVAL TIME:..

CIRCULATION

CAROTID PULSE: ◻ PRESENT ◻ ABSENT INITIAL RHYTHM:..

AIRWAY / BREATHING

BREATHING ON-SET: ◻ SPONTANEOUS ◻ APNOEIC ◻ OTHERS ....

TIME OF 1ST ASSISTED VENTILATION: ....

VENTILATION BY: ◻ BAG & MASK ◻ ETT ◻ TT ◻ OTHERS:...............................

CYCLE	TIME	RHYTHM	DEFIBRILLATOR (D) CARDIOVERSION (C) WITH JOULES	DRUGS	DOSE & ROUTE	OTHERS / REMARKS
1 (2min)						
2 (2min)						
3						
4						
5						
6						
7						
8						

CONTROLLED FORM **Page 1 of 2**

FORM: ER/01

Appendix 3

REVERSIBLE CAUSES, IF ANY

□ Hypoxia □ Hypovolemia □ Hypothermia □ Hypo / Hyperkalemia □ H + Ion Acidosis
□ Thrombosis Coronary □ Tension Pneumothorax □ Toxin □ Thrombosis Pulmonary
□ Tamponade (Cardiac)

TIME RESUSCITATION ENDED: ……………………………………

Death Declared
On Date:……………………
At Time:…………

□ ROSC ≥ 20 min
≤ 20 min
□ NO ROSC – Terminated
□ Restriction by family
□ Medical Futility
□ Others: ……………………

EVENT SUMMARY BY TEAM LEADER

Crash Cart: □ Yes □ No,
Post Resuscitation:
Injury 1.……………………………………………………
2.……………………………………………………
Result: ……………………………………………………

RESUSCITATION OUTCOME IF ROSC ACHIEVED:

Recovery vital signs:

BP: **HR:** **RR:**

SPO2: **AVPU:**

T°:

Pupillary response:

Receiving Unit:

DEBRIEFING OF THE INCIDENT

1. Sequences of BLS / ACLS were followed: Yes / No
2. Intubation: Yes / No
3. Defibrillation done: Yes / No
4. Crash Cart Management: Yes / No
5. Team Performance based on individual role:
   Good / Bad / Fair
6. Patient condition: Stable / Unstable
7. Team alertness in their assigned note: Yes / No
8. What went wrong in CPR sequence:
   ……………………………………………………………………
   ……………………………………………………………………
   ……………………………………………………………………

Doctor Team Leader: **Date & Time:**
(Name & Sign)

Nurse Team Leader: **Date & Time:**
(Name & Sign)

PATIENT RECORD

CONTROLLED FORM **Page 2 of 2**