Physician Post-Code Blue Note

Patient Name: ___________________________  Medical Record Number: ____________
Code Location: __________________________  Date of Event: _______ / _______ / _______

Primary Service: ________________________
Reason code was called: __________________

Initial Rhythm: _________________________

Airway management:
☐ No airway on arrival
☐ Patient being bagged on arrival
☐ Initiated bagging patient on arrival
☐ Patient intubated during resuscitation

Chest compressions:
☐ In process upon arrival
☐ Initiated upon arrival
☐ No chest compressions given
   If not, please explain __________________________

Result of the code:
☐ Patient remained on floor
☐ Patient transferred to an ICU
   ☐ MICU
   ☐ SICU
   ☐ CICU
   ☐ NSU
☐ Patient expired  Yes (if no, comment below)

Primary service present during the code: ☐ __________
If primary service not present, were they notified ☐ __________
Attending notified: ☐ Name: __________________________
Family notified: ☐ Whom: __________________________

Comments: ____________________________

_________________________________________________________________

Signature______________________  Printed Name _______________________
Credentials____________________  Date ____________  Time ____________

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