

Resuscitation/Rapid Response Review  
**Confidential for Peer Review Only**

Location: \_\_\_\_\_ Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Completed by: \_\_\_\_\_ Title: \_\_\_\_\_  
 Type of call \_\_\_\_\_ RRT Staff \_\_\_\_\_ RRT Team  
 \_\_\_\_\_ Family Activated RRT \_\_\_\_\_ Code Blue \_\_\_\_\_ Stroke Code  
 Communication of call correct location Yes \_\_\_\_\_ or No \_\_\_\_\_

1. Airway	Y	N
Adequate seal with mask ventilation		
Airway in place prior to resuscitation		
Intubation performed (# of attempts = )		
Cricoid pressure utilized		
Delay in airway placement		
Airway misplaced/displaced		
Aspiration prior to airway placement		
Ventilation appropriately managed (RRT)		
Comments:		
2. Vascular Access	Y	N
Already in place (if yes – periph. or central)		
Infiltration occurred		
Pneumothorax related to line placement		
Inadvertent arterial cannulation		
Was IO used?		
Comments:		
3. Chest Compression Required	Y	N
If no, go to #4		
Appropriate hand placement		
Appropriate depth		
Adequate pulse rate generated		
Delay in initiation of compressions		
Was back board used?		
Comments:		
4. Medications	Y	N
Delay in administration		
Requested medications available		
Correct dose administered		
Pharmacy present		
Comments:		
5. Defibrillation/Cardioversion	Y	N
Indicated, not done		
Not indicated, done		
Circle which was initiated AED/Defibrillator		
Initial delay (If yes complete below)		
Problem with access to patient		
Problem with defibrillator access		
Problem with pad or paddle placement		
Equipment malfunction		

Patient Label  
or

Patient Name: \_\_\_\_\_  
 MR#: \_\_\_\_\_

6. Leadership/ Team	Y	N
Did the MD leader identify self		
Knowledge of team roles		
Knowledge of meds/protocols		
Knowledgeable of equipment		
Issues with crowd control		
Issues with team oversight		
All members present, if no, who:		
Family members present:		
Patient privacy/dignity maintained		
Patient's nurse present		
Responders respectful/supportive		
Comments:		
7. Equipment	Y	N
Available		
Functioning		
Standard precautions followed		
Comments:		
8. Documentation	Y	N
Rhythm documented consistently		
Time on rhythm strips consistent with documentation of rhythm		
Signature section complete		
Chart available		
SBAR communication		
RRT record available (patient name, date, time, location)		
Orders written and signed		
Medications recorded		
Operator notified of code completion		
Comments:		
9. Debriefing done after event:	Y	N
If yes, by whom:		
Did the code team members identify themselves in their roles?		
Was the RRT notified prior to the event?		
RRT only: Triggers that could have prevented call		
Earlier intervention		
Were there any clues/signs or symptoms prior to the patient declining?		
Plan of care discussed with nurse		
Concerns requiring follow up		