

COVENANT HEALTH SYSTEM
Lubbock, Texas
RESUSCITATION RECORD

5201-1* Rev. 02/18 Graphic Communications

GUIDELINES FOR USE

- DIRECTIONS:**
- I. Answer the code questions as indicated (self-explanatory).
For existing and initiated drips, indicate name of drip and rate.
 - II. Sequence Grid - Please complete each area completely with every intervention.
 - A. Time-the time noted as treatment or a procedure is implemented or patient status changes.
 - B. CPR - place a check in the box showing CPR is in progress.
 - C. Resp rate/assisted or spontaneous -document resp. status at time noted.
 - D. BP/heart rate - document number
 - E. Palpable pulse - place ✓ if present Ø if absent
 - F. Monitor rhythm - document the heart rhythm as shown by the monitor.
 - G. Drugs given IV unless otherwise stated in "NOTES" -
 - H. Defib joules - document the defibrillation joules delivered.
 - I. Notes - document patient response, rhythm changes, procedures, drip titration changes, cardioversion with joules ABG and lab results, or other information.
 - III. Code completion information ROSC - Return of spontaneous circulation.
 - IV. Code team members listed by specialty.
 - V. Physician and recorder signatures required.
 - VI. Reminders:
 - a. Vital signs must be done every 6 minutes, if more space is needed use 2nd sheet
 - b. Explain disposition (ICU, morgue, stayed on unit, etc.)
 - c. Remember to notify MD and family within 10 minutes of code start
 - d. Patient label attached

PLACEMENT: Upon completion, the form shall be placed in the "Nurses Notes" section of the medical record.

GLASGOW COMA SCALE

VITAL SIGNS	
HR-	100-120 with CPR
SBP-	greater than 70 if radial pulse is present, greater than 60 if carotid pulse is present
RR-	10 to 12 if assisted

Category	Best Response
Eye opening	
Spontaneous	4
To speech	3
To pain	2
None	1
Verbal	
Oriented	5
Confused	4
Inappropriate words	3
Moans	2
None	1
Motor	
Follows commands	6
Localizes to pain	5
Withdraws to pain	4
Abnormal flexion	3
Abnormal extension	2
None	1