

McLAREN FLINT
Flint, Michigan
CODE FLOW SHEET

Page _____ of _____

Date:	Unit:	<input type="checkbox"/> Code Blue	<input type="checkbox"/> Code Rapid Response
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Code Activated:	Code Stopped:	Pre-Hospital Status (ED):
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Reason Code Activated:

Arrival Times: Phys_____ Anes_____ RT_____ ACLS RN #1_____ ACLS RN#2_____
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O2: <input type="checkbox"/> NC__L <input type="checkbox"/> 100% NRB <input type="checkbox"/> Bipap <input type="checkbox"/> Bagged 100% O2 <input type="checkbox"/> Intubated @_____ by_____ <input type="checkbox"/> Placement Confirmed

IV Access: <input type="checkbox"/> Pre-existing peripheral <input type="checkbox"/> Peripheral started <input type="checkbox"/> Pre-existing central <input type="checkbox"/> Central started by_____

<input type="checkbox"/> 12 lead ECG <input type="checkbox"/> ABGs drawn <input type="checkbox"/> Blood sugar _____ <input type="checkbox"/> Labs drawn <input type="checkbox"/> NG tube inserted <input type="checkbox"/> Foley inserted

<input type="checkbox"/> Rapid response progressed to code blue CPR started @_____ <input type="checkbox"/> Lucas device <input type="checkbox"/> Impedance threshold device

Time	Heart Rate	Rhythm	RR SpO2	BP	Joules	CPR	Interventions

MEDICATION	DOSE	IV	TIME	TIME	TIME	TIME	IV GTTS	TIME	RATE
Epinephrine	1mg						Amiodarone		
Vasopressin	40 units						Dopamine		
Atropine	1mg						Lidocaine		
Amiodarone							Levophed		
Lidocaine							Epinephrine		
Na Bicarb							Post Code: <input type="checkbox"/> Condition improved, remained on unit		
Magnesium							<input type="checkbox"/> Transferred to _____ <input type="checkbox"/> Expired @ _____		
							<input type="checkbox"/> Family Notified <input type="checkbox"/> Dr. _____ notified		
							RN Recorder Signature:		
							Physician Signature:		
							<input type="checkbox"/> ECG strips attached to chart		

CODE FLOW SHEET
 WHITE COPY - Permanent Chart
 YELLOW COPY - QM/Nurse mgt.
 PINK COPY - Pharmacy
 M-17086 rev.(12/12)



PT.
 MR.#/RM.
 DR.