



PLACE LABEL HERE.

IF LABEL NOT AVAILABLE. WRITE IN PT NAME & MR#

DOWNTIME CODE 12 EVENT RECORD

REQUIRED PATIENT INFORMATION:

Date: _____ Time of Arrest: _____ Unit/Room: _____

Patient Name: _____ History No.: _____

Code Team Arrival Time: _____ Defibrillator Arrival Time: _____

Witnessed Arrest? ☐ YES ☐ NO

Monitored Arrest? ☐ YES ☐ NO

Probable Cause of Event:

- ☐ Cardiac
☐ Respiratory
☐ Hypotension
☐ Procedure
☐ Other _____
☐ Drug Use Only

Initial Assessment:

- ☐ Spont. Resp. ☐ Apnea Time CPR started: _____
- ☐ Carotid pulse ☐ Pulseless 1st Rhythm: _____

Interventions in place at time of event:

- ☐ ETT ☐ Trach ☐ Central line ☐ PICC line
☐ Arterial line ☐ H.D. Catheter ☐ PIV
☐ Other: _____ Pt. weight _____ kg/lbs

ETT Size _____ Placement _____ cm @ _____

Methods of confirmation:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Auscultation | <input type="checkbox"/> ETCO ₂ |
| <input type="checkbox"/> EDD | <input type="checkbox"/> Other |

Comments: _____

[illegible]



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Verbal Order Authorization: _____ PIC: _____ Page _____ of _____

Print Name

*Verbal Order:

Signature

*Person Completing Record: _____

EVENT OUTCOME:

☐ Alive ☐ Dead

Patient

Disposition: _____

Anesthesia Residents

PIC:

Pharmacist Nurses

PIC: _____

Respiratory Therapist _____

PIC: _____

PIC: _____

PIC: _____

Initial Condition/PMH:

[illegible]