

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

DOWNTIME CODE 12 EVENT RECORD

REQUIRED PATIENT INFORMATION:	Probable Cause of Event:						
Date:Time of Arrest:Unit/Room:	I Respiratory						
Patient Name:History No.:	──── ☐ Hypotension						
Code Team Arrival Time:Defibrillator Arrival Time:	Other						
Witnessed Arrest? ☐ YES ☐ NO Monitored Arrest? ☐ YES ☐	Drug Use Only						
Initial Assessment:							
□ Spont. Resp. □ Apnea Time CPR started:	ETT Size Placement						
□ Carotid pulse □ Pulseless 1st Rhythm:	cm @						
Interventions in place at time of event:	Methods of confirmation:						
□ ETT □ Trach □ Central line □ PICC line	□ Auscultation □ ETCO₂						
□ Arterial line □ H.D. Catheter □ PIV	□ EDD □ Other						
□ Other:Pt. weightkg/lbs	Comments:						
TIME 0-24 RHYTHMS, VITAL SIGNS, PROCEDURES, PACING, COMMENTS							

(REV: 05/2023)



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REQUIRED SIGNATURES:											_			
Verbal OrderAuthorization:		P	rint Nar	ne			PIC	:		— _г	_		_of	
Verbal OrderAuthorization: Print Name *Verbal Order:										UTCO				
Signature								☐ Alive ☐ Dead						
*Person Completing Record:											Patient Dispos			
Code Team Information:										L				
Anesthesia Residents														
Pharmacist Nurses										-	. !	21C:		
Respiratory Therapist												210		
												PIC:		
Initial Condition/PMH:														
		-		AIR-	р	OLUSI	E C DO	SACE	DOLLT	E		DDIDE	/ DATE	
	l m	SIOI	DEFIBRILLATION/AED JOULES	AIR- WAY	BOLUSES DOSAGE / ROUTE					DRIPS / RATE				
RHYTHM	PALPABLE PULSE	CHEST COMPRESSION		1SK	ERINE	ш	RONE	SODIUM BICARBONATE			¥			s
	ALPABI	HEST C	EFIBRII JULES	BAG - MASK	EPINEPHERINE	ATROPINE	AMIODARONE	ODIUM			DOPAMINE			IV FLUIDS TYPE
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(REV: 05/2023)