HACKETTSTOWN REGIONAL MEDICAL CENTER
NURSING POLICY MANUAL

CARDIAC ARREST FLOWSHEET

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Effective Date: 7/2004	**Policy No: 8620.037c**
Cross Referenced:	**Origin: Division of Nursing**
Reviewed Date:	**Authority: Chief Nursing Officer**
Revised Date: 12/22/2015	**Page: 1 of 3**

SCOPE
All RNs in Inpatient and Outpatient Areas

PURPOSE
To outline the usage and steps for completing the cardiac arrest flowsheet

POLICY
It is the policy of HRMC to record the events of a cardiac or respiratory arrest on a dedicated paper form. Final completed form can be located in the physician order section of the chart.

PROCEDURE
A. Procedure

1. The recorder (RN who documents) for the cardiac/respiratory arrest will initiate the flowsheet. The date and time of code as well as the initial rhythm should be noted in the row of information. This information may be obtained from the first responder if the recorder was not the first responder.

2. AED/ CPR section: In those areas where an AED is the emergency equipment, write in the time that the AED pads were applied to the patient to obtain initial rhythm analysis. If an ACLS trained person is the first to respond this may not be necessary as they may have applied ECG leads to the patient and have the option of manually defibrillating the patient if rhythm analysis indicates. Write in the time CPR was started and by whom. This will be completed after it has been determined that the patient has no pulse. In the event of only a respiratory arrest this section may not be applicable.

3. IV insertion section: Complete all blank areas. Write in the time that the IV was inserted, who started the IV, the size of the IV and location of the site. If the IV was not a new start and an existing one, check off the existing box and complete the location and size section.

4. Airway Section: Check off the box that best describes how the airway was first established for the patient and fill in who is maintaining that airway for the patient. Either the patient is being ventilated by bag-mask valve (Ambu) or has is being ventilated with an ambu bag using an existing endotracheal tube or trach.

5. Intubation/Nasogastric (NGT) insertion section: If the patient has either procedure done during the cardiac/respiratory arrest fill in the appropriate sections. If the patient is intubated during the process record the time of intubation along with whom completed the procedure and what size endotracheal tube was inserted. If an NGT was inserted record who inserted and what size tube was placed.

6. Defibrillation section: Any time the patient is defibrillated record the procedure in this section. Document the time defibrillation is occurring, the rhythm that will be defibrillated, the amount of energy selected (joules) to be used to defibrillate and what the rhythm was post defibrillation. Note that if consecutive defibrillation is done as per ACLS protocol the time frame may be exactly the same since the stacked shocks are only seconds in between.

7. Vital Signs section**:** At any time the patient regains or has a pulse, there should be an attempt to obtain a full set of vital signs. Post code vital signs are at time difficult to obtain due to the poor circulation of the patient. Record all vital signs during the code in this section. Note this form is for the code process,

once the code is successful document two sets of vital signs at fifteen-minute intervals on this form, and then continue routine charting on nurses flow sheet.

8. Medication section:
   a. Whenever emergency medications are given in an arrest situation it will be documented in this section. The first row is the time frame. When the first drug is given write in the time in the first time box. Check off any and all drugs that have been given during that time frame. If the amount of the drug differs than what is written in the dosage box then write in the amount of the drug instead of a check off
   b. If there are other medications given that are not listed write them in under "other medication". Write in the full name and concentration of the drug.

9. IV solutions and IV drips
   a. Complete the volume size of the Normal Saline bag that is hung during the code in the left column. Complete the time it was hung in the time frame box. Under the time frame write in the rate at which the IV is running. If it is not a Normal Saline solution running use the extra blank boxes to write in the IV solution. Each time you adjust your rate, add a new time frame and chart the rate under it.
   b. When IV drips is started during or immediately post arrest, fill in the time in the time row and chart the rate of the drip in the box under the appropriate time frame. If the concentration of the medication drip is different that what is listed, complete a new row and write in the correct drug and concentration.

10. Summary of events section: In this section write a short narrative of what happened to the patient. Include a brief history prior to the arrest.

11. Recorders signature: The person documenting the events of the arrest will sign their name here with title. This validates that a licensed person was recording the events of the arrest as observed or as directed by the members of the code team that are present.

12. Effectiveness of resuscitation: Check off appropriate boxes, if the efforts were successful and the patient has reestablished a pulse and are breathing either on their own or by mechanical ventilation check off successful. Then complete the transfer box if the patient is not in the ICU or Emergency Department when the event happened. If the efforts were unsuccessful and the code was stopped by a physician without reestablishing an airway and pulse then check off unsuccessful and complete the next section of Pronounced at what time and by what physician.

13. Code Members
   a. The physician in charge of the code signs his/her name. This indicates they were in the physician responsible for ordering the medications and IV solutions/drips given during the code process.
   b. The RN that pushed the medications during the code process signs his/her signature.
   c. The respiratory therapist that either maintained the airway and/or intubated the patient signs his/her signature.

14. Demographic Label: Once the code and documentation is completed, apply demographic label to the form. One copy goes in the patient chart, fax copy to pharmacy. The administrative supervisor takes a copy for review.

CARDIAC ARREST FLOWSHEET

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Date:_____ Time code called:_____ Initial Rhythm:_____
AED, time applied if applicable:_____ CPR started at:____ By:_____
IV inserted at:_____ By:_____ Location/size:_____ or ❑ Existing
Airway established with: ❑ Ambu ❑ Existing Endotracheal Tube/Trach by:_____
Intubated at:____ _ by:_____ Size:_____ NGT Inserted/size:_____ by:_____

Defibrillation

Time	Rhythm pre	Energy used	Rhythm post

Vital Signs

Time	HR	Rhythm	RR	BP	O2sat

Medications

Time:												
Epinephrine 1mg 1:10,000 10ml												
Atropine 1 mg/10ml												
Lidocaine IV 1mg/kg-1.5mg/kg	amount	amount	amount	amount	amount	amount	amount	amount	amount	amount	amount	amount
Amiodarone 300mg IV bolus (pulseless) additional 150mg increments	amount	amount	amount	amount	amount	amount	amount	amount	amount	amount	amount	amount
Vasopressin 40 units IV												
Other medications:												
Time:												
NS _____ml												
NS _____ml												
Lidocaine 2gms/500ml D5W												
Amiodarone 450mg 250ml D5W Glass												
Dopamine 400mg/250ml D5W												
Other Drips:												

Summary of events: (include brief history prior to arrest)

_____
_____
_____
_____

Recorder Signature:_____
Effectiveness of Resuscitation : ❑ Successful Transferred to : _____ at_____
❑ Unsuccessful Pronounced at: _____ by:_____
Code Response Members: Signature
_____MD _____Medication RN _____RRT

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Hackettstown Regional Medical Center

CARDIAC/RESPIRATORY
ARREST FLOWSHEET