

Division of Mental Health Developmental Disabilities and Addictive Diseases (DMHDDAD) Crash Cart Locations, Supplies, and Drills Attachment C: Code Blue Critique	Consumer Identification
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Date of Critique:	Time of Critique:
Date of Code Blue:	Time of Code Blue:
Date of Code Blue Review:	Location of Code Blue:
Who was in charge of the code?	

Announcement of Code Blue

Time Announced:	By Whom?	Time
Clearly Audible with Correct location?	Yes	No
Did all client care areas hear page?	Yes	No
What areas did not hear page?		
Did house supervisors group receive page?	Yes	No
Did physicians group receive page?	Yes	No

Clearing of Code Blue

Was Code Blue Cleared?	Yes	No
Was it clearly audible?	Yes	No
Who Cleared?	What time?	

All Persons Responding

Name	Title	Unit	Time of Arrival

Status of Person Involved
Client, Employee Visitor, Other (Circle One)

Name	Unit	Admission Date If Applicable	Diagnosis

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Equipment

Who brought the AED?			
Who brought Crash Cart?			
Was AED used?	Yes	No	
Were AED pads applied?	Yes	No	
Did equipment function properly?	Yes	No	

Additional equipment used:

Treatment Rendered

Oxygen administered	Yes	No	Amount
CPR administered	Yes	No	By Whom?
Heimlich Maneuver	Yes	No	By Whom?

Medications

Name	Dosage	Time

EMS Personnel		
Called by:	Time called:	
Response Time:	Approximate time of arrival:	
Did anyone direct EMS to site?	Yes	No
Who? (1)	(2)	(3)
Actions/ Treatment Rendered:		
Response to Intervention		
Stable (But Dizzy)	Yes	No
Fluctuating	Yes	No
Conscious	Yes	No
Unconscious	Yes	No
Deceased	Yes	No
Emergency Room Notified	Yes	No
Family Notified?	Yes	No
Family Notified by Whom?		
Name of Family Member Notified:		
Transferred to:		
Difficulties/Concerns:		

