

**HIGH DESERT HEALTH SYSTEM
AMBULATORY SURGICAL CENTER
CODE BLUE RECORD**

1. Date: _____ Location: _____ POHA OR # _____ PACU 6. IV Catheter Size/Location _____ Fluid: LR NS Other: _____
 2. Time started: _____ Time discontinued: _____ 7. Ventilation: Ambu/Mask Airway: Oral Nasal O₂ Mask _____
 3. Medical Emergency: Respiratory Cardiac Other _____ 8. Advanced Airway Management: Intubation Breath Sounds: _____
 4. Time Transferred to ED via 911 Paramedics _____ 9. ET CO₂ verified: _____
 5. Code Blue Team Members: Anesthesia MD/CRNA _____ Primary MD _____ RN _____ Additional Staff _____
 Security/County Police: _____

Time	BP	HR	RR	O ₂ SAT	*Monitor Rhythm	Defib or AED (Joules)	IV DRIPS			INTERVENTION/ COMMENTS										
							Epinephrine	Atropine	Lidocaine											

*Rhythm strips attached to Progress Notes

COMMENTS: _____

Provider/Code Blue Team Leader Signature: _____

Patient Name: _____

Recorder Signature _____

Date of Birth: _____ MRUN: _____