

**HIGH DESERT HEALTH SYSTEM  
CODE ASSIST RECORD**

Level of Response (Circle One): BLS    ACLS    PALS

1. Date: \_\_\_\_\_ Location: \_\_\_\_\_
2. Time started: \_\_\_\_\_ Time discontinued: \_\_\_\_\_
3. Medical Emergency: Respiratory    Cardiac    Seizure    Other: \_\_\_\_\_
4. Outcome:  Resolved     Transferred    Time: \_\_\_\_\_
5. Disposition: Transferred to:  ED     Urgent Care     Home     Other \_\_\_\_\_  
 Mode of Transfer to ED:  911     BLS     ACLS     Private Car
6. Emergency Response Team Members: Provider \_\_\_\_\_  
 RN \_\_\_\_\_ Security/County Police \_\_\_\_\_  
 Additional Staff(RN/LVN/CMA/CNA) \_\_\_\_\_

7. Intravenous catheter  Open     Saline Lock    Site/Location \_\_\_\_\_  
 Started By \_\_\_\_\_ Fluid: 0.9% NaCl     500ml     250ml
8. Patient with:  Permanent Pacemaker     Implantable Cardioverter Defibrillator
9. Transcutaneous Pacemaker Utilized:  No     Yes    Rate: \_\_\_\_\_ mA \_\_\_\_\_
10. Ventilation:  Ambu/Mask     Airway: (circle one) Oral    Nasal     O<sub>2</sub> Mask
11. Advanced Airway Management:  Intubation     Laryngeal Mask Airway  
 Size \_\_\_\_\_ Time \_\_\_\_\_ # Of Attempts: \_\_ By: \_\_\_\_\_  
 Breath Sounds: \_\_\_\_\_ By: \_\_\_\_\_  
 Capnometer After 6 Breaths \_\_\_\_\_ By: \_\_\_\_\_
12. Additional Progress Notes:  Yes     No

Time	BP	HR	RR	O <sub>2</sub> SAT	*Monitor Rhythm	Defibrillator Or AED (Joules)	MEDICATIONS: Dose/route				IV DRIPS			OTHER MEDS (dose/route)			INTERVENTION COMMENTS	
							Epinephrine	Na Bicarb	Atropine	Lidocaine	Lidocaine	Dopamine mcg/kg/min						

\*Rhythm strips, when available, attached to a Progress Note

COMMENTS: \_\_\_\_\_

Provider/Code Assist Team Leader Signature \_\_\_\_\_ Recorder Signature \_\_\_\_\_

Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

MRUN: \_\_\_\_\_