LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
- SHREVEPORT

CARDIOPULMONARY RESUSCITATION FORM

Purpose:

To facilitate accurate and complete documentation of code occurrences and action taken.

To provide a record for review and evaluation of CPR & Advanced Life Support measures.

Policy:

1. The Cardiopulmonary Resuscitation form (SN 7519) shall be kept on the Crash Cart for ready use and completed by a registered nurse, or their designee, during each code. Additional forms may be kept on the unit.

2. All drugs administered during a code shall be read back and documented, by the recorder, in the spaces provided at the time of administration.

3. All other resuscitative measures shall be read back and documented as they occur in the spaces provided at the time of occurrence. Sections of the code sheet that do not apply shall be marked N/A.

4. The completed Cardiopulmonary Resuscitation form with rhythm strips attached shall be stamped with the patient’s addressograph card and the white (top) copy placed with the chart as a permanent part of the patient’s medical record. Signatures of the recorder and the physician in charge are required for completion of the form. Physician’s signature affirms that all documented interventions were ordered.

5. Resuscitative measures shall be immediately critiqued by the attending MD or RN with appropriate documentation recorded in the space provided on the back of the duplicate copy. NOTE: Separate the duplicate copy from the original (chart copy) before completing critique.

6. The Code Team RN shall review and sign code documentation, code critique, and follow up as needed to ensure documentation is complete.
7. Staff shall complete a Variance Report for problematic codes (equipment not available, personnel not responding, etc.). Refer to Hospital Policy # 2.2 Variance Reporting/Sentinel Events for further information.

8. The duplicate copy of the **Cardiopulmonary Resuscitation** (SN 7519) form shall be sent to Hospital Quality Management for collection of Performance Improvement data. Hospital Quality Management:

   a. Refers to issues identified via the CPR Form to the appropriate Supervisor/Administrator/PEER Review for corrective action, and

   b. Reports code findings to Hospital Quality Management quarterly via Nursing Performance Improvement.

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Approved by Clinical Board: 8/15/00, 7/15/03, 6/21/05, 6/17/08, 6/21/11
Written: 1/93
Reviewed: 5/96, 2/99, 5/03, 5/08, 5/11
Revised: 7/00, 5/03, 5/05, 5/11