University Hospitals
Case Medical Center

Physician Post-Code Blue Note

Addressograph

Patient Name: _____ Medical Record Number: | | | | | | | | |

Code Location: _____ Date of Event: | | | / | | | / | | |

Primary Service: _____

Reason code was called: _____

Initial Rhythm: _____

Airway management:

- ☐ No airway on arrival
- ☐ Patient being bagged on arrival
- ☐ Initiated bagging patient on arrival
- ☐ Patient intubated during resuscitation

Chest compressions:

- ☐ In process upon arrival
- ☐ Initiated upon arrival
- ☐ No chest compressions given
  - If not, please explain

Result of the code:

- ☐ Patient remained on floor
- ☐ Patient transferred to an ICU
  - ☐ MICU
  - ☐ SICU
  - ☐ CICU
  - ☐ NSU
- ☐ Patient expired

Comments (if necessary):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

	Yes	*(if no, comment below)*
Primary service present during the code:	☐	_____
If primary service not present, were they notified	☐	_____
Attending notified:	☐	Name: _____
Family notified:	☐	Whom: _____

Comments: _____

_____

_____

Signature _____ Printed Name _____

Credentials _____ Date _____ Time _____