



Harbor-UCLA ED
eCPR QI/QA Document

eCPR Resuscitation Documenter Checklist to be used in adjunct with code documentation sheet.

Not part of medical record, for internal QI only

✓	Event	Time (hh:mm)
	Time of initial cardiac arrest	
	Time of eCPR batch page	
	Time of ECPR Physician Arrival	
	ECPR Team Huddle	
	HUMC Mechanical Compression Device (MCD) applied	
	ABG iSTAT performed	
	Arterial access established (trauma)	
	Time of Decision to cannulate	
	Time of successful cannulation	
	Successful Intubation	
	Time of eCPR flow initiation	
	Time TTM Initiated on pump	
	Time left ED	

Key prehospital information:

Witnessed arrest? YES / NO

Bystander CPR?

Time to CPR?: _____ mins Total Down time: _____

ROSC?: If yes, time of ROSC events (hh:mm) _____

Rhythm changes: _____

Meds given: Epi ___ Bicarb___ Amio___ Ca_____

Family Contact _____

<p>Disposition (check one):</p> <p><input type="checkbox"/> Cath Lab</p> <p><input type="checkbox"/> Operating Room</p> <p><input type="checkbox"/> IR Suite</p> <p><input type="checkbox"/> Admission to 3WICU</p> <p>Comments: _____</p>	<p>eCPR Cannulation Criteria:</p> <p><input type="checkbox"/> 15-75 years old</p> <p><input type="checkbox"/> <60 min since time of arrest</p> <p><input type="checkbox"/> Refractory or recurrent VF/VT</p> <p><input type="checkbox"/> Lactate ≤18 mg/dL</p> <p><input type="checkbox"/> ETCO2 ≥10</p>
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Critical CODE BLUE Documentation:

- ECPR Team Arrival Time
- Patient Arrival Time
- Initial rhythm in ED (asystole, PEA, Vtach, vfib, ROSC)
- Initial etCO2



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COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

Date: _____

Compressions / Defibrillation (Cont.)										Medication Record				
Time	ETCO2 with compressions	Defibrillator Pre-Charged Prior to pulse ✓	Pulse Present Y/N? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Rhythm	Shocked at # of Joules	Pulse Check < 10 sec. (✓)	Compressions Resumed. (✓)	Time	Medication(s)	Dose	Route	Site	Initials	
TIME			<input type="checkbox"/> Y <input type="checkbox"/> N					TIME						
TIME			<input type="checkbox"/> Y <input type="checkbox"/> N					TIME						
TIME			<input type="checkbox"/> Y <input type="checkbox"/> N					TIME						
TIME			<input type="checkbox"/> Y <input type="checkbox"/> N					M						

Resuscitation Adjuncts / Procedures												
IVSL / IO	TIME	Site	GA	INITIALS	Transcutaneous Pacing	ML AMPS	RATE	TIME	INITIALS	Mechanical Compression Device Started	TIME	
IVSL / IO	TIME	Site	GA	INITIALS	Transvenous Pacing	ML AMPS	RATE	TIME	INITIALS	ECMO / CPB Start	TIME	
IVSL / IO	TIME	Site	GA	INITIALS	Chest Tube <input type="checkbox"/> R <input type="checkbox"/> L	TIME	SIZE	Needle Thoracostomy	TIME	<input type="checkbox"/> R <input type="checkbox"/> L	Pericardiocentesis	TIME
Central Line	TIME	Site	By:	Initial Output	By:	By:	By:					

POCT Diagnostics									
Glucose #1	mg/dL	TIME	Hemoglobin	mg/dL	TIME	CXR Called	TIME	EKG Called	TIME
Repeat Glucose	mg/dL	TIME	iSTAT / Blood Gas K+	RESULT	TIME	CXR Completed	TIME	EKG Completed	TIME

AIRWAY/VENTILATION									
Intubation Time:	Intubated By:	ETT SIZE CM	<input type="checkbox"/> Oral <input type="checkbox"/> SGA <input type="checkbox"/> Nasal <input type="checkbox"/> Cric	Location CM <input type="checkbox"/> Teeth <input type="checkbox"/> Gum <input type="checkbox"/> Lip	<input type="checkbox"/> Waveform/Numeric Capnography	<input type="checkbox"/> Bilateral Breath Sounds			
Ventilation Settings	Mode	Rate	Tidal Volume	FIO2	PEEP	# of Intubation Attempts:	<input type="checkbox"/> Direct Laryngoscopic Revisualization	<input type="checkbox"/> Equal Chest Rise and Fall	
CPR Paused Less Than 10 Sec During Intubation Attempt							<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> + ETCO2 Color Change	<input type="checkbox"/> No Sounds Over Stomach

STEMI										Targeted Temperature Management			
STEMI Activated:	TIME	STEMI Team Arrived:	TIME	Initial Temp:	<input type="checkbox"/> Rectal <input type="checkbox"/> Bladder	TTM Method	<input type="checkbox"/> Ice <input type="checkbox"/> Cooling Machine	TIME					

IV SOLUTIONS / MEDICATION DRIPS / BLOOD PRODUCTS							
TIME	SOLUTIONS / DRIPS / BLOOD	INITIAL VOLUME	DOSE	RATE	SITE	AMOUNT INFUSED	INITIALS

ATTENTION HIGH PRIORITY DOCUMENT

Please complete form and follow facility protocol for scanning into EMR and reporting to facility CPR Coordinator/Committee.



T-2176

CPR - CARDIOPULMONARY RESUSCITATION RECORD - NON-TRAUMATIC