

Paediatric Medical Emergency Scribe Sheet NNUH

Date (dd/mm/yyyy)

Time (24 hour clock)

Location:

Brief history of event/ Pre-hospital care: ...

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Patient found by:

Scriber:.....

Team Leader.....

Initial rhythm	PEA	Asystole	VF	VT	Other
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Cycle 1	Start time /
2 minute compressions?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Drugs given?	Adrenaline	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other	
Shock given?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Fluid/Bolus given?.....		
Rhythm check	PEA	Asystole VF VT Other

Cycle 2	Start time /
2 minute compressions?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Drugs given?	Adrenaline	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other	
Shock given?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Fluid/Bolus given?.....		
Rhythm check	PEA	Asystole VF VT Other

Cycle 3	Start time /
2 minute compressions?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Drugs given?	Adrenaline	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Amiodarone	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other	
Shock given?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Fluid/Bolus given?.....		
Rhythm check	PEA	Asystole VF VT Other

Cycle 4	Start time /
2 minute compressions?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Drugs given?	Adrenaline	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other	
Shock given?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Fluid/Bolus given?.....		
Rhythm check	PEA Asystole VF VT	Other

Cycle 5	Start time /
2 minute compressions?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Drugs given?	Adrenaline	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Amiodarone	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other	
Shock given?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Fluid/Bolus given?.....		
Rhythm check	PEA Asystole VF VT	Other

Cycle 6	Start time /
2 minute compressions?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Drugs given?	Adrenaline	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Amiodarone	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other	
Shock given?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Fluid/Bolus given?.....		
Rhythm check	PEA Asystole VF VT	Other

Cycle 7	Start time /
2 minute compressions?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Drugs given?	Adrenaline	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Amiodarone	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other	
Shock given?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Fluid/Bolus given?.....		
Rhythm check	PEA Asystole VF VT	Other

Cycle 8	Start time /
2 minute compressions?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Drugs given?	Adrenaline	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Amiodarone	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other	
Shock given?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Fluid/Bolus given?.....		
Rhythm check	PEA Asystole VF VT	Other

Cycle 9	Start time /
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