ACLS Code Timer/Recorder Sheet

Time team initiated action: _____

Time chest compressions started: _____

Time defibrillator applied: _____

First documented pulseless rhythm: _____

Time compressor rotated: _____

Time	**Quality CPR**	**Rhythm**	**Defibrillation** (Joules)	**Drug** (name/dose)	**Comments** (ie, peripheral line placement, IO, vital signs, response to interventions)

Compression pause notes: _____

Chest compression fraction: _____%

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