Clyde Emergency Department Standby Form

During Covid-19 Pandemic

Age:
Name:*
DOB:*
IF CARDIAC ARREST; **Downtime:** **Initial Rhythm:** **Current Rhythm:**
PMH: (please obtain as much information as possible)
Airway: Intubated / LMA / Adjuncts **B:** RR: Sats: O2 requirement: **C:** HR BP: **D:** GCS E M V **BM:** Temp:
Interventions: