**Electronic CPR Monitoring**

**Quality Improvement Checklist🗹**

Record/Incident Number:  Date of Incident:

Station/Crew:       Time Defib ON:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Key Indicators** | **Goal** | **Actual** | **In Green Zone?** | |
| Mean Depth of Compressions | ≥ 2.0 in |  | Yes | No |
| Mean Rate of Compressions | 100-120/min |  | Yes | No |
| Compression Fraction | > 80% |  | Yes | No |
| Compressions in Target | 100% |  | Yes | No |
| Pre-Shock Pause | < 5-10 secs |  | Yes | No |
| Post-Shock Pause | < 5-10 secs |  | Yes | No |
| Ventilation Rate | 8-10 bpm |  | Yes | No |
| EtCO2 | > 20 mmHg |  | Yes | No |

Prepared by:

Date:

Notes:

