**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:

 