**Observed (Human)**

**CPR**

**Quality Improvement Checklist**

**Event # \_\_\_\_\_\_\_\_\_\_\_\_**

**Event Date: \_\_\_\_\_\_\_\_\_**

**Team members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | Could Improve | No |
| Team leader identified |  |  |  |
| Compressions initiated within 10 seconds of arrival |  |  |  |
| Defib pads applied within 30 seconds of arrival |  |  |  |
| All compression pauses minimized throughout resuscitation |  |  |  |
| Compression depth of >2 inches |  |  |  |
| Compression rate of 100-120 per minute |  |  |  |
| Peri-shock pauses minimized to < 10 seconds |  |  |  |
| Ventilation rate <12 per minute |  |  |  |
| Tidal Volume just to see chest rise |  |  |  |
| Compressors switched every 2 minutes |  |  |  |
| Clear communication between providers—If “No” explain in comments |  |  |  |

Comments: