XC302240

________________ Hospital / Health Service

WACHS
Medical Emergency Response (MER) / Code Blue Record

excluding neonates

Ward: ____________________________

Doctor: ____________________________

Surname	UMRN / MRN	
Given Name	DOB	Gender
Address		Postcode
	Telephone	

PRIMARY CAUSE / EVENT TYPE

Reasons prompting MER / Code Blue:

- ☐ Airway obstruction
- ☐ Cardiac arrest
- ☐ Observation Response Chart (ORC) trigger
- ☐ Respiratory arrest

Respiratory Rate

- ☐ Rate ≤ 4
- ☐ Rate ≥ 36

Oxygen Saturations

- ☐ ≤ 84%

Heart Rate

- ☐ Rate ≤30
- ☐ Rate ≥ 140

Blood Pressure

- ☐ Systolic <90

Consciousness

- ☐ Unresponsive
- ☐ Sudden fall in GCS

Other

- ☐ Active bleeding
- ☐ Chest pain
- ☐ Collapse
- ☐ Delayed medical review
- ☐ Patient / Carer concern
- ☐ Staff concern
- ☐ Seizures
- ☐ Urine output < 0.5mL/kg/hr
- ☐ Other: ____________________

EVENT TIMES

Medical Emergency Called

Date: __________ **Time:** ________

Team / Medical Responder

Arrival time: ___________

Escalation required on last recorded observations:

Time recorded: ___________

- ☐ MER Call
- ☐ Medical Review
- ☐ Senior Nurse review
- ☐ Increased surveillance
- ☐ No escalation trigger

If cardiac arrest

Time CPR commenced: __________

Cardiac arrest rhythm

- ☐ VF
- ☐ VT/SVT
- ☐ Asystole
- ☐ Pulseless Electrical Activity

1st Defibrillator shock: ___________

Time CPR discontinued: __________

Reason for stopping CPR:

- ☐ Circulation returned
- ☐ Death
- ☐ Medical Decision

AT TIME OF EVENT

Patient Type:

- ☐ Inpatient ☐ Outpatient
- ☐ Staff ☐ Resident
- ☐ Visitor

NFCPR or AHD order in place prior?

Specify: _____________________

☐ Yes ☐ No

INTERVENTIONS

- ☐ None

Airway:

- ☐ Airway support
- ☐ Other (e.g. LMA): ____________

Breathing:

- ☐ Oxygen therapy
- ☐ Intubated
- ☐ Non-invasive ventilation
- ☐ Ventilated

Circulation:

- ☐ Blood / blood products
- ☐ Cardiac monitoring
- ☐ Cardioversion
- ☐ Chest compressions
- ☐ Defibrillation
- ☐ External pacing
- ☐ Intra-arterial catheter
- ☐ IV fluid challenge
- ☐ Medications
- ☐ Vascular Access (new)
  Type: ____________________
- ☐ Other: ____________________

FOLLOWING EVENT

Patient Outcome:

- ☐ Patient stable
- ☐ Remained in area
- ☐ Patient deceased
  - ☐ Police / Coroner Case:
  - ☐ Yes ☐ No
- ☐ New 'NFCPR' order
- ☐ New 'Not for MER' order

Transferred to:

- ☐ ED ☐ ICU
- ☐ CCU ☐ HDU
- ☐ Theatre ☐ Ward _______
- ☐ Tertiary Centre
- ☐ Other

Time Transfer Requested: _________

Time of Transfer: _____________

Transfer service used

☐ No ☐ RFDS ☐ Other

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		Telephone	

SEQUENCE OF EVENTS

Time	**Airway Support**	**RR**	**SpO_2 / FiO_2**	**HR**	**BP**	**Rhythm**	**Defib** (J)	**Medication** (Generic Name / Dose / Route)	**Other** (CPR, GCS, BGL, Temp, Blood & Blood Products, Procedures)
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NB: Complete Post Medical Emergency information on last page

_________________ Hospital / Health Service

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	Given Name	DOB	Gender
	Address		Postcode
			Telephone

POST MEDICAL EMERGENCY OBSERVATIONS			
Time:	**RR:**	**O_2 Sat (%):**	**O_2 Flow Rate:**
HR:	**BP:**	**Temp ^{0}C:**	**GCS:**

TRANSFER / NOTIFICATION

☐ Next of Kin notified ☐ Yes ☐ No Attempt made ☐ No answer

☐ Message left ☐ Yes ☐ No

☐ ISOBAR / transfer / handover complete (includes ongoing management plans)

Receiver Name: ____

☐ Handover provided to patient treating medical team (if applicable)

Receiver Name: ____

☐ Place original in patient's notes.

☐ Photocopy the entire form and forward photocopy as per local protocols e.g. Resuscitation / Medical Emergency Coordinator / Unit Nurse Manager / Safety and Quality.

☐ Where a clinical incident is considered to have occurred this is to be logged in DATIX CIMS.

IN ATTENDANCE			
	Name	**Designation (e.g. RMO, ETS, GP)**	**Signature**
Medical Officer / Coordinator of Medical Emergency Event			
Nursing Team Leader			
Scribe			
Activator of Event			
Other staff in attendance (if applicable)			
If not in attendance details of witness			