CARDIAC ARREST												C		
MONITOR												O	T	
												M	H	C
												P	R	O
											T	L	E	N
P											O	I	S	C
C											T	A	H	E
R											A	N	O	R
#											L	C	L	N
											S	E	D	?
INDICATORS														
1) TIMES DOCUMENTED													80%	
2) CARE IN PROGRESS DOCUMENTED													90%	
3) INITIAL VITAL SIGNS													95%	
4) AIRWAY DOCUMENTED													100%	
5) EKG DOCUMENTED/ATTACHED													100%	
6) DEFIB TIMES													95%	
7) IV DOCUMENTED													100%	
8) MEDICATIONS DOCUMENTED													100%	
9) CREW MEMBERS NOTED													100%	

AGENCY NAME/NUMBER:_____ **MONITOR TITLE:** CARDIAC ARREST MONITOR

MONTHS MONITORED:_____ **DATE SUBMITTED:**_____ **NUMBER OF PCR's:**_____

RECORDER(PRINT):_____ **RECORDER(SIGN):**_____

FOR EACH OF THE INDICATORS : TOTAL THE "1" s AND USE THE RESULTING NUMBER AS THE TOP NUMBER OF A FRACTION. USE THE TOTAL NUMBER OF PCR's AS THE BOTTOM NUMBER. PLACE THE FRACTION IN THE "TOTALS" COLUMN. CHANGE THE FRACTION TO A PERCENTAGE AND PLACE THIS FIGURE IN THE "COMPLIANCE" COLUMN. COMPARE THIS FIGURE TO THE THRESHOLD FIRGURE TRANSFERRED FROM THE MONITOR. IF YOUR COMPLIANCE IS LESS THAN THE THRESHOLD, THIS IS AN AREA OF CONCERN.

AREA OF CONCERN:_____ **(PLAN OF CORRECTION ATTACHED)**