

CPR Recording Sheet

Date:

Patient Name:

Weight (or estimate):

Name of Recorder:

Witnessed Arrest? Yes No

Location of Arrest: Out of hospital Treatment Area ICU/Patient cage Sedation/Anesthesia Other

CPA confirmed by doctor: Auscultation Ultrasound Pulse Check Tech Confirmation Only

Time CPR/chest compressions started:

Time airway achieved:

ET tube size:

Trach tube size:

Initial Rhythm: VF VT PEA Asystole

IVC placed (location): _____ or IVC already in place

Medications	Dose (mL)	Time 1 st Dose/ Route		2 nd Dose		3 rd Dose	
Epinephrine							
Atropine							
Naloxone							
Lidocaine							
Other:							

Time CPR stopped:

Reason: ROSC Owner Wishes No response

Interventions Performed (circle all)

1. Chest Compressions / Intubation
2. IVC / Cut Down / Jugular Catheter
3. IV Fluids
4. Defibrillation Dose: Number of rounds:
5. Centesis: Thorax Abdomen Pericardium
6. Open Chest

Notes:

Transfer to:



ANIMAL EMERGENCY AND SPECIALTY CENTER

17701 COTTONWOOD DRIVE
PARKER, COLORADO 80134
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Reminders

Chest Shape: Round → Compress widest part
Keel/Cat → Compress over heart
Flat → Patient on back/sternum
100-120 compressions per min
1 breath every 6 seconds/10 breaths per min
→ **Always use Ambu bag!**
Goal: EtCO₂ > 18 mmHg >35mmHg = ROSC