REPORT CARD

General Checklist

EVENT NUMBER / DATE _____

	NO	INTERMEDIATE	YES
Was the team leader clearly identified?	○	○	○
Was the scene orderly and quiet?	○	○	○
Was the defibrillator applied quickly?	○	○	○
Was CPR started promptly?	○	○	○
Were pauses in CPR delivery minimized?	○	○	○
Was CPR of subjectively high quality?	○	○	○
Were peri-shock pauses minimized?	○	○	○
Was an airway secured efficiently?	○	○	○

COMMENTS

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REPORT CARD

CPR Quality Analysis

EVENT NUMBER / DATE _____

Compression fraction
Greater than 80%
[ ] %

Mean compression rate
100 to 120 compressions/min
[ ] (compressions/min)

Mean compression depth
ADULTS: *at least 50 mm (2 inches)*
INFANTS and CHILDREN: *at least 1/3 AP dimension of chest*
[ ] (mm)

Compressions without leaning
Full chest recoil
[ ] %

Mean ventilation rate
Less than 12 breaths/min; minimal chest rise
[ ] (breaths/min)

COMMENTS

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