



R E P O R T C A R D

General Checklist

EVENT NUMBER / DATE _____

	<i>NO</i>	<i>INTERMEDIATE</i>	<i>YES</i>
Was the team leader clearly identified?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the scene orderly and quiet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the defibrillator applied quickly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was CPR started promptly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were pauses in CPR delivery minimized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was CPR of subjectively high quality?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were peri-shock pauses minimized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was an airway secured efficiently?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMENTS



R E P O R T C A R D
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
