REPORT CARD
General Checklist

EVENT NUMBER / DATE ____________________________

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

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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American Heart Association