

POST INTUBATION/STABILISATION/ROSC

<p>AIRWAY:</p> <p>Intubated <input type="checkbox"/></p> <p>Tube Position</p> <p>EtCO2/Capnograph.....Waveform Present <input type="checkbox"/></p> <p>Fogging.....Present <input type="checkbox"/></p> <p>Breath sounds.....Auscultated <input type="checkbox"/></p> <p>CxR.....Ordered/Checked <input type="checkbox"/></p> <p>cm at teeth.....Documented <input type="checkbox"/></p> <p>Tube tie.....Secure <input type="checkbox"/></p> <p>Laryngeal Mask <input type="checkbox"/></p> <p>Cuff.....Inflated <input type="checkbox"/></p> <p>Ventilation.....Satisfactory <input type="checkbox"/></p> <p>Sedation/Paralytics</p> <p>Analgesia.....Given <input type="checkbox"/> or Not Indicated <input type="checkbox"/></p> <p>Sedation.....Given <input type="checkbox"/> or Not Indicated <input type="checkbox"/></p> <p>Paralytics.....Given <input type="checkbox"/> or Not Indicated <input type="checkbox"/></p> <p>Bite block (OPA).....Inserted <input type="checkbox"/></p> <p>BREATHING</p> <p>Trauma:</p> <p>DOES CHEST NEED DECOMPRESSION?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Ventilator.....Connected <input type="checkbox"/></p> <p>Oxygen.....Connected <input type="checkbox"/></p> <p>FiO2.....Set for Sats >94% <input type="checkbox"/></p> <p>Mode..... Selected & Set <input type="checkbox"/></p> <p>CIRCULATION</p> <p>External Haemorrhage.....Controlled <input type="checkbox"/></p> <p>IV Access x 2.....Established <input type="checkbox"/></p> <p>Fluids.....Commenced <input type="checkbox"/> or Not indicated <input type="checkbox"/></p> <p>Blood.....Commenced <input type="checkbox"/> or Not indicated <input type="checkbox"/></p> <p>Tranexamic Acid.....Given/Not indicated <input type="checkbox"/></p> <p>Inotropes.....Commenced/Not indicated <input type="checkbox"/></p>	<p>INVESTIGATIONS</p> <p>Last Blood Gas.....Checked & signed <input type="checkbox"/></p> <p>ECG.....Checked & signed <input type="checkbox"/></p> <p>All Radiology Images.....Reviewed <input type="checkbox"/></p> <p>Blood results.....Reviewed <input type="checkbox"/></p> <p>STAFFING</p> <p>Non-participating staff.....Excused <input type="checkbox"/></p> <p>PRE-EMPT TRANSPORT REQUIREMENTS</p> <p>STAFF</p> <p>Medical/Nursing/Orderly/PCA.....Assigned <input type="checkbox"/></p> <p>EQUIPMENT</p> <p>Transport Monitor.....Attached <input type="checkbox"/></p> <p>BVM/Mask/O2 supply.....On trolley <input type="checkbox"/></p> <p>DRUGS</p> <p>Drugs/Infusions/Pumps.....Prepared <input type="checkbox"/></p> <p>DISPOSITION</p> <p>Radiology/CT.....Ready <input type="checkbox"/></p> <p>ICU.....Accepted <input type="checkbox"/></p> <p>Operating Theatre..... Accepted <input type="checkbox"/></p>
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