

The First “5 minutes” Adult Mock Code Observation / Critique
Unit _____ **Facilitator(s)** _____

Rater _____

Timer _____

Date _____ **Time on Unit** _____ **Time off Unit** _____

 DNE Present **Name** _____ **Mannequin** _____

Start stopwatch when mannequin becomes unresponsive.

Indicate the performance of the following actions. Offer critique and coaching during post session de-brief. Offer prompts only if staff unable to progress.

When finished, check Code Cart and equipment before returning it to unit location.

		Time	Correct Critical Actions	Incorrect Critical Actions	Comments
1.	Assess patient/establish patient stability		<input type="checkbox"/> Obtain history/report, if available <input type="checkbox"/> Assess ABCs-primary & secondary assessment <input type="checkbox"/> Assess vital signs <input type="checkbox"/> Determine instability	<input type="checkbox"/> No history/report obtained <input type="checkbox"/> Only partial assessment of ABCs <input type="checkbox"/> No vital signs assessed <input type="checkbox"/> Does not recognize instability	<input type="checkbox"/> Prompt required
2.	Call for help/Get assistance		<input type="checkbox"/> Uses Vocera to call for help <input type="checkbox"/> Uses call outs for help <input type="checkbox"/> Uses emergency light (pull cord out) for help <input type="checkbox"/> Pushes Code button (if available) <input type="checkbox"/> Delegates staff for help	<input type="checkbox"/> Leaves patient to get help or supplies <input type="checkbox"/> Does not use established methods for emergency notification <input type="checkbox"/> No delegation for assistance/supplies	<input type="checkbox"/> Prompt required
3.	When mannequin becomes pulseless	0000			
4.	Staff establish unresponsiveness		<input type="checkbox"/> ≤ 30 seconds	<input type="checkbox"/> Not done <input type="checkbox"/> > 30 seconds	
5.	Call Code 2 to Operator/Operator repeats back		<input type="checkbox"/> Identifies adult or peds <input type="checkbox"/> Operator repeats back type of code, location/unit & room number(if in a room)	<input type="checkbox"/> Does not identify adult or peds <input type="checkbox"/> Does not have closed loop communication with Operator	<input type="checkbox"/> During debrief ask staff what was said
6.	Patient positioned/ Backboard		<input type="checkbox"/> Patient in a flat and supine position <input type="checkbox"/> Backboard placed prior to chest compressions <input type="checkbox"/> Backboard placed shortly after chest compressions started	<input type="checkbox"/> Patient not in a flat and supine position <input type="checkbox"/> Backboard not placed during mock code	<input type="checkbox"/> Prompt required <input type="checkbox"/> On floor
7.	Code status verified		<input type="checkbox"/> Done	<input type="checkbox"/> Not done	
8.	Chest compressions started		<input type="checkbox"/> Time to compressions ≤ 1 min <input type="checkbox"/> No pause for BVM ventilation <input type="checkbox"/> Compressions at rate at least 100/min <input type="checkbox"/> Compression depth @ 2 inches <input type="checkbox"/> Compression hand positioning at the mid-nipple line on sternum <input type="checkbox"/> Recoil <input type="checkbox"/> Performs 2 min uninterrupted CPR unless defib is present	<input type="checkbox"/> Time to compressions >1 min <input type="checkbox"/> Pauses or starts CPR after airway device <input type="checkbox"/> Compression rate too slow <input type="checkbox"/> Inadequate compression depth <input type="checkbox"/> Hand positioning too high or low <input type="checkbox"/> No recoil <input type="checkbox"/> Stops CPR before 2 min (any reason)	<input type="checkbox"/> Prompt required
9.	CPR Organization		<input type="checkbox"/> Proper sequence (breathing, pulse check) <input type="checkbox"/> ABC <input type="checkbox"/> CAB	<input type="checkbox"/> Out of sequence, disorganized	

		Time	Correct Critical Actions	Incorrect Critical Actions	Comments
10.	Respirations Bag valve mask/ facemask BVM to O ₂		<input type="checkbox"/> Time to 1 st assisted ventilation ≤ 1 min <input type="checkbox"/> Head-chin tilt or jaw thrust <input type="checkbox"/> Mask positioned correctly <input type="checkbox"/> Adequate mask seal <input type="checkbox"/> Establishes chest rise <input type="checkbox"/> Full expansion of bag <input type="checkbox"/> BVM attached to oxygen <input type="checkbox"/> Oxygen turned to 15 liters <input type="checkbox"/> OPA or NPA used <input type="checkbox"/> Advanced airway present <input type="checkbox"/> Respirations @ 1 every 5-6 seconds (10-12 / minute) <input type="checkbox"/> Asynchronous to compressions	<input type="checkbox"/> Time to 1 st assisted ventilation > 1 min <input type="checkbox"/> Absence of head-chin tilt <input type="checkbox"/> Mask positioned incorrectly <input type="checkbox"/> Inadequate mask seal <input type="checkbox"/> Chest rise not established <input type="checkbox"/> Bag partially expanded <input type="checkbox"/> BVM bag not attached to oxygen <input type="checkbox"/> Oxygen not turned to 15 liters <input type="checkbox"/> Mouth to mouth (no airway device used) <input type="checkbox"/> Advanced airway present <input type="checkbox"/> Ventilations too fast or too slow <input type="checkbox"/> Ventilations synchronized with compressions cycle	<input type="checkbox"/> Prompt required <input type="checkbox"/> 1 person airway <input type="checkbox"/> 2 person airway
11.	Airway equipment		<input type="checkbox"/> Efficient use of airway equipment	<input type="checkbox"/> Challenges with use of airway equipment	
12.	Code Cart Arrival				
13.	Power on Defib machine		<input type="checkbox"/> Turn to AED mode <input type="checkbox"/> Leave on AED mode	<input type="checkbox"/> Turn to monitor <input type="checkbox"/> Turn to manual defibrillation <input type="checkbox"/> Alternates between AED and manual defibrillator	<input type="checkbox"/> Prompt required
14.	Pads placed		<input type="checkbox"/> Proper placement <input type="checkbox"/> No interruption in CPR <input type="checkbox"/> Proper pads (peds or adult)	<input type="checkbox"/> Improperly placed <input type="checkbox"/> CPR interrupted to place pads <input type="checkbox"/> Wrong pads (peds or adult)	<input type="checkbox"/> Prompt required
15.	Connect pads to Defibrillator		<input type="checkbox"/> No interruption in CPR <input type="checkbox"/> Efficient connection process <input type="checkbox"/> Equipment properly working	<input type="checkbox"/> CPR interrupted <input type="checkbox"/> Challenges with connection process <input type="checkbox"/> Equipment problems	<input type="checkbox"/> Prompt required
16.	Shock delivered Safely!		<input type="checkbox"/> Visual "All Clear" check <input type="checkbox"/> Verbalize "All Clear" statement <input type="checkbox"/> First shock ≤ 3 minutes	<input type="checkbox"/> No visual "All Clear" <input type="checkbox"/> No verbal "All Clear" <input type="checkbox"/> First shock > 3 minutes	<input type="checkbox"/> Prompt required
17.	CPR resume		<input type="checkbox"/> CPR pause after shock ≤ 10 sec	<input type="checkbox"/> CPR pause after shock > 10 sec <input type="checkbox"/> Pause before resuming compressions to allow for AED voice instructions <input type="checkbox"/> Pause for pulse check after shock	<input type="checkbox"/>
18.	CPR cycle		<input type="checkbox"/> Cycle 30:2 <input type="checkbox"/> Two minutes uninterrupted compressions <input type="checkbox"/> Rhythm check after two minutes of compressions <input type="checkbox"/> CPR pause ten seconds or less	<input type="checkbox"/> Cycle other than 30:2 <input type="checkbox"/> Interrupted compression cycle <input type="checkbox"/> CPR pause greater than ten seconds	<input type="checkbox"/> Prompt required
19.	SBAR report to Code 2 Team Leader		<input type="checkbox"/> SBAR format report given	<input type="checkbox"/> Report not given in SBAR format <input type="checkbox"/> Report not given	<input type="checkbox"/> Prompt required
20.	Scenario End				
21.	Debrief End				

Actions and Recommendations:

References

- Ashcraft, J., Hazinski, M. F., Samson, R., & Schexnayder, S. (Eds). (2010). *2010 handbook of emergency cardiovascular care for healthcare providers*.
First American Heart Association Printing.
- Berg, R. A., Hemphill, R., Abella, B. S., Aufderheide, T. P., Cave, D. M., Hazinski, M. F., ...Swor, R. A. (2010). Part 5: adult basic life support: 2010 american heart association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. *Circulation*, *122*(suppl 3), 685-705.
- Link, M. S., Atkins, D. L., Passman, R. S., Halperin, H. R., Samson, R. A., White, R. D., ...Kerber, R. E. (2010). Part 6: electrical therapies: automated external defibrillators, defibrillation, cardioversion, and pacing: 2010 american heart association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. *Circulation*, *122*(suppl 3), 706-719.

