



HURON PERTH HEALTHCARE ALLIANCE

CODE DEBRIEFING FORM

PLEASE LABEL BELOW

Facilitator: _____ **Site & Unit:** _____

The purpose of debriefing is for education, quality improvement, and emotional processing. Everyone's participation is encouraged and welcomed.

Attendants <small>Please Provide Names</small>	Code Details:	Debrief Details
<input type="checkbox"/> Dr. _____ <input type="checkbox"/> Dr. _____ <input type="checkbox"/> Dr. _____ <input type="checkbox"/> Nurse _____ <input type="checkbox"/> Nurse _____ <input type="checkbox"/> Nurse _____ <input type="checkbox"/> Nurse _____ <input type="checkbox"/> RT _____ <input type="checkbox"/> Student _____ <input type="checkbox"/> Resident _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	This form completed by: _____ Date: _____ Time Resuscitation Started: _____ Time Resuscitation Ended: _____ Type of Code: <input type="checkbox"/> Code Blue <input type="checkbox"/> Code Pink <input type="checkbox"/> Trauma <input type="checkbox"/> Code White <input type="checkbox"/> Code Stroke <input type="checkbox"/> Other _____ Patient Outcome: <input type="checkbox"/> Expired <input type="checkbox"/> Admitted <input type="checkbox"/> Transferred <input type="checkbox"/> Other: _____	Time Debrief Started: _____ What went well? _____ _____ _____ _____ Are there opportunities to enhance future emergency responses? _____ _____ _____ _____ Were there any equipment issues? _____ _____ _____ _____ Is an RL6 OR Service request being entered? <input type="checkbox"/> No <input type="checkbox"/> Yes RL6 _____ Service Request #: _____ Time Debrief Ended: _____

Is a formal debrief requested? No Yes (Please notify manager or admin-on-call)

**Please forward this completed form to your Team Leader.
TL to review and forward to Unit Manager**

Review Section

Team Lead Review:
 Reviewed by: _____ Date Reviewed: _____
 Action: None Required
 RL 6# _____ reviewed. Action: _____ Status: _____
Upon completion, forward to unit Manager

Manager Review
 Reviewed by: _____ Date Reviewed: _____
 Action: None Required
 Other: _____

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