Date: _____

THE UNIVERSITY OF NEW MEXICO ◆ HEALTH SCIENCES CENTER
UNIVERSITY HOSPITALS

CARDIOPULMONARY RESUSCITATION RECORD

Continued

Time	Rhythm	Joules	Meds/Dose Route	Response	Pulse/BP/Spo_2	CPR	BVM	Fluid Volume	Comments

	PRINT NAME	SIGNATURE
RECORDER:		
MEDS BY:		
RN LEADER:		
MD LEADER:		
RT:		

Pt. Sticker

Materials Management
Revised 5/10/2001
Location????????