

Resus Rotation

Date

Location

Affix Patient Sticker

ResusRotation Form v1.1

HPI

RUSH Exam

To:

T1:

H

TTE

I

M

IVC

Ao

P

Exam

To Tn T30min

Temp _____

HR _____

BP _____

RR _____

SpO2 _____

I: _____

O: _____

CO: _____

Cl: _____

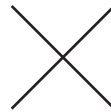
CVP: _____

Vent (Mode / RR / TV / PEEP / FIO2)

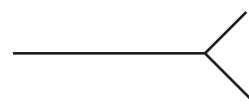
Pplat:

Lines/Tubes:

Labs



T0



T1



Lact _____ _____

ABG/VBG _____ _____

ScVO2 _____ _____



Interventions PTA

Drips (rate)

Diagnostic Testing

A/P:

Neuro

Pulm

GU

Heme

CV

GI

Endo

ID