

Ministry of Health & Medical Education

University of Medical Science:

Medical Center:

Unit Number:

ID Number:	Ward:	Name:	Family Name:
Attending physician:	Room:		
	Bed:		
Admission:	Female <input type="checkbox"/> : Gender	Date of Birth:	Father Name:
Date & Time	Male <input type="checkbox"/>/...../.....	
This section should be completed about children:	Arrest Time:		Arrest Location:
	Date: Time:		Inside the hospital <input type="checkbox"/> Out of Hospital <input type="checkbox"/>
Weight: Kg:	Height: Cm:		
The exact time of the end of the recovery operation:	The exact time of the start of the resuscitation operation:		The exact time of the recovery code:
Time:..... Min:.....	Time:..... min:.....		Time:..... Min:.....
Duration of resuscitation:	Name and		
Min:.....			
If the restoration operation is successful; complete the section below: Transfer to: ICU <input type="checkbox"/> CCU <input type="checkbox"/> Other sections:.....		The resuscitation result: Succeeded <input type="checkbox"/> death <input type="checkbox"/> (Date of death:..... Hour is death.....)	

Members of the rescue team:

Row	Name and surname	Position and academic degree	Seal and signature	Time of arrival

Problems Observed During Resuscitation

Equipment:

 Human resource:

 Other items:

Action taken on the issues discussed and the results of follow-up

Equipment:
 Human resource:
 Other items:

Name and surname\Signature

Supervisor overseeing resuscitation