



Code Chill Tracking Sheet

RES-500 (08/12)



Code Tracking

Chilling prior to ICU: Yes No

Method of Pre-ICU Chilling:
(Check as many as necessary)

Ice Packs
 Chilled Fluids
 Intravascular Catheter
 Other _____

Location of Pre-ICU Chilling:
(Check as many as necessary)

Field ED
 Nursing Unit _____
 Cath Lab
 Other _____

Date / Time Chilling Initiated: _____

Formal Hypothermia initiated at another hospital via:

Arctic Sun Ice Packs Chilled Fluids
 Intravascular Catheter
 Other _____

Time Initiated at other facility: _____

CPC Scale prior to Collapse: _____

CPC Scale 48 Hours Prior to D/C:	
Date/Time CPC Done:	
Assessing Physician:	

Formal Induced Hypothermia: See Order Set for Inclusion / Exclusion Criteria

Potential Code Chill Issued Date / Time: _____

Intensivist Concurr: Yes No

Hypothermia ICU Orders Initiated Date/Time: _____

Method ICU Chilling:

Arctic Sun
 Cooling blankets, Fluids, Ice Packs
 Intravascular Catheter

Cerebral Performance Category Scale (Neuro Baseline/Outcome)

CPC 1: Good cerebral performance: conscious, alert, able to work, might have mild neurologic or psychological defect.

CPC 2: Moderate cerebral disability: conscious, sufficient cerebral function for independent activities of daily life. Able to work in sheltered environment.

CPC 3: Severe cerebral disability: conscious, dependent on others for daily support because of impaired brain function. Ranges from ambulatory state to severe dementia or paralysis.

CPC 4: Coma or vegetative state: any degree of coma without the presence of all brain death criteria. Unawareness, even if appears awake without interaction with environment; may have spontaneous eye opening and sleep/awake cycles. Cerebral unresponsiveness.

CPC 5: Brain death: apnea, areflexia, EEG silence, etc.

Pre-Hospital/Pre-ICU

Date / Time: _____

Date / Time of Collapse: _____

Witnessed By: _____ @ _____

Last Seen prior to Discovery: _____

CPR Initiated At: _____

Call to 911/Code Blue Team: _____

EMS/Code Blue Team Contacted: _____

ROSC Sustained > 20 Min: _____

Comments:

Cath Lab

Date of Cath: _____

Time in Cath Lab _____

Time out of Cath Lab _____

