Observed (Human) CPR
Quality Improvement Checklist ☑

Record/Incident Number: Date of Incident:
Prepared by:
Date Prepared:

	Yes	Could Improve	No
Was a team leader identified?	☐	☐	☐
Was CPR initiated within 10 seconds of arrival?	☐	☐	☐
Was defibrillator applied efficiently?	☐	☐	☐
Were compression pauses minimized?	☐	☐	☐
Were compressions of adequate depth?	☐	☐	☐
Were peri-shock pauses minimized?	☐	☐	☐
Was ventilation rate <10/min?	☐	☐	☐
Was there clear communication? If not – explain in Observations	☐	☐	☐

Observations: