

Electronic CPR Monitoring Quality Improvement Checklist

Record/Incident Number:

Date of Incident:

Station/Crew:

Time Defib ON:

Key Indicators	Goal	Actual	In Green Zone?	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mean Depth of Compressions	≥ 2.0 in		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mean Rate of Compressions	100-120/min		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Compression Fraction	> 80%		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Compressions in Target	100%		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pre-Shock Pause	< 5-10 secs		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Post-Shock Pause	< 5-10 secs		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ventilation Rate	8-10 bpm		Yes <input type="checkbox"/>	No <input type="checkbox"/>
EtCO ₂	> 20 mmHg		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Prepared by:

Date:

Notes: