

Appendix Q

Guidelines for Completing the Get With the Guidelines-Resuscitation (GWTG-R) Code Sheet

The following is a list of general guidelines for completing the Get With the Guidelines-Resuscitation (GWTG-R) Code Sheet. Individual institutions may choose to require additional information, such as recording the patient's actual spontaneous pulse rate instead of indicating only presence with check mark.

1. The GWTG-R Code Sheet should be completed for any patient, visitor, or employee who requires emergency assisted ventilation (mouth to mask, mouth to barrier, bag valve mask, or invasive airway), defibrillation, or chest compressions.
2. Record the patient's name and medical record number in the upper right corner of the record. The patient's label or the addressograph stamp should also be placed in this section before distribution.
3. **The Top Section of the Code Sheet** may be completed immediately after the event.
 - A. **Date/Time Event Recognized:** The date and time that the event was recognized should be recorded in this space.
 - B. **Location:** Record the location of the patient at the date and time that the event was recognized.
 - C. **Witnessed:** Indicate yes if the patient was directly observed by someone (can be family, lay bystander, employee, or health care professional) at onset of event (differs from monitored).
 - D. **Age, Weight, and Height (Length):** Record the patient's data in the appropriate space.
 - E. **Was a hospital-wide resuscitation response activated?** Indicate if a hospital-wide resuscitation response was activated.
 - F. **Condition when need for chest compression/defibrillation was identified?**
 1. **Pulse (Poor Perfusion):** Indicate if the patient had a pulse when the need for chest compressions and/or defibrillation was identified.
 2. **Pulseless:** Indicate if the patient was pulseless when the need for chest compressions and/or defibrillation was identified.
 - G. **Did the patient with a pulse become pulseless?** Indicate yes if the patient had a pulse at onset of chest compressions and/or defibrillation but became pulseless during the event.
 - H. **Patient Conscious at Onset:** Indicate yes if the patient was conscious at the beginning of the event.
 - I. **Indicate all monitors present at onset.**
 1. **ECG:** Cardiac monitoring in the form of telemetry (central and/or bedside) monitoring
 2. **Pulse Ox.:** Pulse oximeter in the form of telemetry (central and/or bedside) monitoring
 3. **Apnea:** Apnea/bradycardia monitor in the form of telemetry (central and/or bedside) monitoring
 4. **Airway/Ventilation Section** and subsequent sections should be recorded *during* the event for greatest accuracy.
 - A. **At Onset:** Indicate the patient's respiratory status when the need for emergency assisted ventilation, chest compressions, and/or defibrillation was recognized.

1. **Spontaneous:** Breathing without mechanical assistance
 2. **Apneic:** Not breathing spontaneously
 3. **Agonal:** Gasping (ineffective) respirations
 4. **Assisted:** Mechanical ventilation being provided
- B. Time of First Assisted Ventilation:** Enter the time that emergency assisted ventilation (noninvasive or invasive) was first initiated during the event.
- C. Ventilation:** Select each type of ventilation/airway used during the event. There is no limit on the number of types that may be selected.
1. **Bag valve mask:** Bag-valve-mask ventilation provided (*should not be selected if patient had ETT or tracheotomy in place during the entire event*).
 2. **Endotracheal Tube:** Endotracheal tube in place or placed during the event.
 3. **Tracheostomy:** Tracheostomy tube in place or placed during the event.
 4. **Other:** If “Other” is selected, provide the name(s) of the other airways used.
- D. Intubation: Time, Size, and by Whom:** If an invasive airway was inserted or reinserted during the event, enter the time of achievement, not when the first attempt was made. Also record the size of the invasive airway and the name of the person who successfully intubated the patient.
- E. Confirmation Method:** Method(s) of confirmation used to ensure correct placement of invasive airway. Indicate all that apply.
1. **Auscultation:** Indicate if the presence of equal bilateral breath sounds was confirmed.
 2. **Exhaled CO₂:** Indicate if expired CO₂ detector such as capnography or colorimetric was used to confirm placement.
 3. **Other:** If “Other” is selected, provide the name(s) of the other

method(s) used to confirm placement.

5. Circulation Section

- A. First Rhythm Requiring Compressions:** Record the rhythm identified via ECG monitor when patient with a pulse first received compressions during the event.
- B. First PULSELESS Rhythm:** Record the first rhythm identified when the patient became pulseless. For the unmonitored patient, select the rhythm first identified when monitor was applied.
- C. Compressions:** Describe the method used to provide chest compressions during the event. Indicate all that apply:
1. **None:** Chest compressions were not required during the event.
 2. **Manual:** Manual chest compressions were delivered during the event.
 3. **Device:** If “Device” is selected, provide the name(s) of the device(s) used to provide chest compressions.
- D. Time Chest Compressions Were Started:** Record the time that the first chest compressions were started.
- E. Impedance Threshold Device Used?** Indicate if an impedance threshold device was used at any time during the event.
- F. AED Applied:** Indicate if an automated external defibrillator (AED) was used.
1. **Time:** If an AED was applied during the event, enter the time AED was applied.
- G. Defibrillator Type:** Indicate make and model of all defibrillators used.
- H. Pacemaker On:** Indicate if a pacemaker (transcutaneous or internal) was functioning during the event. Record the type of device in the “Comments” section.

6. Outcome

- A. Time Resuscitation Event Ended:** Record the time chest compressions stopped and did not resume either because it was the beginning of the sustained (>20 min) return of circulation or because of other reasons indicated below under “Reason Resuscitation Ended.”

B. Reason Resuscitation Ended: Select the reason that the resuscitation event ended from the list below.

1. **Survived—Return of Circulation (ROC) >20 min:** Return of spontaneous pulse, including with pacemaker or extracorporeal membrane oxygenation (ECMO), with good perfusion that was sustained for >20 min.
2. **Died: Efforts Terminated, No Sustained ROC:** Patient did not respond to advanced life support (ALS), unable to achieve a sustained ROC.
3. **Died: Medical Futility:** Advanced life support (ALS) was terminated because of medical futility, such as end-stage disease or organ failure.
4. **Died: Advanced Directives:** Patient had an advanced directive in place that limited the extent of advanced life support procedures.
5. **Died: Restrictions by Family:** There were restrictions placed by the family of the patient, that is, family requested that the event be terminated.

7. Documentation of the Event

- A. **Time:** Record the time of each intervention/procedure.
- B. **Breathing:** Indicate with a check mark in the top half of the box if the patient is breathing spontaneously. Indicate with a check mark in the bottom half of the box if the patient is receiving assisted ventilation (invasive or noninvasive).
- C. **Pulse:** Indicate with a check mark in the top half of the box if the patient has a spontaneous pulse. Indicate with a check mark in the bottom half of the box if the patient is receiving chest compression (manual or mechanical). *NOTE: If the patient with a pulse is receiving chest compressions, there should be a check mark in both parts of the box.*
- D. **BP:** Indicate the patient's blood pressure (BP) if present. Leave the box blank if BP is not obtainable.
- E. **Rhythm:** Identify the rhythm displayed on the monitor after 5 cycles of CPR prior to each intervention.
- F. **Defibrillator Type:** Document electrical cardioversion with a "D" representing defibrillation (unsynchronized) and "C" representing synchronized cardioversion. Indicate the type of defibrillator used—AED or manual (conventional)—to deliver each shock.
- G. **Joules:** Record the number of joules used for each shock.
- H. **Boluses:** Circle the route of the medication at the top of the column and document all drugs administered as a bolus with the dose. Any drug not listed but administered should be recorded in the available blank slots with the dose and route documented as stated above. If route other than IV or OI is used to administer any medication, record the alternate route in the appropriate line in the "Comments" section.
- I. **Infusions:** Document all continuous infusions, recording the time started and the rate in mL per hour. The concentration of the infusion and the route (IV or IO) should be recorded under the drug name at the top of the column. Any infusion not listed but administered should be recorded in the available blank slots with the rate (mL) per hour and the concentration and route documented as stated above.
- J. **Comments:** The "Comments" section should be used to document any procedures, interventions, lab results, as well as the patient's response to procedures or interventions.
8. **Signatures:** The Recorder, ICU/Code Team Nurse, and Physician must thoroughly review and sign the record in the appropriate places. The physician's name must also be printed in the slot above the physician's signature.
9. **Page ____ of ____:** Record the page number and the total number of pages utilized for the event in the bottom left of the record.
10. **Distribution:** The original record should be placed in the patient's medical record. Other copies should be distributed as indicated on the bottom right of the record.