



COMPLETION OF THIS FORM IS MANDATORY FOR ALL CODE BLUE EVENTS,  
RAPID RESPONSE EVENTS, AND NON-TRAUMA-RELATED INTUBATIONS.

**THIS FORM IS NOT PART OF THE MEDICAL RECORD AND SHOULD NOT BE SCANNED INTO THE PATIENT'S CHART.**

For hospital events, the physician team leader and charge nurse are responsible for completing this form.

For village codes, the physician is responsible for completing this form.

It should include feedback from every participant in the event.

When complete, scan-email to [CodeBlue\\_RRT@ykhc.org](mailto:CodeBlue_RRT@ykhc.org) and give paper copy to department manager.

Name of person completing form (only to be used if more information is needed): \_\_\_\_\_

Date and approximate time of day: \_\_\_\_\_

Location: \_\_\_\_\_

MRN: \_\_\_\_\_

How was the event announced? ☐ Tiger Connect ☐ Overhead Page ☐ Other: \_\_\_\_\_

Was communication clear? ☐ Yes ☐ No

Comments: \_\_\_\_\_

Were roles and responsibilities clear and understood? ☐ Yes ☐ No

Comments: \_\_\_\_\_

Were all necessary resources available? ☐ Yes ☐ No

Comments: \_\_\_\_\_

What went well?

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What could have gone better? Please give constructive examples of systems issues with suggestions for improvement.

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Please give any additional suggestions, comments, and feedback.

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