

(place patient label here)
Patient Name: _____



PROVIDER ORDERS

Order Set Directions:
> (√)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
> Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
> Initial each page and Sign/Date/Time last page

Diagnosis: _____ Allergies: _____

SO Code Blue

Version 2 5/29/14

Response to full arrest

- If patient is found in actual or impending cardiac arrest (ventricular fibrillation/pulseless ventricular tachycardia/pulseless electrical activity asystole) and/or respiratory arrest AND there is not a code status order to the contrary:
 - Activate Code Blue
 - Initiate Basic Life Support (BLS) measures
 - Initiate Advanced Cardiac Life Support (ACLS) protocols
 - Notify provider as soon as feasible

Provider Signature: _____ Date: _____ Time: _____