**NICU Debriefing & Evaluation Tool**

(Not part of the legal medical record)

Charge Nurse:

Date:

Patient sticker here

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| --- |
| Type of Event (circle one): Code NRP Neonatal Rapid Response (NRR) |
| Date/Time of Event: | Gestational age: |
| Description of what happened (events leading up to Code NRP/NRR): |
| Was Code NRP/NRR appropriately called? | Yes No N/A | Comments: |
| Was Code NRP/NRR button initiated, ifappropriate? | Yes No N/A | Comments: |
| Did hospital wide alert work correctly?(all necessary people paged & overhead alert with accurate event & location?) | Yes No N/A | Comments: |
| Was all information needed to take care ofthe patient available before event? | Yes No N/A | Comments: |
| Any Equipment/Supply issues?(was correct equipment set up or readily available?) | Yes No N/A | Comments: |
| Was there effective leadership of event?(were roles delineated before event?enough staff available?) | Yes No N/A | Comments: |
| Was close communication maintained with family members? | Yes No N/A | Comments: |
| What went well: |
| What could be improved: |
| Temp on arrival to NICU: | Time to intubate once deemed necessary: |

Team Members: