**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, if  appropriate? | 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 of  the 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: