

# ACLS Code Timer/Recorder Sheet



Time Team Initiated Action: \_\_\_\_\_

Time Chest Compressions Started: \_\_\_\_\_

Time Defibrillator Applied: \_\_\_\_\_

First Documented Pulseless Rhythm: \_\_\_\_\_

Time Compressor Rotated: \_\_\_\_\_

Time	Quality CPR	Rhythm	Defibrillation (Joules)	Drug (Name/Dose)	Comments (ie, peripheral line placement, IO, vital signs, response to interventions)