**Team Debriefing Form**  
**Pediatric Rapid Response**

**Key Considerations:**
- Was communication clear and effective before team deployment? During the event?
- Were roles and responsibilities understood by all team members?
- Was situational awareness maintained?
- Was the workload efficiently/effectively distributed?
- Did we ask for or offer assistance when needed?
- Were errors made or avoided?

<table>
<thead>
<tr>
<th>Issue</th>
<th>Actions to be Taken</th>
<th>Target Completion Date</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>What went well?</td>
<td></td>
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<tr>
<td>What didn’t go well?</td>
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<tr>
<td>What could we do better next time?</td>
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</tbody>
</table>

**Additional Comments:** ________________________________________________________________
____________________________________________________________________________________
_______________________________________________________Completed By: □ MD □ RN □ RT □ Other: ________

**Did the team announce themselves upon arrival?** □ Yes □ No

**Was Crowd Control an issue?**
- □ In pt. room □ In hallway
- □ At nursing station □ No crowd/issues

**If yes, which groups?**
- □ Nursing □ Medical Staff
- □ Respiratory □ Students
- □ Visitors □ Other: ____________

**Date:** ________ **Unit/Location:** ____________  **Call Time:** _______ **Pt. Name:** _______________