**Code Team Debriefing Form**

**Attach patient ID label here.**

**Key Considerations:**

* **Was communication clear and effective?**
* **Were roles and responsibilities understood by all team members?**
* **Was all the needed equipment readily available?**
* **Were errors made or avoided?**

|  |
| --- |
| **Issues** |
| **What went well?** |
| **What didn’t go well?** |
| **What could we do better next time?** |
| **Other comments or concerns….** |

Code Leader MD Code Nurse Date/Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Feedback on how the debrief went** |