ACLS Code Timer/Recorder Sheet

American Heart Association®

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)

Compression pause notes: _____

Chest compression fraction: _____%