



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)