Naval Hospital Emergency Code Purple
Recall List Event Log

Code Purple Initiated (date/time): _____

Reason for Code Purple: _____

Decision Time: _____ Provider _____
Incision Time: _____

Patient Name: _____, Time of Delivery_____

Primary RN_____ OR RN_____ Anesthesia_____ Runner_____
Recorder_____ Peds Responder_____ Charge RN_____ NOD_____

☐ Male ☐ Female APGARS 1____/5___/10____, NRP Initiated
☐ YES ☐ NO CORD GAS Art:_____ Ven:_____

☐ Shaved/☐ Prepped Time: _____ ☐ Hiproll ☐ Foley cath time: _____

☐ Pre-op Medications: _____ ☐ Anesthesia time completed: _____
☐ Gen ☐ Spinal
☐ Instrument Count Correct ☐ Yes ☐ No if No X-Ray Time: _____
☐ Comments on Back Name of staff completing this report: _____
Decision to Incision Time: _____

Brief Note on Infant's Neonatal Resuscitation Program, recovery and outcome:

_____
_____

Brief Note on Mother's recovery and outcome:

_____
_____

Obstetrical History and events leading to Code White:

_____
_____

☐ PSR generated ☐ Sentinel Event

Suggestions for Improvement of Process:

_____
_____

☐ Copy provided to Maternal Child Infant Nursing, Department Head

Adapted for Naval Hospital. Not an Official Patient Record Form.
Do not put in patient medical record;

(For Staff Use ONLY)