Sample APRD Form

Was an APRD done? O Yes O No (skip to case info)	Start Date/Time of APRD:/:::	
	the resuscitation (20-30 minutes) and announce overhead. Please onfirm who will lead, and any issues that should be considered. mplete this form.	
We are going to APRD together for about 15 min, and the issues discussed are protected as part of patient safety work project (PSWP) and are not part of the patient's chart.		
To begin this APRD, please classify your level of concern for t (Through a show of hands, count the number of team membe		
Tally of RED - Highly confused Tally of YELLOW - Want clarification / Confus Tally of GREEN - Clear / No concerns	sed	
Provide a very short summary of the case in medical terms (to be sure all team members are on the same page):		
s	SUCCESSES	
Let's Begin with the positive aspects of the case. Please volunteer an answer Positive clinical care /decision-making aspects took place during this case:		
Positive aspects of Technical skills - CPR / Vascular access / calling for help)	Chest Tube / Defibrillator: (Example: Staff started CPR prior to	
Positive Systems Related - Massive Transfusion / Blood Ban who to call for malignant hyperthermia case)	nk / Transfer / ECPR Activation: (Example: One staff member knew	
phone)	/ Work Arounds: (Example: staff member had a CPR app on their	
Other Issues that went well - Problem Solved or Overcome phone)	/ Work Arounds: (Example: staff member had a CPR app on their	
(Continues)		

CHALLENGES

Now, let's switch gears and discuss the challenges we encountered in this case. Please volunteer an answer
Challenges related to clinical care/decision-making aspects: (Example: Low temperature not recognized for altered mental status patient)
Challenges related to Communication / Team skills: (Example: Wrong medication dose ordered, team unclear until pharmacy recognized error)
Challenges with Technical skills - CPR / Vascular Access / Chest Tube / Defibrillator: (Example: Unsure of how to use defibrillator or arterial line)
Challenges due to systems or process related: (Example: Massive transfusion, Blood bank, ECPR activation, Delay in transfers to other parts of hospital (no ICU beds, OR not available etc))
Other issues / equipment that were challenging, limited to the ED: (Example: Not enough space in ED room, Equipment not stocked/available, ED sign in the driveway outside the department led a family to bring an adult to our ED instead of Truman.)
Please provide any suggestions for improvement in care for the next team: (What we did that can benefit care for the next team, Ideas for other positive changes, etc)
List any issues identified that require further action, clarification, or answers: (Example: Can we use adult pads to defibrillate a child. This section should be used when no clear resolution has been agreed upon.)
SUMMARY STATEMENT: To end this APRD please classify your level of concern for this event now: (Through a show of hands, count the number of team members who feel as follows) Tally of RED - Highly confused Tally of YELLOW - Want clarification / Confused Tally of GREEN - Clear / No concerns
[APRD Leader] Thank the group for participating. Offer an additional means of communicating further about this case (anonymously preferred). Offer resources for anyone still experiencing difficulty: "If you need additional support, check in with your supervisor. You have to take care of yourselves, and some options are: taking a break, getting food/drink, talking to a friend." (Provide link to other resources for free supportive counseling and referrals)
End Date/Time of APRD:/
Was the APRD Finished? O Yes O No
(Continues)

CASE INFORMATION

Patient Account Number: Time from end of treatment to APRD: (mins)	End of Treatment Time:: Number of patients in the Department:	
Name of Resuscitation Physician Team Leader:		
IF NO APRD: Reason for the decision not to debrief/perform APRD: □ Didn't have enough time □ Didn't feel it was necessary □ No resuscitation required □ Other ()		
INDICATION FOR APRD: ☐ ESI 1 ☐ Resuscitation ☐ Level 1 or 2 Trauma ☐ Other (i.e. NICU, PICU Admit, Psychosocial)		
Roles present for the debrief/APRD: Social Worker Charge Nurse Bedside Nurse 1 Bedside Nurse 2 Recording RN ED Tech PEM Fellow PEM Attending Surgical Resident/Fellow/Attending Resident in ED Respiratory Therapist Pharmacist Chaplain Other		
Name of APRD Leader:	Name of APRD Documenter:	
Patient Outcome: Discharged Home Admitted to Inpatient (Specify Unit:) Expired - ME Case Expired - Not ME Case Expired - Unknown if ME Case Other		
Please summarize areas of concern / conflict or problems identifie		
This is NOT an event report form. Designate which form was filled out (if any): Trauma Evaluation Form Code/Resuscitation evaluation form Adverse Event form STP (situation, target, proposal) Notify ED leadership / other		
With whom, and how, will you follow-up on issues not reported on a code or trauma evaluation form or event reporting tool?		
Please summarize any areas of successes that should be shared:		
In your opinion, did doing this APRD adversely affect the flow of the Emergency Department? ☐ Not at all ☐ Just barely ☐ Yes, but not significantly ☐ Yes, moderately ☐ Significantly Impacted		
In your opinion, how engaged was the staff during the APRD process? Indicate to what extent: ☐ Disengaged ☐ Slightly engaged ☐ Neutral ☐ Moderately engaged ☐ Highly engaged		

Thank you for your time!