

Daily resuscitation check record

Form | HOS-FRM-013

Document type	Form
Title	Daily resuscitation check record
Document ID	{{facility.code}}-HOS-FRM-013
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	System S1 (Hospital), criterion S1.21
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Records the check of the resuscitation trolley and defibrillator at the start of each shift.

1. How to complete

- Check every item on the list.
- Test the defibrillator.
- Sign the record for the shift.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Every item on the list present	Yes	☐	☐	☐	Action and who to tell
2	Items working	Yes	☐	☐	☐	Action and who to tell
3	Defibrillator self-test passed	Yes	☐	☐	☐	Action and who to tell
4	Signed for the shift	Yes	☐	☐	☐	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	Checklist to be set by the resuscitation committee.
E-006	ASF Policy Framework v1.2. Adapted.

ID	Source and status
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval