

CODE GRAY DEBRIEFING TOOL

Patient Sticker

Date of Incident:

Location of Incident:

Code Start Time:

Code End Time:

Staff Sign-In for Code

NAME	POSITION

1. Briefly describe the behaviors and actions of the patient which warranted a code:

- a) What was the trigger?
- b) Did the patient have a safety plan prior to the event? **Y N**
- c) Was the safety plan followed? **Y N**
- d) Briefly describe what led to the code:

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2. Most helpful interventions:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_

3. Least helpful interventions:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

4. Was there anything else that could have been tried? If so, why wasn't it used?

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**Restraint**

5. Did the incident require the order for restraint? **Y N**

a) Was the threshold for imminent danger met?

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b) What would have happened if restraint was not used?

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6. Were medications administered?

a) Oral? **Y N**

b) Intramuscular? **Y N**

c) Given over objection? **Y N**

7. Was the patient harmed during the event?

a) Explain:

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8. Was staff harmed during the event? **Y (Explain) N**

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9. Outcome of Code:

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Charge Nurse: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor/Manager Review: \_\_\_\_\_ Date \_\_\_\_\_