



Surgery Code Blue Nurse Call System Configuration Questions

Facility Name: _____

Facility Address: _____

What type of facility is this? _____

Your Name (Person filling this out): _____

Date: ____/____/____

We offer many options to custom tailor to fit the individual needs of each facility. These basic configuration questions will assist us in designing your system.

1. How many Pre-Op beds?
2. How many Post-Op beds?
3. Are there public restrooms to be covered? Yes No
 a. If yes, how many?
4. How many patient rooms per nurse's station?
5. How many total nurse's stations?
6. Are additional zone lights needed?
7. Are additional duty stations needed for tone?
8. How many surgery suites (code blue stations) required?
9. Is central annunciation required? Yes No
10. Is detailed reporting required? Yes No
11. Are additional special displays needed? Yes No
12. Share any additional notes that would be relevant to the design of the system.

