



Current Status: Active

PolicyStat ID: 8483486



Origination: 04/1983
Effective: 09/2020
Last Approved: 09/2020
Last Revised: 09/2020
Next Review: 09/2023
Owner: *Carrie Ruff: Coord Nursing Floors*
Policy Area: *Patient Care Services*
References:
Applicability: *WA - Kadlec Regional Medical Center*

Code Blue Team Roles and Responsibilities, 601.00.00

DEFINITIONS:

1. CODE Blue

The method by which imminent or actual respiratory and/or circulatory arrest is recognized and treated in the adult patient. All codes will be called overhead unless appropriate resources are already present.

2. BASIC LIFE SUPPORT

The external support of respiration and circulation during a respiratory and/or cardiac arrest by mouth-to-mask ventilation and closed chest cardiac compressions (CPR).

3. ADVANCED CARDIAC LIFE SUPPORT

This includes basic life support plus use of adjunctive equipment, establishment of an intravenous fluid lifeline, advanced ventilatory support, drug administration, cardiac monitoring, defibrillation, control of dysrhythmia, and post-resuscitation care.

4. CARDIAC SURGERY UNIT- ADVANCED LIFE SUPPORT (CSU-ACLS)

Follow modified AHA ACLS algorithm for management of postoperative cardiac surgery arrest. See CSU-ACLS Algorithm in Attachment B.

5. NO CODE/ADVANCED DIRECTIVES

All patients will be resuscitated unless there is a written "NO CODE"/DNR order. For those patients with Advanced Directives, refer to housewide policy #[1016](#).

6. RESUSCITATION EQUIPMENT

This equipment is contained in modular form within the locked cart or on the top of the cart. O₂ tanks are on each cart, and wall suction to be used. NOTE: Carts on first and fourth floors have suction available. All code carts, except the exchange carts, are equipped with defibrillator/synchronized Cardioversion equipment.

7. END OF CODE

Airway secured and return of spontaneous circulation or patient expired.

ARRIVAL OF CODE BLUE TEAM:

1. Physician Leader (ED Physician or designee)
2. Code Facilitator/Assistant Leader (ICU Nurse)

3. Medication Nurse (ED Nurse)
4. Monitor Nurse (9RP Nurse)
5. Recorder (7RP/8RP Nurse)
6. Respiratory Therapist
7. Cardiac Massage (6RP Nurse or any trained staff).
8. Primary Nurse
9. Pharmacist (ED or Critical Care pharmacist if available)
10. Chaplain
11. Patient Care Supervisor (PCC)
12. Lab Personnel – 1st response labs are iSTAT CG8*/per ED Physician or designee gets specimens to lab/ order the Code Blue panel.
13. EKG Tech – performs as needed

ROLES OF MEMBERS OF CODE TEAM:

A. Physician Leader

Emergency Department Physician

1. Directs resuscitation.
2. Responsible for continued resuscitative measures.
3. Provides report to patient's attending physician.

NOTE: ED physician is to remain until the end of the code as defined. Exceptions would be hand-off to the intensive care physician or another adequately trained provider with clear communication of the hand-off of care. CV Surgeon will lead first interventions see on Attachment B, if present at the bedside at the onset of the code, in CSU-ACLS, but hand off to ED Physician or Intensivist to start current AHA BLS and ACLS guidelines after the first interventions on Attachment B.

B. Code Facilitator/Assistant Leader (ACLS Certified)

Intensive Care Nurse

1. Maintain Situational Awareness
 - Evaluate patient response to interventions and medication administered
 - Identify equipment failure issues
 - Initiate ACLS guidelines until Physician Leader arrives
 - Encourage review of potential causes for the code (H's & T's, etc.)
2. Communication
 - Promote closed loop communication through clarifying questions and repetitive feedback of all orders, lab values, and interventions
 - Utilize refocus methods to maintain a safe productive environment
 - Review code electronic documentation for accuracy and completeness
3. Code Team Member Support
 - Recognize and facilitate additional support when needed by the team (i.e. difficult intubation –

Anesthesia)

- Conduct a brief code debriefing before team disperses at end of code

4. Complete Code Blue Review Sheet and send to Quality Review
5. Inform ICU of transfer and report concerning patient condition

C. Medication Nurse (ACLS Certified)

Emergency Room Nurse

1. Remove ACLS Handbook from code cart and display for reference.
2. Open drawer #2 and remove drug tray containing boxed IV medications.
3. Open drawer #3 and remove plastic box containing IV vial medications.
4. Ensure patent IV route, initiate if required.
5. Administer medications as ordered by physician leader.
6. Communicates all interventions and responses to recorder nurse.
7. Reviews that all code related charting is complete and in electronic documentation.
8. Brings necessary equipment (i.e. RSI kit and I/O) to code blue.

D. Monitor Nurse (ACLS Certified)

9 River Pavilion (9RP) Lead Nurse or Designee

1. Delegates to a code team member to obtain a code cart if not already there.
2. Connect patient to defibrillator on code cart.
3. Monitor and interpret rhythm status with time and treatment if applicable for each strip.
4. Defibrillate, Cardiovert or Transcutaneous Pace as needed.
5. Check and monitor femoral or carotid pulse.
6. Check pupil size.
7. Mount rhythm strips for charts, insuring patient's name, date and time is completed.
8. Communicates all interventions and responses to the recorder nurse.
9. Reviews that all code related charting is complete and in chart.

E. Recorder Nurse

7 River Pavilion / 8 River Pavilion (7RP/8RP) Nurse

1. Respond to code and log-on to designated workstation for recording of the code.
2. As soon as code is initiated, note the time on the designated workstation.
3. Record all pertinent facts about the code:
 - a. Time elapsed
 - b. Medications given (name, dose, route, time)
 - c. Cardiac rhythms / patterns
 - d. Observations made by other team members
 - e. Treatments rendered and patient's response
 - f. Pupil size and reaction

- g. Pulse, blood pressure, temperature, and respirations
 - h. Communicate all interventions and responses to the other team members
 - i. Complete information related to termination of code, note time and rhythm activity
4. After the code, have all team members, plus any other personnel who assisted, sign on the code response sign in sheet.
 5. Place sign in sheet in the patient's chart to be scanned into the patient's record.

F. Respiratory Therapist

1. Open drawer #1 and remove intubation tray, place at head of bed.
2. Prepare suction.
3. Ventilate with resuscitation bag at 100% O₂ with use of capnometer.
4. Assist physician with intubation procedure.
5. Communicates all interventions and responses to the recorder nurse.
6. Reviews that all code related charting is complete and in chart.
7. Draw and run Arterial Blood Gases.

G. Chest Compressions

6 River Pavilion (RP) Nurse or any designated trained staff

1. Places the cardiac board under the patient if not already placed by unit personnel.
2. Takes over and continues external compressions unless directed otherwise by physician.
3. Communicates all interventions and responses to the recorder nurse.
4. **Reviews that all code related charting is complete and in chart.** (Remove please)

NOTE: Any trained staff member may perform CPR.

H. Primary Nurse Assigned to patient

1. Verify/participate in:
 - a. Effective CPR.
 - b. Placement of necessary equipment including set-up of O₂ and suction.
2. In the event cardiac arrest occurs when the patient is not in a hospital bed/stretchers, the patient will be promptly transferred to the nearest bed/stretchers if feasible and transported to appropriate treatment area, equipped with suction, oxygen, etc.
3. Give patient history to the physician and members of code team.
4. Notifies attending physician.
5. Delegates care of other assigned patients in room to lead nurse on unit.
6. Communicates all interventions and responses to the recorder nurse.

I. Pharmacist

ED or critical care pharmacist (if available)

1. Prepares and dispenses medications from the code cart as requested by Team Leader
2. Prepares IV infusions
3. Assists medication nurse with administration

4. Assists medication nurse with IV pump programming and adjustments
5. Collaborates with team to determine appropriate medication therapy and dosing

J. Chaplain

1. Provide emotional and spiritual care and information to family.
2. Support revived patient or deceased patient's family, other patients, and staff during and after crisis.
3. Reviews that all code related charting is complete and in chart.
4. Communicates all information concerning family to the recorder nurse.
5. Assists in the post-mortem procedures and facilitates organ procurement.

K. Patient Care Supervisor (PCC)

1. Ensures sufficient relief occurs to provide for adequate compressions.
2. Dismiss code team members when no longer needed.
3. Assist or direct other team members as needed.
4. Facilitate post-mortem procedure if patient expires.
5. Facilitate organ procurement procedure.
6. Assumes the Chaplain's role in his/her absence.
7. Call 911 for needed transports from 2nd and 3rd floor of the Mountain Pavilion.
8. Request full disclosure for Telemetry.

L. Codes On The First Floor And In the North Building

1. When a Code is called somewhere on the first floor the code cart will be brought to the scene by the PCC or designee.
2. Code in the 1ST Floor Orchard Pavilion Waiting area – bring cart from Cath Lab Procedure Room
3. Code in the Garden Café – bring cart from Central Supply
4. Codes in the Mountain Pavilion – all three floors - bring cart from Central Supply
5. Codes in the 1st floor Vineyard Pavilion/Rivers Edge Deli – bring cart from the Emergency Department.
6. Codes in MRI see attachment A

NOTE: All team members are expected to remain at the Code until dismissed by PCC or Team Leader

Attachments

[A: Response to Code Blue/Pediatric Code Blue in MRI COVID-19 Code Blue.docx](#)

Approval Signatures

Approver	Date
Kirk Harper: CNO	09/2020
Heather Shipman: Executive Assistant	09/2020
Carrie Ruff: Coord Nursing Floors	08/2020

Applicability

WA - Kadlec Regional Medical Center