

TITLE: PATIENT CARE PRACTICE GUIDELINES CARE OF PATIENT CARDIOPULMONARY RESUSCITATION PROGRAM CODE BLUE		
FACILITY: St. Vincent's East	FUNCTION:	ORIGINATING DEPT: Nursing Administration
HOSPITAL SHARED POLICY? _X_ Yes __ No		EFFECTIVE DATE:
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SCOPE: Patient Care Services
PURPOSE: To define the response to patients in emergency need of assistance.
DEFINITIONS:
POLICY: I. In the event of a cardiopulmonary emergency and an adult patient is found unresponsive, pulseless, or apenic, the person first aware of the situation should obtain assistance by the most logical means and begin CPR if indicated. The operator must be notified by dialing 3500. The Operator will page this is a code page 3 times then "Code Blue" and the location on the overhead paging system 3 times. The overhead page alerts the Code Team of the location for a rapid response of necessary staff and equipment. II. All medications during an arrest situation will be given intravenously unless otherwise specified.

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PROCEDURE:**I. CODE TEAM**

The CODE TEAM consists of a minimum of the following:

- A. Family Practice Resident or Attending Physician
- B. One Critical Care Nurse (ICU, CCU, or ER)
- C. Respiratory Therapist
- D. Nurse Anesthetist

II. ADDITIONAL PARTICIPANTS

- A. Nursing Supervisor
- B. Multiple Critical Care Nurses
- C. Staff Nurses
- D. Phlebotomist
- E. EKG Technician

III. RESPONSIBILITIES OF SUPPORT STAFF

- A. Individual discovering the patient in distress
 1. Call for assistance
 2. If assistance is not available call 3500 then perform CPR.
 3. The one assisting will take responsibility for the 3500 call and location announcement to the Operator
 4. Initiate CPR if indicated
 5. Remain at the patient's bedside if patient's history is known.
- B. Switchboard Operator
 1. Answers ext. 3500 CODE phone before 2nd ring.
 2. Repeats the code information back to caller for verification.
 3. Announces Code and the location three times over the paging system.
 4. Sends digital page to Family Practice Resident 1 and FP Resident 2, CRNA (then rings CRNA call room ext. 3826), Central Supply, and the Chaplain during regular scheduled hours, only if requested by patient care staff on weekends and nights. Also verifies Security heard code call and/or overhead page.
 5.
 - a) If a code is called anywhere other than patient care area (lobby, Cafeteria, outside), the caller's name is requested.
 - b) Switchboard Operator overhead pages the code exactly how it was verbalized when called in (location, unit and /or room number).
 - c) Code pages begin with "This is a Code page. Code Blue, location." repeated 3 times.
- C. Code Team
 1. Nurses respond from the Critical Care areas or Emergency Department depending on responsibility of coverage.
 - a. Emergency Department: LTACH, Non-patient care areas, (examples are Lunchroom, Lobby, and Hallways), Professional buildings, Ancillary Departments, and all

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of the crash cart.

V. STAFF EDUCATION

- A. ACLS--offered by the hospital and required by specific job description
- B. General Orientation --Code Blue and Code White definitions given with appropriate response to each reviewed.
- C. Nursing Orientation--All Cardiopulmonary Resuscitation Policies reviewed and Code Flow Sheet documentation demonstrated.
- D. Unit specific Orientation--Education of staff on appropriate response to Code situations.
- E. Mock Code Drills--Done quarterly on random units and upon request by the unit managers.
- F. Code Busters Class--Mandatory for licensed nursing personnel and optional for other employees. Teaches what to do for first responders in a code situation and includes review of items on the crash cart and hooking up suction...

VI. REVIEW OF CARDIOPULMONARY RESCUITATION ATTEMPTS

- A. Code Team--Meets a minimum of quarterly and reviews all information listed below:
 - 1. Data Collected
 - 2. Results from Mock Drills
 - 3. Policies and Procedures regarding Cardiopulmonary Resuscitation
 - 4. Code Blue Critique--completed by the supervisor at the time of the Code and forwarded to the Code Team for review.
 - 5. Any suggestion or concern forwarded to the Code Team from a physician or member of the St. Vincent's East Staff is presented to the committee for discussion with follow-up provided.
- B. Patient Care Committee--All information from the Code Team is reported to the PI Council at least quarterly with information continuing to the Board of Directors for review. Any information needing physician review is forwarded tot he Patient Care Committee prior to the Board review.
- C. Patient Care Executive Committee--Reviews all mortalities and reports any significant trend to the Code Team for review.

VII. OPPORTUNITIES FOR IMPROVEMENT

All information gathered from the sources above is seen as an opportunity for improvement and is represented accordingly in the minutes of the Code Team Minutes along with actions taken and resolutions.

REFERENCES:

- American Heart Association. (2002). Textbook of Advanced Cardiac Life Support. (2nd ed.). Dallas Texas: Author.
- Boggs, R.L., & Woodridge-King, M. (Eds.) (1993). AACN Procedure Manual for Critical Care. (3rd ed.) Philadelphia: Saunders.

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ATTACHMENTS: None
APPROVAL ROUTING: Code One Team, PCEC, Director of Nursing
REVIEW HISTORY: 5/97, 05/00, 02/03, 02/04, 11/06
REVISION HISTORY: 11/06