

TITLE: PATIENT CARE PRACTICE GUIDELINES CARE OF PATIENT CARDIOPULMONARY RESUSCITATION PROGRAM CODE WHITE		
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 pediatric patients in emergency need of assistance
DEFINITIONS:
POLICY: In the event of a cardiopulmonary emergency and a pediatric 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 "Code White" and the location over the overhead paging system. The overhead page alerts the Code Team of the location for a rapid response of necessary staff and equipment.
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 or ER) C. Respiratory Therapist

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	D. Nurse Anesthetist
	E. One NICU nurse
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. Take responsibility for the 3500 call and location announcement to the Operator
	3. Initiate CPR if indicated
	4. Remain at the patient's bedside if patient's history is known.
	B. Switchboard Operator
	1. Answers ext. 3500 CODE phone before 2 nd 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 White, location." repeated 3 times.
	C. Code Team
	1. Assess patient's condition and begin PALS protocol as warranted.
	2. The Team members assume responsibility as necessary:
	A. Family Practice Resident or other Physician--Team Leader
	B. Neonatal Intensive Care Nurse--Initiate IV access
	C. Critical Care Nurse--Administer Medications
	D. Nurse Anesthetist--obtains an airway and secure
	E. Respiratory Therapist--Assure adequate ventilation.
	F. Others present--assist with CPR and other activities as needed and qualified to perform.
	G. Nursing Supervisor--Assure documentation is done, family is notified, may assist with all above nursing functions.

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	H. Central Supply staff--Delivers a replacement cart to the appropriate unit.
IV.	EQUIPMENT and SUPPLIES
	A. Cardiac Monitoring Equipment is maintained on all nursing units. Each critical care and observation unit has at minimum of 1 portable defibrillator monitor. Each med/surg floor has one portable defibrillator monitor that is shared between the two units. The monitor is kept in close proximity to both units and is checked each day to assure appropriate function.
	B. Pediatric Crash Carts are kept on each unit which admits Pediatric Patients. The Crash Cart locks are checked once every 24 hours to assure that the integrity is secure. All unnecessary supplies found on and around the cart, should be returned to the appropriate place. At the termination of the code, the crash cart is managed as outlined in policy number 106.
	C. Suction is available in all patient rooms and extra supplies are stocked on the bottom of the crash cart.
V.	STAFF EDUCATION
	A. PALS--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. Department Specific Orientation--Education of staff on appropriate response to Code situations.
	E. Mock Code Drills—Provided for units where pediatric patients are admitted
	F. Code Busters Class--Mandatory for nursing assistance 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.
VI.	REVIEW OF CARDIOPULMONARY RESCUITATION ATTEMPTS
	A. Code Team--Meets a minimum of quarterly and reviews all information listed below: <ol style="list-style-type: none">1. Data Collected2. Results from Mock Drills3. Policies and Procedures regarding Cardiopulmonary Resuscitation4. Code 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. PI Council--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.

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<p>C. Patient Care Executive Committee--Reviews all mortalities and reports any significant trend to the Code Team for review.</p> <p>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.</p>
<p>REFERENCES:</p> <p>American Heart Association. (2002). <u>Textbook of Pediatric Life Support</u>.</p> <p>Boggs, R.L., & Woodridge-King, M. (Eds.)(1993). <u>AACN Procedure Manual for Critical Care</u>. (3rd ed.) Philadelphia: Saunders.</p>
<p>ATTACHMENTS:</p> <p>None</p>
<p>APPROVAL ROUTING:</p> <p>Code Team, PCEC, Director of Nursing,</p>
<p>REVIEW HISTORY:</p>
<p>REVISION HISTORY:</p> <p>11/06</p>