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**Owner:** Sylvia Bartlett: Mgr RN Asc KC  
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**Applicability:** WA - Kadlec Regional Medical Center

## KASC CODE BLUE

### I. Purpose Statement

- A. The Code Blue Policy is designed to outline the roles and responsibilities of code blue responders, the procedure for Code Blue activation, and the restocking and maintenance process for the Code Blue cart, medications and equipment.

### I. Definitions

- A. **Code Blue** is the method by which imminent or actual respiratory and/or circulatory arrest is recognized and treated in the adult patient.
- B. **Pediatric Code Blue** is the method by which imminent or actual respiratory and/or circulatory arrest is recognized and treated in the pediatric patient (pediatric is up to 12 years of age or until signs of puberty are present).
- C. **Basic Life Support (BLS)** is 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).
- D. **Advanced Cardiac Life Support (ACLS)** includes BLS plus the use of adjunctive equipment, establishment of an intravenous fluid lifeline, advanced ventilator support, drug administration, cardiac monitoring, defibrillation, and post-resuscitation care for adult patients.
- E. **Pediatric Advanced Life Support (PALS)** includes BLS plus the use of adjunctive equipment, establishment of an intravenous fluid lifeline, advanced ventilator support, drug administration, cardiac monitoring, defibrillation, and post-resuscitation care for pediatric patients.

### II. Policy

- A. Code Blue/Pediatric Code Blue will be called for all patients in the Ambulatory Surgery Center (ASC) experiencing respiratory and/or cardiac arrest. **ALL PATIENTS WILL BE RESUSCITATED UNLESS THERE IS A WRITTEN NO CODE/DNR ORDER.**
- B. All clinical staff will have BLS.
- C. All clinical staff assigned to the OR, PACU, and/or Procedural will have the appropriate ACLS and/or PALS.
- D. The Code Cart is located in PACU.

### III. Procedure

- A. Identify respiratory and/or cardiac arrest.
- B. CPR will be initiated.

- C. Activate Code Blue
  - 1. Push Code Blue button.
  - 2. Call front desk receptionist and communicate Code Blue/Pediatric Code Blue and location.
- D. Available staff will respond and assist as needed.

Role	Responder
Code Blue/Pediatric Code Blue Leader	Patient's Primary Anesthesia/Physician
Nurse Leader	Patient's Primary RN
Recorder	ACLS/PALS RN
Medication Nurse	ACLS/PALS RN
Compressions	MA/ST/RN
Communication Liaison	Department Lead RN
Assist/Runner	Additional Staff

1. **Code Blue/Pediatric Code Blue Leader**

- a. Responsible for initiating and managing ACLS/PALS procedures, directs resuscitation measures.

b. **Anesthesiologist**

- i. Establish airway, ventilate and intubate as necessary, administer 100% oxygen.
- ii. Interpret cardiac rhythms and communicate findings to team. Print out EKG strips as appropriate.
- iii. Coordinate defibrillation with Nurse Leader.
- iv. Check pupil size and reaction.
- v. Periodically check for return of pulses and respirations.
- vi. Communicate all interventions, times and responses to the Recorder.
- vii. Collaborate with surgeon and Code Blue team regarding patient response to treatment measures.
- viii. Consult with Physician regarding need to initiate EMS response and patient transfer.
- ix. Review that all code related documentation is complete.

a. **Physician**

- i. Collaborate with anesthesia regarding patient response to treatment measures.
- ii. Employ measures to safeguard incision site and communicate to team, as appropriate.
- iii. Communicate all interventions, times and responses to the Recorder.
- iv. Review all code related documentation is complete.

1. **Nurse Leader**

- a. Activate the code response and the Code button on the wall.
- b. Obtain or delegate a team member to get the code cart.
- c. When the code cart arrives, turn on defibrillator, connect the defibrillator pads to the patient and prepare to defibrillate patient as directed by the Code Blue Leader, may delegate to Monitor Nurse.

- d. Delegate Code roles to arriving team members.
- e. Provide patient history to arriving members of the code team.
- f. Assist other team members as needed.
- g. Coordinate with the Communication Liaison re: code progress, disposition if patient expires, etc.
- h. Collaborate with the Communication Liaison to dismiss code team members when no longer needed.
- i. If at any time anesthesia determines we need to call 911, the Nurse Leader will call 911 and provide patient information and history. Call the front desk and let them know to expect EMS arrival.
- j. Communicate all interventions, times and responses to the Recorder.
- k. Review that all code related documentation is complete.

**1. Recorder**

- a. Note the time the code is called.
- b. Document all events on the Code Blue flow sheet.
- c. Ask code team to speak up and relay information on interventions and times for documentation. Read back all interventions and times.
  - i. Promote closed loop communication through clarifying questions and repetitive feedback on all orders, interventions, and times.
  - ii. Utilize refocus methods to maintain a safe productive environment.
- d. Record all pertinent facts about the code.
  - i. Times.
  - ii. Medications given including; name, dose, route, time, and which IV access line.
  - iii. Communicate time elapsed between medication administrations.
  - iv. Cardiac rhythms/patterns.
  - v. Observations made by other team members.
  - vi. Treatments rendered and patient's response.
  - vii. Pupil size and reaction.
  - viii. BP, pulse, temperature, respiration rate, and O2 sats .
- e. Communicate all interventions, times and responses to the other team members.
- f. Complete information related to termination of code, note time, and rhythm activity.
- g. After the code, have all team members, sign the record.
- h. The Department Lead, or designee, will assist in completing the Code Blue record, review the resuscitation record for completeness, make copies for the Quality Assurance & Risk Manager, oversee and coordinate transport of the patient and act as a liaison between the code team, ASC Director/ASC Nurse Manager, physicians, transport team and family.
  - i. A QRR will be completed by the patient's primary RN.
  - j. Copies of the Code Blue will be given to the Quality Assurance & Risk Manager.
- k. The ASC Quality Assurance & Risk Manager and the ASC Director/Nurse Manager will be notified.

- l. Make sure all medications given have the initials of the person who administered them.
- m. Place code record in the patients chart.
- n. Review that all code related documentation is complete.

## 2. Medication Nurse

- a. Ensure patent IV site and assist with starting additional IV's if necessary.
- b. Open drug tray.
- c. Assist Code Leader with medication administration as ordered.
- d. Communicate all interventions, times and responses to Recorder.
- e. Notify Communication Liaison if medication supply needs to be replenished.
- f. Review that all code related documentation is complete.

## 3. Compressions

- a. Place backboard under patient for support and stability.
- b. Perform high quality compressions unless directed otherwise by Code Leader.
- c. Notifies team members when cessation of CPR exceeds 5 seconds.
- d. Ask for rest periods by other qualified personnel, ideally after each full 2 minute cycle of CPR.
- e. Communicate all interventions, times and responses to the Recorder.
- f. Review that all code related documentation is complete.

## 4. Communication Liaison

- a. Traffic control.
- b. Communicate requests to the Lead Nurse.
- c. Communicate with patient's family.
- d. Coordinate transfer per order.
- e. Direct EMS personnel to specific location.
- f. Communicate need to Materials Management and Pharmacy Nurse.
- g. Communicate all interventions, times and responses to the Recorder.
- h. Review that all code related documentation is complete.

## 5. Assist/Runner

- a. Assist as requested by the Communication Liaison.
- b. Wait outside the door.
- c. Assist with clean-up turnover of room with the Code Team after termination of the code.

A. The Pharmacy Nurse will be responsible for pharmaceutical contents and maintenance of the emergency code cart and the inspection procedure used.

- 1. The Code Cart medication drawer will be kept locked.
- 2. The Code Cart lock will be checked and verified by the Pharmacy Nurse.
- 3. If lock is broken, the cart contents will be re-checked, and the lock will be replaced.

A. The OR Lead, or designee, will be responsible for checking the code cart daily when the ASC is open for business.

**I. Implementation and Training Plan**

A. Each department manager will ensure that employees are notified of new and revised policies that are pertinent to their position.

B. Employees will be shown how to access policies during the orientation process.

**II. Reference Section**

A. References:

B. Prepared/Updated by: Tammy Barnes, RN, Quality Assurance & Risk Manager

C. Reviewed by: ASC Governing Board

**Attachments**

No Attachments

**Approval Signatures**

Approver	Date
Rose Bartlett: Cath Lab Manager	03/2019
Michele Dillman: Registered Nurse, Per Diem	03/2019

**Applicability**

WA - Kadlec Regional Medical Center

