TITLE: Code Blue Procedure

RESPONSIBILITY: Code Blue Team

PURPOSE: The purpose of the Code Blue team is to ensure the prompt and skilled cardiovascular and cerebral resuscitation of persons who suffer a cardiopulmonary arrest. The purpose of this policy is to outline the responsibilities of Code Blue team members. An ACLS qualified licensed health care provider is available 24/7, 365 days a year.

1. The Inpatient Code Blue Team responds to all Code Blues within the following areas:

    a. Main Hospital patient care units
    b. Heart & Vascular Center
    c. Radiology (shared with Outpatient Code Blue Team)
    d. Senior Behavior Health and Kobacker
    e. Peri-op areas for Main OR

2. The Outpatient Code Blue Team responds to all Code Blues within the following areas:

    a. Main Hospital non-patient care areas (including lobbies, waiting areas, and cafeteria)
    b. Radiology (shared with Outpatient Code Blue Team)
    c. George Issac
    d. Medical Pavilion ambulatory clinic areas (including first/second floor, Cardiopulmonary Rehab and Morse Center (3rd floor)
    e. Basement and First Floor of Dowling Hall (including Outpatient Occupational and Physical Therapy)
    f. Sleep Disorders Center (3C fan)

PROCEDURgE.: Hospital property within 250 yards of main hospital.

1. Initiation of a Code Blue

    a. Any personnel who find a person in apparent cardiopulmonary arrest may initiate a Code Blue. This person <u>must</u> stay with the victim and summon help by whatever means are available.
    b. The Code Blue is initiated by calling the hospital operator on telephone number 77 (desk phone) or 383-7700 (Ascom) and notifying of the Code Blue's location (in words, not initials).
    c. In special care units "code buttons" activate Code Blue.
    d. The hospital operator will call the team members' pagers.
    e. The hospital operator will voice page the location of the Code Blue (in words, not initials).
        i. Activating of the emergency tone device precedes the announcement of a Code Blue.

2. Guidelines during a Code Blue
   a. The Code Blue Team will adhere to American Heart Association Advanced Cardiac Life Support Guidelines.
   b. Basic life support (BLS) will be started by the first qualified person/s at the scene.
   c. Advanced Cardiac Life Support (ACLS) will be started by the first qualified person/s at the scene.
   d. Outpatient code blues will be triaged and sent to the Emergency Department as soon as the patient is stable enough to transfer. The House Supervisor will be responsible for calling additional team members from the MICU/SICU to assist in the outpatient areas as needed.

3. Composition of the Inpatient Code Blue Team

   a. One (1) assigned Hospitalist and/or one (1) Intensive Care Unit (ICU) Physician.

   b. One (1) Anesthesiology provider (assigned by the Department of Anesthesiology).

   c. One (1) Respiratory Therapist. (two (2) preferred)

   d. Minimum of two (2) nurses

       i. Lead Nurse (or designee) from the MICU and/or SICU (from code team).

       ii. Rapid Response Nurse (from code team).

       iii. Nurse of the patient for whom the Code Blue is called.

         • One (1) Nurse for recording.

         • One (1) Nurse to pass medications.

   e. One (1) Pharmacist assigned by the Department of Pharmacy with select medications (if available).

   f. Two (2) BLS trained employees or students available for compressions.

   g. House Supervisor.

   h. Security/Campus Police (as needed).

   i. Pastoral Care (when available).

4. Composition of the Out- Patient Code Blue Team

   a. One (1) assigned Hospitalist and/or one (1) Emergency Department (ED) Physician.

   b. One (1) Anesthesiology provider (assigned by the Department of Anesthesiology).

   c. One (1) Respiratory Therapist. (two (2) preferred)

   d. Two nurses

       i. One (1) Lead Nurse (or designee) from the ED.

       ii. One (1) Rapid Response Nurse

   e. One (1) Pharmacist assigned by the Department of Pharmacy with select medications (if available).

   f. Two (2) BLS trained employees or students available for compressions,

   g. House Supervisor.

   h. Security/Campus Police (as needed).

   i. Pastoral Care (when available).

5. Duties and responsibilities of members of the Code Blue Team
    a. The physician Team Leader will be established upon initiation of the Code Blue.
    b. The Physician Team Leader will assign tasks to the Code Blue Team members.
    c. A second physician will perform procedures as requested by the Physician Team Leader. If the ICU Physician assumes the role of -Physician Team Leader for Code Blue, he/she should not become involved in performing procedures.
    d. The Anesthesiology provider will be responsible for establishing an airway and adequate ventilation.
    e. Respiratory therapy shall be responsible for maintenance of ventilation after an airway has been established and chest compressions if a second Respiratory Therapist is available (along with other BLS trained staff or students).
    f. A minimum of two (2) nurses shall be present at each Code Blue, with responsibilities as detailed below. These two (2) nurses may change roles or flex to accomplish safe effective resuscitation.
        i. Medication administration
        ii. Recording
    g. The Pharmacist reviews the patient's medication profile; provides recommendations and information as needed regarding drug therapy.
    h. Campus Security will provide crowd control. This may include diverting patients, visitors, or services to another location or area.
    i. Pastoral Care will provide support to families of patients. The Chaplain may enter the patient's room with the approval of the Physician Team Leader. The Chaplain will help provide family members the option of being present if safe.
    j. The Nursing House Supervisor (HS):
        i. Cares for and notifies the family of the patient.
        ii. Notifies the hospital Chaplain of the code.
        iii. Ensures that a bed is expeditiously made available for patient transfer.

6. Transfer of the patient
    a. The Physician Team Leader will determine where the patient will be transferred. Whenever possible, the Physician Team Leader will consult with physician of record, or his designate, prior to this decision. When this is not possible, the Physician Team

Leader will consult with the physician of record after patient's stabilization and/or transfer.
   b. The Physician Team Lead remains responsible for medical care during in-patient transport.

7. Traffic control
   a. The Physician Team Leader or House Supervisor will request that non-team members leave the area.
   b. The Physician Team Leader or House Supervisor may permit observers at the code if the numbers are limited, and they do not interfere with the Code Blue Team.

8. Termination of Code Blue
   a. The HS will notify the patient's physician of record, or designee, that a Code Blue has occurred. The attending physician must clearly indicate what a reasonable duration is for the Code Blue. If the attending physician desires, he/she may delegate this decision to the Physician Team Leader.
   b. If a patient with a Do Not Resuscitate – Comfort Care (DNR-CC) order is inadvertently resuscitated, the code should be discontinued when the Physician Team Leader becomes aware of the code status and there has not been a response to resuscitation or there is no expectation of a successful resuscitation.

9. Second (Simultaneous) Code Blue
   a. The telephone operator will be initiate the procedures outlined above.
   b. Composition of the backup Code Blue Team
         i. The Physician Team Leader will designate one or two (1 or 2) physician members of the team to proceed to the site of the second Code Blue.
         ii. Alternate Code Blue team members from MICU/SICU, Rapid Response, and Respiratory therapy will respond to a second Code Blue in any inpatient or outpatient area happening concurrently to any inpatient or outpatient Code Blue to provide a fully staffed Code Blue Team.

10. Record of Code Blue
   a. The recorder will document events on Code Blue flowsheet. This form shall be completed by patient care personnel to document UTMC actions. The flowsheet is scanned into the patient's electronic medical record (EMR).

11. Review of Code Blue events
   a. The Code Blue Committee and the Quality Management department will regularly review Code Blue events according to The Joint Commission R^3 Report. The purpose of such a review should be to evaluate the quality of patient care and the outcomes.
   b. The data submitted for the review should be the Code Blue Evaluation form.
         • Forms should be filled out by all members of the code team at the conclusion of the code.
         • The evaluation criteria on the form should be reviewed at least annually by the Code Blue Committee.
   c. Debriefing with the code team should take place at the conclusion of the code, with the Lead RN or House Supervisor facilitating when possible.

12. Special Code Blue procedures
    a. Codes in areas without a code cart.
        i. Codes in the Gift Shop, Lobby and Cafeteria – The ED will provide a code cart and a stretcher. The code cart is the priority.
        ii. Codes in the basement of the hospital, including Dietary, Pathology, Pharmacy, Central Service, Biomed and Campus Police – Respiratory Care staff will provide the code cart.
        iii. Codes in the Medical Pavilion, Basement and First Floor of Dowling Hall, Orthopedic Clinic and Cardiac Rehab will have assigned staff members bring the code cart.
        iv. Codes occurring outside the walls of the main hospital within 250 yards of the building and within the hospital property will be attended by the ED staff. 911 will be called if needed to assist the team with transport back to the hospital while the patient is being attended to by staff.

13. Pediatric Code Blue.
    a. In the event of a pediatric Code Blue, the following steps shall be taken.
        i. The person calling the telephone operator to announce a code on a pediatric patient must clearly state that it is a "Pediatric Code Blue."
        ii. The telephone operator will then activate Code Team and announce, "Pediatric Code Blue".
        iii. The Rapid Response RN will take the Broselow bag to all in-patient pediatric code blue events.
        iv. The ED RN will take the Broselow bag to all out-patient pediatric code blue events.
        v. The HS will immediately activate transport from UTMC to a children's hospital.
        vi. All Code Blue procedures and personnel listed for adults in this policy will apply to Pediatric Codes. A PALS certified nurse will be at the bedside as well for all Pediatric Codes.

Initiated: 3/23/2024 Melissa Kukiela, BSRC, RRT
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