(A) Policy Statement

Code Surgery C is a special code to activate the Surgery C team when one of the patients on the Surgery C service is experiencing an unexpected, emergent event that may result in the need for returning to or progressing to the Operating Room. The team is activated for all Surgery C patients who have suffered an unexpected, emergent event.

(B) Purpose of Policy

The purpose of the Code Surgery C is to more quickly provide a method for activating the Surgery C team during a critical patient event. The result will be getting the patient to the Operating Room more quickly and more efficiently. This policy outlines the process and communication pathway for the Code Surgery C.

(C) Procedure

1. Patient non-code.
   a. If the patient is having difficulties but has not reached Code Blue status, handle the situation by contacting the physicians involved in the care of the patient, working to receive and implement orders. Consult with the physician to determine if a Code Surgery C needs to be activated.
   b. If physician/team decides not to progress to a Code Surgery C continue to handle the situation as described.
   c. If it is determined that a Code Surgery C is to be activated, contact the operator by dialing x77 and ask them to activate Code Surgery C for the patient in room (identify room) bed (identify bed) and institution (UTMC).
      Example: Dial x77. When operator answers state “Activate Code Surgery C for patient in 2218 – I, UTMC”.

2. Patient code
   a. Activate a Code Surgery C by contacting the operator by dialing x77 and asking them to activate Code Surgery C for the patient in room (identify room), bed (identify bed) and institution (UTMC).
   b. Continue with the care of the patient.

3. Departments involved
   a. The following departments/personnel carry pagers and should receive the Code Surgery C page:
      1) CV OR team
      2) Anesthesiology
      3) Perfusion
      4) House supervisor
      5) CV-SICU nursing staff (purpose: to provide back up assistance for ICCU when necessary in critical Code Surgery C situations.)

      Point of emphasis: On weekends/off-shifts/holidays once on the way in, each member who is responding to the Code Surgery C will call in to the operator to verify pages have been received.
Roles and Responsibilities

1. Primary Nurse:
   a. Collect pertinent patient information and communicate information to the team.
   b. Administer treatment as prescribed.
   c. Activate Code Surgery C by dialing x77 as listed above.
   d. Document events including activation of Code Surgery C, either in nursing notes or code notes.
   e. Facilitate transfer of patient to operating room or higher level of care as needed.
   f. Notify the family of change in patient’s status.

2. Physicians
   a. Prescribes treatment as necessary.
   b. Assist in determination of whether Code Surgery C is to be implemented or not.
   c. Facilitate transfer of patient to operating room or higher level of care as needed.

3. House Supervisor
   a. Provide expertise in patient flow.
   b. Facilitate proper bed placement for patient based on acuity and assessed needs.
   c. Assist in notifying family of change in patient’s status.

4. Operator
   a. When called by staff, activate the group pager and text “Code Surgery C. Patient room (fill in), bed (fill in), at UTMC.”
   b. On weekends/off shifts/holidays, verify that all members on the checklist call in to insure all have received their page and are responding.

Documentation

The primary RN must document when the Code Surgery C was activated on the appropriate form (i.e., code notes for patient who is a Code Blue status; in nursing narrative for patient who is not coding but is receiving treatment).

Approved by:

Moneeca Smith, MSN, RN
AVP Patient Care Services/CNO

Review/Revision Completed By:
Nursing Director, SICU, MICU, ICCU, RCMS
Policy & Standards Committee: 6/18

Policies Superseded by This Policy: New