

	<p>POLICIES AND PROCEDURES</p> <p>Title: CODE BLUE – Adult / Pediatric</p> <p>I.D. Number: 1012</p>
<p>Authorization:</p> <p><input checked="" type="checkbox"/> Code Blue Committee</p> <p><input checked="" type="checkbox"/> SHR Nursing Practice</p>	<p>Date Reaffirmed: January 2018 – updated Appendix</p> <p>Date Revised: May 2013</p> <p>Date Effective: October 2006</p> <p>Scope: SASKATOON CITY HOSPITAL ST. PAUL’S HOSPITAL ROYAL UNIVERSITY HOSPITAL</p>

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DEFINITION:

Code Blue - is the term used to alert the Code Blue team (Resuscitation team) to an area where a person has had a cardiac/respiratory arrest.

1. PURPOSE

- 1.1 To ensure the immediate provision of BLS and Advanced Cardiac Life Support (ACLS) / Pediatric Advanced Life Support (PALS) recognized guidelines as per the Heart and Stroke Foundation by certified SHR employees and physicians. To ensure the immediate provision of BLS and ACLS recognized guidelines as per the Heart and Stroke Foundation by certified SHR employees and physicians.

2. POLICY

- 2.1 A Code Blue will be initiated on all patients, visitors and staff suffering a cardiac/respiratory arrest. If the arrest is unwitnessed nursing and/or medical staff may use their discretion to call a code if the unwitnessed period is clinically assessed to be brief.

Exceptions are those patients who have an advance care directive or resuscitation care plan directing otherwise. (See Resuscitation Policy # 7311-60-016).

- Unless specified otherwise, code calls, are assumed to be Adult.
- For individuals 17 years of age less a day, call a pediatric code blue.

- 2.2 Should a cardiac / respiratory arrest occur in a unit and it is deemed that the appropriate personnel and equipment are currently present to provide BLS/ACLS/PALS, a general code blue call might not be initiated.

- 2.3 Staff trained in the use of the LifePak 20 Automatic External Defibrillator (AED) function, may initiate AED use prior to the arrival of the Code Blue Team. (See Appendix A)

- 2.4 The Emergency Medical System (EMS) will be activated for all areas in the hospital not covered by the Code Blue team, as well as all arrests occurring outside the building. If the team is not able to transport the Code Blue Cart to the scene, the team will provide Basic Life Support (BLS) until EMS arrives. Refer to appendixes for site-specific information.
- 2.5 If assistance is required for an individual who is not in cardiac/respiratory arrest see policy # 7311-60-025 Responding To Unwell/Injured Individuals on Hospital Grounds.

3. PROCEDURE

- 3.1 Any individual may call a code blue and certified staff will initiate BLS and AED if available, until relieved by the Code Blue team.
- 3.2 The code blue team is notified by hospital switchboard.
- 3.3 The unit calling the code must dial 321 to alert switchboard to call a code, giving the exact location (i.e. unit, floor, wing, building)
- 3.4 Switchboard will notify the Code Blue team using an overhead announcement and/or the pager system.
- 3.5 The Code Blue team must ensure the area/scene is safe before proceeding with their response.
This requires rapid assessment of the location and circumstances associated with the Code Blue call.
- 3.6 The Code Blue team will not respond to areas where unpredictable and variable environmental conditions exist.
- 3.7 When a Code Blue is called, all members of the Code team will respond immediately. Refer to Appendices B to D for site-specific information regarding members of the Code Blue team.
- 3.8 In the event of simultaneous codes or a second code occurs prior to the conclusion of a code call, the code team will work collaboratively to ensure a prompt response.
- 3.9 The units where the Code Blue carts are located are only responsible for transporting the cart to the unit where a Code Blue has been called. (see Appendices B to D for site specific cart coverage).
- 3.10 Nursing staff from the unit where the Code Blue occurs should return to their unit.
- 3.11 Code Team members function collaboratively during the code with one person identified as the code team leader.
- 3.12 Family members wishing to be present during the code should be supported with a designated person.
- 3.13 The Code Blue will follow the AHA/HSFC ACLS/PALS guidelines. It is recommended all members have current ACLS/PALS training and certification.
- 3.14 Unit staff will assist the Code Blue team as directed.
- 3.15 The individual assigned as recorder will document all treatments, medications, ECG data etc. on the Code Blue record.

3.16 Resuscitation equipment will be immediately available for all Code Blue calls. - See policy "Code Blue Cart Contents and Use ID#1069".

3.17 Following a successful resuscitation of a SHR inpatient, and planned transfer to a critical care unit, a Code Blue team nurse will remain with the patient until the transfer occurs.

Following successful codes on other than SHR registered in-patients, the patient should be transferred to Emergency for further assessment and treatment. Exceptions to the above may occur.

3.18 Communication between sending and receiving units must occur before any transfer occurs.

3.19 It is the responsibility of the unit where the patient is located to notify the MRP and nearest relative / legal guardian in a timely fashion. If unable to locate them, this information must be communicated to the receiving unit.

3.20 Following an unsuccessful code – refer to SHR policies regarding "Death Pronouncement, Care of Body and Belongings ID#1077".

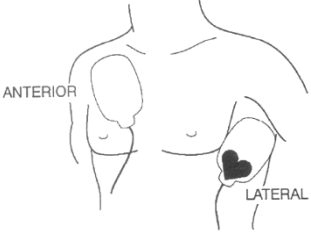


4. REFERENCES

2015 Handbook of Emergency Cardiovascular Care for Healthcare Providers, American Heart Association

Highlights of the 2015 American Heart Association Guidelines for CPR and ECC Physio-Control Lifepak® 20e Defibrillator / Monitor User Manual 2008

APPENDIX A

AED PROCEDURE FOR PHYSIO CONTROL LIFE PAK 20

Screen Message	Press the green ON button of the defibrillator
<p>CONNECT ELECTRODES</p> 	Apply the QuikCombo electrodes in the anterior –lateral position while CPR is ongoing.
ANALYZING NOW – STAND CLEAR	Press the ANALYZE button. Stop CPR. Do not touch the patient. The ANALYZING NOW – Stand Clear message will illuminate.
SHOCK ADVISED. Charging to 200 J	If a shock is indicated you will see and hear SHOCK ADVISED. The AED begins to charge. You will hear an audible tone indicating that the defibrillator is charging.
<p>200 J AVAILABLE</p>  <p>BUTTON</p>	When the charging is complete (less than 2-3 seconds) you will see and hear STAND CLEAR, PUSH TO SHOCK. The shock LED buttons flashes
	Ensure that everyone is clear. You must ensure that you and those around are not touching the patient or the bed. This involves doing a visual check of the area and giving a verbal warning , ALL CLEAR
	When everyone is clear, push and hold the discharge current button until current is delivered.
ENERGY DELIVERED	You will see the message ENERGY DELIVERED.
START CPR 2:00	Immediately resume CPR. A count down timer continues for 2 minutes at which time the machine will prompt you to analyze the rhythm.
NO SHOCK ADVISED	If at anytime following pushing the ANALYZE button the AED detects a non-shockable rhythm, immediately resume CPR.

For more detailed instructions on AED use of the LifePak 20 see the Operating Instruction Manual pages 4-6 to 4-12 or visit http://www.physiocontrol.com/uploadedFiles/countries/Canada/LP20_OI_3200750-033.pdf

Appendix B

CODE BLUE COVERAGE – ST. PAUL’S HOSPITAL

1. The Code Blue Team at SPH consists of the following:
 - ICU physician or designate (team leader)
 - 2 RN’s from ICU assigned to the Code Team
 - 1 Respiratory Therapist
2. Cart location & Cart coverage

Floor	Unit * indicates cart has pediatric supplies	Number of Code Carts	Additional areas covered by unit cart
Main	Emergency *	One	
Main	Diagnostic Imaging *	One	
2	ICU (travel cart)*	One	<ul style="list-style-type: none"> • Test Center • Ambulatory Care • Pre-Operative Unit (including Flex Unit 1) • Endoscopy, DSU • Flex unit 2 • Main floor of C-wing(administration) • Walkway from hospital to parkade • Any non patient area within SPH not covered by another cart. • 3rd floor interstitial/mechanical space * IF escorted by security or maintenance
	ICU	One	
2	Non-invasive cardiology (ECG)	One	
2	OR* (travel cart)	One	<ul style="list-style-type: none"> • PACU
3	Renal Unit (travel cart)	One	<ul style="list-style-type: none"> • Chronic Kidney Insufficiency Program • Peritoneal Dialysis
4	4B Surgery	One	
5	5B Surgery	One	
5	5A Surgery	One	
5	5 th Medicine (travel cart)	One	<ul style="list-style-type: none"> • Palliative Care
6	6 th Medicine	One	
7	7 th Medicine	One	

3. Tenants of C-Wing must call EMS at 9-911 first, then notify switchboard, who in turn notifies the ICU Outreach team: see 1.5. Security will also be notified to direct EMS to the location.
4. The Emergency Department will provide back-up to the ICU Code Blue Team in the event of a second Code Blue call occurring while the original code is still in progress. The Emergency Department will send personnel to the second Code Blue call. The ICU is responsible for notifying the Emergency Department when the original Code Blue call is completed and they are once again available to respond to further Code Blue calls.

CODE BLUE COVERAGE – ROYAL UNIVERSITY HOSPITAL

1. Members of the Adult Code Blue team
 - 2 Internal Medicine Residents
 - CCU Resident (designated Code Blue Leader)
 - CCU nurse
 - ICU nurse
 - Respiratory therapist
 - Anesthesia or designate

2. PICU answers all pediatric Code Blue calls within RUH regardless of location
Team consists of:
 - PICU nurse (Charge Nurse and/or PICU Transport Nurse)
 - PICU CCA/Resident,
 - Respiratory TherapistPediatric code blue team will utilize the nearest code cart and bring additional supplies from PICU

3. The Code Blue Team does NOT transport the code cart to Ellis Hall. The Code Team will respond with BLS and provide basic supportive measures until EMS arrives.

4. Areas at RUH without access to 321 should call 9-306-655-1234 to notify switchboard re: code blue

Appendix C Cont.

Cart location & Cart coverage

Floor	Unit * indicates cart has pediatric supplies	Number of Carts	Additional area covered by unit cart Including pediatric code calls
Ground	ICU	Two	Cath Lab 1- Peds cart* <ul style="list-style-type: none"> • Cafeteria • PACU • Adult code calls on pediatric units • 1955 building excluding: Obstetrics, Labour Assessment / Triage Antepartum, Medical Day Unit, Heart Function Clinic, and Electrodiagnostics • Main floor 1978 building (even Peds) excluding Diagnostic Imaging and Nuclear Medicine, MRI, Peds Out Patients • Any other non-patient areas within RUH not covered by another cart
	Emergency*/ERC	Five	
	PET/CT*	One	
	Hemodynamics*	Three	
	CCU (1 travel cart)*	Two	
	OR*	One	Pediatric codes on 3 rd floor 1978 building Day Surgery
Main	Diagnostic Imaging*	One	
	Nuclear Medicine*	One	
	MRI*	One	
	Peds Outpatients*	One	
3 rd	PICU*	One	
	NICU*	Two	
	CSSU (travel cart)	One	
5 th	5000	One	5100 Medical Day, Heart Function Clinic
	5200(travel cart)	One	
	5300 (travel cart)	One	
	CTU 5 th	One	
6 th	6000	One	
	6100	One	
	6200	Two	
	6300	One	
1955 building	Electrodiagnostics*	One	Labour Assessment / Triage Antepartum
	Labour & Delivery*	One	
Dube Center	* (travel cart)	Two	Located Main Floor Dube Centre and 2 nd Floor
Ellis Hall	Call 911		

CODE BLUE COVERAGE – SASKATOON CITY HOSPITAL

1. The Code Blue Team at SCH consists of the following:
 - Critical Care Associate (team leader)
 - 1 RN from Emergency on days (0900-2100)
 - 1 RN Clinical Support Nurse on nights (2100-0900)
 - 1 Respiratory Therapist

2. Cart Location and Cart Coverage

Floor	Unit * indicates cart has pediatric supplies	Number of Carts	Additional areas covered by unit cart
Level 1	Electrodiagnostics	One	All Medical Imaging
Level 1	Emergency * (travel cart)	Three	Level 0,1,2,4,5 and Pediatric Codes from <u>0900-2100hrs</u>
Level 1	Women’s Health Centre	One	None
Level 3	3200 * (travel cart)	One	Level 3 from <u>0900-2100</u> Level 0,1,2, 3,4,5 and pediatric codes from <u>2100-0900</u>
Level 3	Observation (SOU)	One	
Level 3	OR*	One	
Level 3	ctc	One	
Level 6	6300 (travel cart)	One	Level 6 including sleep lab
Level 7	Rehab (7 th East) (travel cart)	One	Level 7, 8

Special Circumstances

- If a Code Blue is called after hours on the **8th floor, Ambulatory Care, 4100, 4200 and 1300 (Women’s Health)** a Security or Maintenance personnel will be requested.

- **Operating Room**
 The Operating Room (OR) will push the Code Blue button if they require the team’s assistance. The Code Blue Team will enter the OR through the main doors located directly off of the staff elevators. Blue coveralls and hat are located at front desk and are to be worn prior to entering the OR. The Team will proceed through the patient holding area to the desired OR theatre. On Evenings and weekends on call surgeries are mostly performed in **Theatre 1** located beside PACU.