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Code Procedure: Code Blue and Pediatric Code Blue Team Roles and Responsibilities, 30.50.46 25.35.11

Document Type: Policy, Guideline

SUPERSEDES: 03/09, 2/07, 08/04

Note: This policy encompasses the Code Blue and Pediatric Code Blue team roles and responsibilities for an internal code within the OR setting. If it is determined that an external code shall be activated; please refer to procedure number 601.00.00. External code activation is more likely during evening, night and weekend shifts.

A. CODE BLUE

The method by which imminent or actual respiratory and/or circulatory arrest is recognized and treated in the adult patient.

B. Pediatric CODE BLUE

The method by which imminent or actual respiratory and/or circulatory arrest is recognized and treated in the neonatal and pediatric population (up to 12 years or signs of puberty)

C. BASIC LIFE SUPPORT

The external support of respiration and circulation during a respiratory and/or cardiac arrest by mouth-to-mask with one way valves, ventilation and closed chest cardiac compressions (CPR).

D. ADVANCED CARDIAC LIFE SUPPORT

This includes basic life support plus use of adjunctive equipment, establishment of an intravenous fluid lifeline, advanced ventilatory support, drug administration, cardiac monitoring, defibrillation, control of dysrhythmia, and post return of spontaneous circulation care.

E. PEDIATRIC ADVANCED LIFE SUPPORT

The program designed and endorsed by the American Academy of Pediatrics which includes basic life support, drug administration, cardiac monitoring, defibrillation, control of dysrhythmia, and post-resuscitation.

F. NO CODE/ADVANCED DIRECTIVES

All patients will be resuscitated unless there is a written "NO CODE"/DNR order. For those patients with Advanced Directives, refer to house wide policy # #1616

G. RESUSCITATION EQUIPMENT

This equipment is contained in modular form within the locked cart or on the top of the code cart. O₂ tanks are on each cart, and wall suction to be used. NOTE: Carts on first and fourth floors have suction available. All code carts, except the exchange carts, are equipped with defibrillator/synchronized Cardioversion equipment.

OR CODE BLUE AND PEDIATRIC CODE BLUE TEAM DUTIES:

1. Physician Leader
 - a. Anesthesia
 - b. Surgeon
2. Case Circulator – Primary Nurse
3. Medication Nurse – PACU Nurse
4. Recorder – OR RN Float
5. CPR Provider – Surgeon, Surgeon Assistant or Scrub Tech/Nurse, Anesthesia tech, OR Assistant,
6. OR Desk Nurse – Lead Nurse
7. OR Assistant
8. Chaplain
9. Patient Care Supervisor (PCC)

A. Physician Leader: Anesthesia/Surgeon

1. Responsible for managing ACLS/PALS procedures, directs resuscitation measures
2. Periodically check for return of pulses and respirations

B. Anesthesia

1. Collaborate with surgeon regarding patient response to treatment measures
2. Ventilate and intubate if necessary
3. Interpret cardiac rhythms and communicate findings to team. Print out EKG strips as appropriate
4. Coordinate defibrillation with circulating nurse or designee
5. Check pupil size and reaction
6. Periodically check for return of pulses and respirations
7. Communicate all interventions and responses to the recorder nurse
8. Review that all code related documentation is complete and in the chart

C. Surgeon

1. Collaborate with anesthesia regarding patient response to treatment measures
2. Will employ measures to safeguard incision site and communicate effectively to team.
3. Review that all code related documentation is complete and in the chart.

4. Scrub

5. Will employ measures to safeguard incision site as instructed.

6. Will prioritize measures to maintain sterile field vs. patient needs

D. Case Circulating Nurse: Primary Nurse

1. Call code over the intercom/phone system within the Peri-op department or per house wide procedure as appropriate.
 2. Obtain or delegate a team member to get the code cart if not already available
 3. Connect the patient to defibrillator on code cart and defibrillate patient as directed by Physician Leader
 4. Provide patient history to arriving members of code team
 5. Assist other team members as needed
 6. Coordinate with Lead Nurse re: ABGs, lab results, x-ray, code progress, disposition if patient expires, etc.
 7. Dismiss code team members when no longer needed
 8. Communicate all interventions and responses to the recorder nurse
- Review that all code related documentation is complete and in the chart

E. Medication Nurse: PACU Nurse

1. Assist with starting additional IVs if necessary
2. Remove drug tray from code cart
3. Remove code medications book from cart and display for reference
4. Assist anesthesia with medication administration as ordered by physician
5. Communicate all interventions and responses to recorder nurse
6. Immediately notifies Circulator-Primary Nurse if medication supply needs to be replenished
7. Review that all code related documentation is complete and in the chart

F. Recorder: OR Float – use white board if possible for documenting times

1. As soon as code is called, note the time on the wall clock
2. Remove code record from the code cart
3. Ask code team to speak up & relay information on interventions for documentation. Verify
4. Record all pertinent facts about the code.
 - a. Time elapsed
 - b. Medications given (name, dose, route, time)
 - c. Cardiac rhythms/patterns
 - d. Observations made by other team members
 - e. Treatments rendered and patient's response
 - f. Pupil size and reaction
 - g. Pulse, blood pressure, temperature, and respirations
 - h. Communicate all interventions & responses to the other team members
 - i. Complete info related to termination of code, note time & rhythm activity.

5. After the code, have all team members, plus any other personnel who assisted, sign the record
6. Place code record on patient's chart. Provide a copy to PCC.
Review that all code related documentation is complete and in the electronic medical record

G. CPR Provider: Surgeon, Surgeon's Assistant or Scrub, Anesthesia Tech, OR Assistant *

1. Provide internal/external massage and continue compressions unless directed otherwise by physician. Notifies team members when cessation of CPR exceeds 5 seconds for checking monitor patterns or 15-20 seconds for endotracheal intubation
2. Ask for rest periods by other qualified personnel
3. Communicate all interventions and responses to the recorder nurse
4. Review that all code related charting is complete and in the electronic medical record.
 - Any trained staff member may perform CPR

H. OR Desk Nurse: Lead Nurse

1. Make code float assignment
2. Inform Nurse Director, Nurse Manager, Chaplain and PCC of code situation in the OR.
3. Remain at the desk to assist and coordinate with other departments (i.e. lab, blood bank, ICU, Phase I, etc.) The Circulating Nurse will communicate requests to the Lead Nurse.
4. Coordinate post-mortem care and organ procurement procedures with PCC, if necessary.

I. OR Assistant

1. Obtain code cart upon announcement of the code and take to code location (if not already there).
2. Wait outside the OR/PACU door to run to lab, blood bank, etc. as needed.
3. Make sure any lab tests or x-ray orders have been communicated to the desk for computer order entry.
4. Assist with clean-up turnover of OR/PACU room with the code team after termination of the code.
5. Will transport used code cart to Central Supply department and notify CS personnel that the cart requires reprocessing/exchange.

J. Chaplain

1. Provide emotional and spiritual care and information to family
2. Support revived patient or deceased patient's family and other patients and staff during and after crisis
3. Communicate all information concerning family to the recorder nurse
4. Assist in the post-mortem procedures and facilitate organ procurement
5. Review that all code related documentation is complete and in the electronic medical record

K. Patient Care Coordinator (PCC)

1. The PCC has the authority to facilitate additional resources as needed
2. Assist or direct other team members as needed
3. Dismiss code team members when no longer needed
4. Assume the Chaplain's role in his/her absence

5. Communicate all interventions and responses to the recorder nurse
6. Facilitate post-mortem procedure if patient expires
7. Facilitate organ procurement procedure if patient expires

* **Note:** All team members are expected to remain at the code until dismissed by the PCC or primary nurse.

Attachments:

No Attachments

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