**Code Blue Policy**

- “Code Blue” is a term used to alert the Code Team and hospital staff of the significant deterioration in a patient’s status (e.g. unresponsiveness, absence of blood pressure, status epilepticus) indicating the immediate need for staff experienced in management of emergent medical problems.

- For all cardiac arrests occurring at Covenant Health St. Mary’s Camrose, nursing staff will call the patient’s physician; if the patient’s physician is not available the physician on call will be contacted (or a consulting physician if he has been directly involved in patient’s care).
- Nursing staff will follow ACLS Guidelines.
- Each nursing unit will designate staff on each shift to respond to “Code Blue’ calls.
- A code will be called on all persons who do not have a “Do Not Resuscitate” physician’s order.
- Specially trained & certified nursing staff can defibrillate per ACLS guidelines
- A physician’s order is required before code procedure is stopped.
- A physician’s order is required to apply the pacemaker to a patient.
- All nursing staff in ER, Unit 2, OR and Floats are to be familiar with the operation of the monitor/defibrillator, crash cart contends and Code Blue procedure.

**Indications for Calling A Code Blue**

<table>
<thead>
<tr>
<th>Code Letter</th>
<th>Description</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>C</td>
<td>Chest Compressions</td>
<td>Initiate Chest Compressions</td>
</tr>
<tr>
<td>A</td>
<td>AIRWAY</td>
<td>Open the Airway</td>
</tr>
<tr>
<td>B</td>
<td>BREATHING</td>
<td>Deliver two (2) Breaths</td>
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- When a patient’s airway, breathing and circulation are inadequate, the attending or physician on call should be contacted STAT
### First Responder

- **First Responder**
  - Assess CAB’s (Circulation Airway, Breathing)
  - Calls for help and presses code button if available
  - Place the patient in supine position with the head of the bed flat.
  - Starts CPR (Uses the disposable CPR mask available on the wall in each patient room).
  - Stays in the room even after help arrives. You will have vital information and may have to direct the code (if Senior RN)

### Second Responder

- **Calls Code Blue by pushing a Blue Code button if available, or by entering “86” on the phone system and announcing Code Blue and the location (3Times) on the overhead pager. When the blue button is activated, Unit Two will page the code location if you are not able to do so. (Remember to push the “Cancel Code” button when the Code Team arrives.)**
  - Notifies the Physician or Physician on Call
  - Returns to the code scene to assist with CPR.

### Third Responder

Removes all visitors from the room. Assigns a staff member to escort them elsewhere and instruct that staff member to ensure that Pastoral Care has been called to care for the visitors and family.

- Removes all unnecessary furniture from around the patient’s bed. Takes the headboard off the bed and pulls the bed away from the wall. Removes the call bell from the bed so as not to damage the bell with body secretions, unplugs the bed, unplugs infusion pump from the electrical outlet.
  
  - If possible, has other patients in the room moved elsewhere. Brings the back board and emergency kit (Laerdal bag with O2 flow meter/tubing, airways, and suction apparatus with Yanker suction catheters.
  - Assist with CPR
  - NOTE: Some of these steps may be done before the actual code if it is
Responsibilities of the Code Team

- Ideally, there will be sufficient numbers of staff responding to a Code to allow for the following:

  2- Chest compressions (1 to relieve) switch after every cycle according to Heart and Stroke Guidelines.

  2- Operate ambu bag (when respiratory therapist is not available) (1 to maintain mask seal, 1 to ventilate bag & also to help suction patient)

  1- To care for the relatives and contact Pastoral Care.

  1- Handle crash carts and machines (ECG, defib). Preferably ACLS certified RN.

  1- Chart using Code Flow sheet (preferably someone familiar with terms and procedures)

  1- Start IV- preferably someone covered to give IV Push drugs if possible.

Note: If the code is not in the OR, ER or SCU the staff from Unit Two will take the travelling crash cart to the code.

- When the code is in Emergency, assign extra staff to care for ER patients. Try to leave the ER LPN free to assist with other patients and to act as a runner if the travelling cart is required as back up to ER equipment during a code in that department, ER staff will notify Unit 2 to bring the cart.

- In addition, one person should be in charge of the code. Ideally, if a physician is present, he/she will give clinical directions and the Unit Manager/Charge Nurse will direct staff assignments. When no physician is present, the ACLS certified RN present will direct the code until a physician arrives.
These assignments may not always be possible (ex. Night Shift) and will have to be re-allocated. There may not be anyone immediately available to care for relatives. The ACLS RN may have to assist with IVS in addition to directing the Code until the physician arrives.

Instruct everyone who is not required to return to their unit.

- **Staff doing Chest Compressions**
  - Places the board under the patient’s back. A board is located on the front of the crash cart.
  - Continue doing compressions as outlined by the Canadian Hearth & Stroke Foundation and as reviewed in your annual BCLS recertification class.

- **Staff operating Ambu Bag**
  - Inserts an airway; usual size for an adult is #4 or #5
  - Ventilates the patient with the Ambu-bag. Turns the oxygen flow meter to 12-15 liters (100% O2) per minutes. Makes sure that the mask fits the patient’s face. The mask will fit better if the patient’s false teeth are left in the patient’s mouth. Attaches O2 tubing directly to the flow meter (omit the water bottle).
  - Assists the physician with intubation. A #7.5 or #8 endo-tracheal tube is commonly used. Endo tracheal tube holder is required to secure the tube.
  - Other equipment that should be prepared is on the intubation tray in the crash cart and will include a laryngoscope with blade, a sty let, muco pack and 10cc syringe.
## Staff operating Crash Cart

- Disconnects the patient from the bedside cardiac monitor (if in OR or SCU)
- Turns the monitor on from the right side when possible.
- Places the gel pads (Adult quik combo) on the patient’s chest in the appropriate places.
- Turn monitor to either AED or monitor. If in AED mode follow directions, in monitor mode follow ACLS guidelines.
- Places the electrodes on the patient’s chest and attach the leads. Switch the monitor to Lead II. (This should be done with staff familiar with lead placement.)
- Runs a strip of any major event (defib), a change of rhythm and before and after medication administration.

## Staff Initiating IV

- Initiates an intravenous line and infuses Normal Saline. Inserts the IV Catheter above the wrist if possible. The anticubital site is acceptable. Tries to start a large bore cathlon (#18 or larger)
- Gives medications IV bolus or infusion as directed.
- Starts a second IV whenever possible.
- When meds are being given, CPR should be done for 30-60 seconds following administration to ensure that they are being circulated. ACLS stresses lifting the patient’s arm after administration of medication and blousing the IV fluid.
Staff doing Charting

- Reminds staff as necessary that everything being done is called out to ensure accurate charting.
- Writes accurately and succinctly - there is not time for a lot of elaboration. (Be familiar with Code Blue Flow sheet and Guidelines for use).
- Have available a running total of mgs. Of each medication being given and be ready to provide the Code Director with this information.
- Be sure that recorded times coincide with times on the monitor.

Staff Caring for Relatives and Calling Pastoral Care.

- Calls the family and asks them if they wish to have Pastoral Care present.
- Calls Pastoral Care.
- Stays with the family (if present) or be ready to intercept them when they arrive.
- Maintains a calm caring manner.
- Gives whatever information is available but not too technical.

Person Directing the Code

- Assigns specific tasks - tries to base assignments on specific expertise as able. (Ex. Psych to care for relatives, etc.)
- Ensures Code team personnel are carrying out assigned tasks.
- Directs the code as per hospital policy and procedure.
- Ensures that the physician, family, Pastoral Care and Respiratory (if deemed necessary by Code Director) are called.
- Instructs unnecessary personnel to leave unless they are observers.
- When physician arrives to take over direction of the code, stands by to assist where necessary, to monitor that tasks are being carried out and to assess how the code is managed. Ensures that the physician is informed of all preceding events.
Responsibility of Staff Not Involved in Code

- Ensures that all other patients are properly cared for.
- Is available to the code team to deliver supplies, messages, and any other requests.
- Ensures that the family and visitors are properly cared for. Unit 3 RN to assist if able.
- Has one person stay with patients to give reassurance if it is not possible to remove them from the room.