- **Code Blue/Pediatric Medical Emergency**

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

- **Indications for Calling A Code Blue or Pediatric Medical Emergency**

  Initiate a Code Blue when any individual on Misericordia Community Hospital property is pulseless, not breathing, has agonal breaths OR is severely compromised and will die without immediate intervention. When a patient’s airway, breathing and circulation are inadequate, the attending physician on call should be contacted STAT. Note: Refer to page 7 for specific instructions for Pediatric Medical Emergency.

  Medical Emergencies outside of Designated Patient Care areas see Medical Emergency Response Policy IV-45. (In this instance, a code is called at the discretion of designated staff’s assessment)
<table>
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<th>First Responder</th>
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<tr>
<td><strong>C</strong></td>
<td>Chest Compressions</td>
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<tr>
<td><strong>A</strong></td>
<td>AIRWAY</td>
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<tr>
<td><strong>B</strong></td>
<td>BREATHING</td>
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- Assess unresponsiveness and breathing. Initiate CAB. (Circulation, Airway, Breathing)
- Call for help, pull call cord out of the wall socket or push call button to alert the staff on unit of need for assistance (Call light to remain flashing until Code Team arrives)
- Note time.
- Place the patient in supine position with the head of the bed flat.
- If patient not breathing or taking agonal breaths, call Code Blue and check for pulse for at least 5 seconds and no more than 10 seconds
- Start compressions - ensure patient is on a firm surface – obtain and insert backboard or move patient onto floor.
- Stay in the room even after help arrives. You will have vital information and will need to assist the code team.

- **Second Responder**
  - Dials 66# and state ‘Code Blue’ or ‘Pediatric Medical Emergency’ along with the location. Repeat twice. Information will be repeated back by Switchboard staff.
  - Take the resuscitation case and backboard to the location of the code.
  - Attaches O₂ flow meter to wall outlet along with O₂ tubing and manual resuscitator, and turn to maximum flow until reservoir bag remains inflated on manual resuscitator
  - Opens the patients airway and begins providing ventilation breaths with the manual resuscitator

- **Other Unit Staff Responsibilities**

  A team approach may be used so that these activities may be done concurrently.
  - Staff from the location of the Code Blue are to return to the unit
  - Notify the attending physician.
  - Bring the Patient Record/MAR to location of the code.
  - Contact Spiritual Care (especially if family present. Family presence per CH Corporate Policy VII-B-365 ‘Family Presence During Cardiopulmonary Resuscitation)
  - If manual resuscitator is not attached to O₂ flow meter then attach and open the flow to 15 L
  - Sets up suction
  - Have gloves available
  - Have a primed IV of Normal Saline available and attached to a patient IV site. Infuse wide open.
  - Remove Headboard from bed
Registered Respiratory Therapists Responsibilities

- All available therapists go immediately to the scene of the Code Blue. Two will remain at the scene after the situation is assessed.
- Assist with the establishment and maintenance of the airway
- Set up oxygen and suction if not already done
- Ventilate patient with manual resuscitator at FiO2 of 100%
- Intubate or assist with intubation of patient as required
- Assist with suctioning as required
- Draw arterial blood gases as required
- Assist with chest compressions as needed
- Assist with transport of patient to Critical Care Area
- Restock the code cart with respiratory supplies.

Code Team Responsibilities

Code Response and Elevator
- CCU nurse takes main crash cart to keyed service elevator
- One nurse from CCU and one nurse from ICU will respond to the code
- Insert key into Code Blue slot and turn to the right to put the elevator on manual control
- Push floor number and close doors button at the same time and HOLD BOTH BUTTONS until elevator is in motion. When arriving at the intended floor, the doors will automatically open and stay open
- Upon arrival to the floor, turn the key to OFF position and remove. The elevator will automatically return to normal operation
- Restock code cart

Traffic control
- Clear room of any unnecessary personnel or visitors
- Remove any unnecessary equipment or furniture
- Remove patients from the room. If unable to remove patients then pull the privacy curtains. Reassure the patients that are unable to leave the room
- If Code Team not present go to Service Elevator to meet the team and direct them to the appropriate room
- Assist with CPR – Code Team to monitor and ensure adequate compressions are being done.
Note: the Code Team nurses do not take over CPR
- Record events on Code Record – use a consistent clock to record times of treatments (Documenter determines the clock to use for consistent time on documentation)
- One staff member to be available as a runner during the code.
The code Team/Cart will strive to arrive at the Code within 3 minutes

- Monitoring, Defibrillation and Pacing
  - Position the crash cart as close to the patient as possible
  - Apply the defib/pacing pads first and determine ECG rhythm.
  - Record strip of initial rhythm with changes as needed. Observe monitor, and inform the team of changes in rate or rhythm
  - For Ventricular fibrillation or pulse less ventricular tachycardia, defibrillate according to ACLS guidelines, Counter shock SCC and Critical Care policy and procedure. Code Team nurses are permitted to defibrillate ventricular fibrillation and ventricular tachycardia without a pulse when a physician is not present.
  - If transcutaneous pacing is indicated, attach leads. Code Team nurses are permitted to initiate transcutaneous pacing per Critical Care protocol when a physician is not present.

- Drug Administration
  - Ensure patient IV with fluid infusing wide open
  - Code Team Nurses are permitted to administer epinephrine and atropine during a Code Blue when a physician is not present per Critical Care Protocol.

- General
  - Monitor and assess effectiveness of compressions
  - Assist with Procedures
  - Use Closed Loop Communication
  - Maintain noise and crowd control

- Transfer of Patient to Critical Care Area
  - Notify CCU/ICU/ER of patient transfer
  - Note – The patient will need to be transferred to the most appropriate Critical Care area as soon as possible.
  - Transfer patient by bed, accompanied by Critical Care RN and RRT
  - Move the crash cart monitor to the patient’s bed for continuous monitoring during transport

- Documentation
  - Recorder will complete the Code Record; however, the Code Team members are responsible for ensuring that the Code Record is completed and accurate. Code Team members must communicate clearly to the nurse documenting the Code; i.e. ECG rhythms, amount of joules used to defibrillate, and medications including time, amount and who has given what
  - Ensure the code record is signed by the lead physician
- Mount rhythm strips and retain for patient record
- Code team staff and Unit staff to complete the Code Record to be given to CCU/ICU/ER Clinical Educators

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<td>• Initiate Code Blue procedure</td>
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<td>• Send keyed Code Blue elevators to CCU</td>
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<td>• Intercom page (five times) “Code Blue” or “Pediatric Medical Emergency” and the nursing unit or area and room number, Group page: CCU, ICU, ER, RT, Cardiologist on call, or designate (weekdays) or Clinical Associate ICU/CCU evenings and weekends</td>
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References
Heart and Stroke Foundation of Canada. Guidelines, 2010 for CardioPulmonary Resuscitation and Emergency Cardiovascular Care.
American Heart Association, BLS for Healthcare Providers 2011
General Information

- **Modified procedures for specific areas**
  - **Child Health Clinic**
    - Staff to meet the code team on the Mother Rosalie main floor entrance to direct code team to location
    - Staff to ensure oxygen tank, suction, and resuscitation box on scene
  
  - **Family Practice Clinic** – Protective Services is to respond to Code Blue to assist Code Team
  
  - **Hyperbaric Chamber**
    - Before initiating Code, RT or Hyperbaric Physician to initiate emergency vent of pressure.
    - When safe, remove patient. Remove ALL clothing/gowns/mattress/covers/blankets (as oxygen saturated)
    - Transfer patient to another stretcher and move away from chamber entrance
  
    - **Recovery Room/Operating Room Level 2:**
      - Access level 2 OR from Recovery Room entrance
      - Cap, mask, and glove prior to entering theatre
      - After 2000h, entrance locked – “PARR Or OR” staff will open door/RT have card access.
      - iRSM Muhlenfeld Operatories (1W40 – 1W43) Door is card-locked, will be opened by iRSM staff or Protective Services

- **Seniority of Code Management**
  - Nurse in charge of the nursing unit, UNTIL
  - Arrival of code team RN who is in charge, UNTIL
  - Physician arrives. Physician to be a CCU physician, CCU Nurse Practitioner or designate
  - Only the CCU or ICU physician, patient physician, Clinical Care Extender/Clinical Associate or CCU/ICU Nurse Practitioner may discontinue a code

- **Order of Physician Code Response (or response to simultaneous multiple codes)**
  - CCU physician or Nurse Practitioner
  - ICU physician or Nurse Practitioner
  - Medical Resident/Clinical Associates
  - Surgical Resident/Clinical Associates
  - Any available medical staff
- **Code Team response to simultaneous codes:**
  
  If there is a second Code Blue called during the initial Code Blue one RN from CCU and one RN from ICU will respond. ICU will send an RN to CCU to ensure safe coverage if required. CCU staff will bring the second crash cart.
**PEDIATRIC MEDICAL EMERGENCY**

Prepubescent Child presents requiring **Emergent** medical attention

**First Responder:**
If child is unresponsive, has abnormal breathing or other concerning symptoms:
- Call for Help
- Initiate basic life support if needed

**Second Responder:**
Dial 66#
State: **Pediatric Medical Emergency**
provide the **exact location**
Assist the First Responder until the team arrives

- 2 RNs and 1 RRT from Emergency Department arrive at the location within **5 minutes**.
- Protective Services will respond and bring stretcher from Emergency Department to the location

The Medical Response Team will assume care and transport to the Emergency Department