CARDIO PULMONARY ARREST

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Effective Date: 6/2012	**Policy No: PC05**
Cross Referenced:	**Origin: Patient Care Services**
Reviewed Date: 8/2012, 6/13	**Authority: Chief Nursing Officer**
Revised Date: 6/2015	**Page: 1 of 3**

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SCOPE
All Hackettstown Regional Medical Center patients, all hospital and medical staff

PURPOSE
To define the criteria and procedure for responding to a cardiopulmonary arrest.

DEFINITIONS
I.   Code Blue: cardio-pulmonary arrest in the adult population
II.   Code White: cardio-pulmonary arrest or emergency medical condition in the pediatric population <18 years
III.   Code Pink: cardio-pulmonary arrest or pulmonary emergency in population from birth to 1 month of age

POLICY
I.   Any patient sustaining a cardiopulmonary arrest in the hospital shall have BLS protocol efforts initiated unless a physician has written a 'Do Not Resuscitate' order in the patient's medical record.

II.   BLS then ACLS (as warranted) protocol is followed until the patient re-establishes his/her own circulation and ventilation or until a physician orders resuscitation efforts to cease.

III.   All Codes will be paged three (3) consecutive times overhead, stating the type and location of the code. Exception: ED does not call overhead but does notify Administrative Supervisor.

IV.   The following areas have code buttons that light up in the switchboard area. If the code button is pushed for a Code and you do not hear the appropriate Code announced overhead, **Dial 6000** and state Code location.

Cardiology	ICU/CCU/PCU	Pacemaker Clinic	Same Day Surgery
Diagnostic Imaging	Labor & Delivery/Post Partum	PACU	Laboratory
OR	Vascular Lab	3N	3S
Emergency Department	Nursery	Respiratory	Minor Procedures
Sleep Lab			

 Areas outside of those listed above **must Dial 6000** to call a code, stating the room, type and location [and building if applicable, i.e. TC Kids, MOB I, Wound Care Center, MOB II] in which the event is occurring.

V.   Personnel with BLS training should initiate the AED and follow prompts; physician or RN with ACLS training may defibrillate.

PROCEDURE

I.   ADULT PATIENTS

CODE RESPONDERS

Patient's Primary RN	Critical Care RN	Phlebotomist	
Hospitalist	Administrative Supervisor	ECG Technician	Unit Secretary
Department Manager	Respiratory Therapist	Chaplain	Department CNA

CODE RESPONDER RESPONSIBILITIES

Hospitalist
- Functions as Code Team Leader
- Remains in attendance until code is completed or another physician assumes responsibility
- May request the assistance of the ED physician for difficult intubations

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Administrative Supervisor [supported by Department Manager if onsite]
- Facilitates operational flow of the code process, including control of attendees based on necessity
- Acts as recorder on Cardiac / Respiratory Arrest Flow sheet and Code debriefing form
- Facilitates a post-Code debriefing with all team members and ensures completion of associated Cardiac / Respiratory Flow sheet
- Scans the completed Cardiac / Respiratory Arrest Flow sheet to Pharmacy and Quality & Patient Safety Department; places original in patient's medical record
- Scans the completed Code Debriefing form to the Quality & Patient Safety Department

Nursing Staff
- Unit with code - staff with BLS training are responsible for initiating the Code protocol
- Critical Care or any RN with ACLS training may initiate ACLS in the absence of a physician
- During the code process, Critical Care nurse is responsible for medication administration and rhythm interpretation. If those staff members are fulfilling other resuscitation efforts, any RN may administer medications under the supervision of the physician

Respiratory Therapy - Manages airway, intubation and ventilation apparatus, when necessary

Laboratory – Will be available for STAT blood work

ECG Technician or other staff competent to perform ECG responds to be available for stat ECG

Chaplain/designee - Supports family, staff or other patients (available through operator on the night or evening shift)

Unit Secretary or designee
- **Dials 6000** if call has not been initiated
- Calls attending physician to notify that a code is in progress on his/her patient
- Brings available patient chart into room

CNA
- Assists in removing unneeded equipment from room
- Assists in moving ambulatory patient (roommate) from room (if possible) or stays with the patient (roommate)
- May perform C.P.R.

II. PEDIATRICS (one month old – <18 years old)
Post puberty, Adult AHA CPR Guidelines are followed.

CODE RESPONDERS

ED Physician	ED RN	Phlebotomist	Unit Secretary
Department Manager	Administrative Supervisor	ECG Technician	
Patient's Primary RN	Respiratory Therapist	Chaplain	

If the code occurs in Radiology, the ED will bring their Pediatric cart. The ED RN will also bring the pediatric glidescope to all Code White events.

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III.   NEONATES (newborn – one month old)

CODE RESPONDERS

ED Physician	ED RN	Phlebotomist	Unit Secretary
Department Manager	Administrative Supervisor	ECG Technician	Anesthesia if available
Patient's Primary RN	Respiratory Therapist	Chaplain	OB Tech

Neonatal and pediatric responder responsibilities: all responsibilities remain as assigned to the responders in Procedure, Adult patients I. with the addition of ED physician and ED nurse as follows:

Emergency Department Physician
- Responds to all Code White's and Pink's [PALS and NRP protocol can be initiated by nursing staff with current training until a physician arrives]
- Code team leader
- Remains in attendance until the attending physician or another physician assumes responsibility for medical direction of the code

Emergency Department RN
- Emergency Department RN is responsible for medication administration, rhythm interpretation and overseeing application of interventions. If fulfilling other resuscitation efforts, any RN may administer medications under the supervision of the physician

SPECIAL CONSIDERATIONS

   A.   MOB I and MOB II [Includes all Rehab Services in MOB I, Wound Healing Center, Cancer Center, Infusion Center, Lab drawing station and Sleep Lab in MOB II]: All code responders are the same as nursing units with the exception of the CNA and Unit Secretary who do not respond to the MOBs.

   B. MRI Unit - A response team will include an ED physician, ED Nurse, Respiratory Therapist and Administrative Supervisor or designee ONLY. The ED physician will determine what level of care the patient needs post- resuscitation.

REFERENCES:
American Heart Association Guidelines CPR/ECC 2010