I. POLICY STATEMENT

CHN maintains a standardized process for managing code arrests within its facilities.

CHN associates that are CPR trained are expected to initiate basic life support measures for patients until the code team arrives.

- Unless otherwise ordered, Cardiopulmonary resuscitation (CPR) will be initiated on all patients that experience a cardiac and/or respiratory arrest. Patients with Do Not Resuscitate Orders (DNR) will be followed per the DNR policy. Hold down the control key and click here to view DNR policy
- Code Carts are maintained in specified areas throughout the hospital (as designated in the code blue manual), and will be checked daily during business hours. Diagnostic and outpatient areas will check daily when open. Each unit designates an individual that is responsible for ensuring that the code cart is checked and signed off daily. Pharmacy and Central Supply maintain a process for checking and replacing the medications and supplies in code carts on a regular basis thus ensuring that there are no outdates.

Code events are reviewed for quality assurance.

II. PURPOSE

This policy outlines the process for managing a code arrest at CHN facilities.

III. DEFINITIONS

1. **Code Arrest** – Sudden Collapse with cessation of heartbeat and/or respirations.
2. **Code Team** – A designated team of associates that are specifically trained to respond to code arrest situations at CHN facilities.
3. **Code Blue** - A term used to signal associates that a Code Arrest has occurred. All members of the code team are expected to respond to a code blue call. (See site specific addendums attached at the end of this policy).
4. **Team 100**: Term used for an intra-operative code arrest. Members of this code team include the Anesthesiologist, OR RN, OR Tech, pharmacist, Respiratory Therapist, Clinical Supervisor/ Patient Flow Coordinator, and Pastoral Associate (as available).
5. **Code Blue PALS**: The term used to signify a pediatric code. Members of this code team include a PALS trained RN, EC physician, ICU RN (as needed). Respiratory Therapists, Pharmacist, Clinical Supervisor/ Patient Flow Coordinator, Resource RN (if in house), Pastoral Associate (as available).
6. **Trauma Alert** – Term used to signify a trauma patient in the emergency center.
7. **DNR** – “Do Not Resuscitate.” A written order to suspend the otherwise automatic initiation of cardiopulmonary resuscitation. May also be written as “No Code,” or “Allow Natural Death.”
8. **CPR** - Cardiopulmonary resuscitation following American Heart Association guidelines utilizing BLS (basic life support) for healthcare providers followed by ACLS (advanced cardiovascular life support) measures.
IV. ROLES AND RESPONSIBILITIES

**Physician** – Functions as the code team leader, communicates with the patient’s attending & family members as indicated.

**Unit RN** – Initiates basic life support including application of the AED, assists the code team as needed, facilitates communication with family members.

**Critical Care RN** – Functions as team leader until the physician arrives, manage and monitors defibrillator and rhythm strips, communicates ECG findings to the physician and the RN that is functioning as the recorder, may administer medications, accompanies patient during transfer to ICU if needed.

**Pharmacist**
Prepares medications for administration, assures that medication incompatibilities are avoided, calculates infusion administration rates, verifies infusion rates/pump settings, assists in charting medication related information, and ensures that code cart is promptly restocked.

*For facilities without 24-hour pharmacy coverage, refer to specific facility’s process for the restocking of carts and trays.*

**Respiratory Therapist** – Function may include Assisting with intubation, airway management, and ventilation procedures, ongoing respiratory assessment, cardiac compressions (as needed), obtaining, reporting and recording arterial blood gases as ordered, and department charge entry.

**Clinical Supervisor / Patient Flow Coordinator** - coordinate, and facilitate communication with the patient’s physician and family, facilitate family/visitor placement in appropriate waiting area during Code event, facilitate transfer of patient to critical care area following a code event, assist with documentation, may facilitate post mortem care and arrangements in the event that the patient expires.

**PCT & ED Techs** - perform CPR as needed, assist with procedures within job description as directed by the code team, obtain needed supplies, and assist with patient transport to ICU following the code.

**Pastoral Services** - provide support to the patient’s family/visitors as needed, facilitate contact and communication with the patient’s religious/spiritual affiliate(s), facilitate communication between code team and family/visitors as needed.

**Security** – As needed assist with crowd control during code, may facilitate post mortem transfer to the morgue, secure specific patient belongings in the event that the patient expires.

V. SPECIAL CONSIDERATIONS

**Neonatal Codes at SJH:**
Neonatal Codes are managed internally by the Neonatal Intensive Care Unit Team at SJH.

**Code Team Lead Physician**
A first responder physician may communicate with EC physician and run the code.

**Response to Simultaneous Codes**
In the event of simultaneous codes within a facility, the clinical supervisor / patient flow coordinator on duty is responsible for coordinating the process and ensuring that there is adequate coverage and response to each code event. **Note:** At HCH this role is assumed by the charge RN from Med Surg and / or the Emergency Department.

1) If an EC physician is not readily available, put out a call for “any physician” on the unit or in house to assist.
2) The ACLS RN assumes the role of team leader until a physician arrives. Note: At HCH the emergency Department RN assumes the role of Team Leader until a physician arrives.
3) Lateral closest unit will respond to the simultaneous code as needed
4) The clinical supervisor/ Patient Flow Coordinator will coordinate with other units and pharmacy to ensure that all appropriate equipment is available for each code event.

VI. PROCESS
*See site specific processes outlined in the addendum attached at the end of this policy.

VII. DOCUMENTATION
CODE BLUE RECORD is utilized for events that occur during the code.
The RN functioning as the recorder during the code completes this form and attaches any pertinent monitor strips. The original code blue record remains with the patient record and a copy is sent to the site specific designee-for auditing.
CODE BLUE AUDIT SHEET is completed by the recorder or the Charge Nurse immediately following the code. This will be attached to the copy of the Code Blue Record and submitted to the site specific designee for review.

VIII. REFERENCES


IX. APPROVAL

<table>
<thead>
<tr>
<th>Committee/Department</th>
<th>Original Approval</th>
<th>1st Review</th>
<th>2nd Review</th>
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Code Arrest/Code Blue Management
Page 3 of 6
**St. Joseph’s and St. Mary’s Hospital**

**Code Arrest Management Process**

**Code Team Members**
1. RN caring for the patient
2. ICU and/or Telemetry RN
3. Resource Nurse /Rapid Response Nurse(if available)
4. Emergency Center Physician/First responding Physician
5. Pharmacist
6. Respiratory Therapists (2)
7. Clinical Supervisor/ Patient Flow Coordinator
8. Pastoral Care Associate (may be paged if not on site)
9. Unit Patient Care Technician /EKG Tech
10. Security Officer (as available and as needed)

**PROCESS**

<table>
<thead>
<tr>
<th>1. Call for help &amp; stay with the patient</th>
<th><strong>KEY POINTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To Activate the Code Team</strong></td>
<td><strong>Dial “911” to connect with the hospital operator.</strong></td>
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<td></td>
<td>Tell the operator the specific code to call <em>(e.g. code blue, Team 100, code blue – PALS)</em></td>
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<td>Give the exact location of the patient including room and bed number.</td>
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<td></td>
<td>Note: In the Pavilion at SJH, some rooms are equipped with a code blue button. In those instances, push the code blue button to activate the code team.</td>
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<thead>
<tr>
<th>2. Begin CPR</th>
<th><strong>To Activate the Code Team</strong></th>
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<tr>
<td></td>
<td><strong>Any associate that holds a current American Heart Association BLS card may initiate CPR.</strong></td>
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<tr>
<td></td>
<td><strong>Ensure that the patient is on a firm surface.</strong></td>
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<th>3. Attach the AED if available</th>
<th><strong>To Activate the Code Team</strong></th>
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<tbody>
<tr>
<td></td>
<td><strong>Any associate that holds a current American Heart Association BLS card may attach and operate an AED.</strong></td>
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<th>4. Once the Code Team Arrives:</th>
<th><strong>To Activate the Code Team</strong></th>
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<tr>
<td></td>
<td><strong>The code team assumes leadership of the code.</strong></td>
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<tr>
<td></td>
<td><strong>Stay with the patient and assist with the code within your scope of practice.</strong></td>
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<th>5. After the code</th>
<th><strong>To Activate the Code Team</strong></th>
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<td></td>
<td><strong>Code cart exchange is done by pharmacy.</strong></td>
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<td></td>
<td><strong>Code cart re stocking is the responsibility of central supply &amp; pharmacy.</strong></td>
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<tr>
<td></td>
<td><strong>Ensure accurate documentation</strong></td>
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<tr>
<td></td>
<td><strong>Ensure communication with the family</strong></td>
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</table>
# Code Team Members

1. RN Caring for the Patient  
2. Code Nurse  
3. Clinical Nurse Leader – House Operations  
4. ED Physician  
5. Code PCP  
6. Respiratory Therapist (s)  
7. Pharmacist (If on site)

## PROCESS

<table>
<thead>
<tr>
<th>ACTION</th>
<th>KEY POINTS</th>
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<tbody>
<tr>
<td>1. Call for help &amp; stay with the patient</td>
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</tbody>
</table>
**To Activate the Code Team**  
**In the Patient Care Area:** Pull the code blue bar on the closest COMposer unit.  
**Outside of the patient care area:** Dial “0” on any in-house phone and tell the operator to announce a code blue. Give the exact location of the code.  
**Outside of the hospital but on THH campus:** Dial 911 on a hospital phone. Tell the operator the exact location of the code. |
| 2. Begin CPR |  
Any associate that holds a current American Heart Association BLS card may initiate CPR. Ensure that the patient is on a firm surface. |
| 3. Attach the AED if available |  
Any associate that holds a current American Heart Association BLS card may attach and operate the AED. |
| 4. Once the Code Team Arrives:  
- Stay with the patient and assist with the code within your scope of practice. |  
The code team assumes leadership of the code. When a pharmacist is not in house the physician leading the code assumes the role of the pharmacy related to medication consultation.  
The resource RN will:  
- designate the roles of the recorder, medication nurse, and CPR providers  
- facilitate staffing needs for the code |
| 5. After the code  
- Ensure accurate documentation  
- Ensure communication with the family  
- Re stock the code cart |  
The resource RN or a designee, ensures that the code cart is restocked, locked, and returned to the appropriate unit, and fills out & submits the post code evaluation form. |
Holy Cross Hospital’s
Code Arrest Management Process

Code Blue / Code Arrest Responders
1. RN caring for the patient
2. Med/Surg RN or ED RN
3. ED Physician
4. Cardiopulmonary Associates
5. Pharmacist (if on site)
6. Pastoral Care Associate (may be paged if not on site)
7. Radiology and Laboratory Associate
8. Maternal/Newborn RN and/or PCT (For Pediatric Codes)

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>KEY POINTS</th>
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</table>
| 1. Call for help & stay with the patient | To Activate the Code Team  
Dial “60” to connect to page a code blue.  
Give the exact location of the patient including room and bed number. |
| 2. Begin CPR | Any associate that holds a current American Heart Association BLS card may initiate CPR.  
Ensure that the patient is on a firm surface. |
| 3. Attach the AED if available | Any associate that holds a current American Heart Association BLS card may attach and operate an AED. |
| 4. Once the Code Team Arrives:  
• Stay with the patient and assist with the code within your scope of practice. | The code team assumes leadership of the code.  
When pharmacist is not in house the physician leading the code assumes the role of the pharmacy related to medication consultation. |
| 5. After the code  
• Ensure accurate documentation  
• Ensure communication with the family  
• Restock the code cart | The unit charge or clinical lead is responsible for ensuring that the code cart supplies are re stocked.  
The exchange medication tray is obtained from pharmacy or from the emergency department when the pharmacy is closed. |