HEALTH HOLDING

HAFER ALBATIN HEALTH CLUSTER MATERNITY AND CHILDREN HOSPITAL

Department:	Provision of Care		
Document:	Multidisciplinary Policy and Procedure		
Title:	Cardio – Pulmonary Arrest (Code Blue)		
Applies To:	All Healthcare Provider		
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1. PURPOSE:

1.1 To provide direction and guidance for all staff working within Maternity and Children's Hospital in matters relating to resuscitation practice.

1.2 To optimize survival of patients who suffer from cardio – respiratory collapse while under the care of the Maternity and Children's Hospital, Hafer Al Batin.

1.3 To ensure patients receive appropriate and effective resuscitation when necessary and without delay.

1.4 To promote common and current practice based on standard guidelines.

1.5 To reduce cardiac arrest morbidity and mortality.

1.6 To ensure patient, relatives and staff safety during resuscitation.

2. DEFINITONS:

2.1 **CPR** – is the series of life saving actions that improve the chance of survival after cardiac arrest. (American Heart Association 2015).

2.2 **Code Blue** – is the term used by most medical institutions to indicate that a patient is having cardiopulmonary arrest and needs immediate resuscitation.

3. POLICY:

3.1 All newly employed healthcare professionals must be made aware during orientation the policy on cardio – pulmonary arrest and will be required to be aware of their responsibilities under it.

3.2 Existing staff must be made aware of this policy through training and dissemination.

3.3 The set Code Blue Team will be aware of their roles and responsibilities when attending a cardiac arrest.

3.4 All Maternity and Children Hospital, Hafer Al Batin employees will be aware of the telephone number (2222) to call or access the Code Blue Team.

3.5 Each department or ward is responsible for ensuring resuscitation equipment and the defibrillator is maintained according to this policy and the crash cart trolley is restocked immediately after each usage.

3.6 Paging for code blue will be done twice in a correct manner (**Name of Code/Department/Room and Bed Number should be clearly stated**).

3.7 All members of the Code Blue Team should have an update certificate of ACLS course for adults, PALS for pediatric and NRP for neonates.

3.8 Regular Departments (Delivery Room, Pedia Medical Ward, Pedia – IMC, Obstetrics – Gynecology Ward, Well – Baby, and Pediatric Surgical Ward) should 1st page for 2222 prior to Code Blue.

3.9 For Neonatal Intensive Care Unit, PICU, OR announcing of the Code Blue is not a must.

3.10 Cardio – pulmonary arrest procedures will be monitored and audited and data will be distributed and acted upon appropriately.

3.11 Only the Head of the Team is allowed to fill-out the CPR form right after the crises or the code has ended.

4. PROCEDURE:

4.1 The health care provider or hospital staff who witness the cardiac arrest, must start BLS and call for Code blue team.

4.2 The department calling for the code must dial 2222, stating Code Blue/ Department/ Room and Bed Number.

4.3 When a code blue is called, all members of the team must respond immediately within 3-5 minutes (refer to appendix for the code blue team members).

4.4 In the event of a simultaneous codes or a second code occurs prior to the conclusion of a code call, the code team members will work collaboratively to ensure prompt response.

4.5 Resuscitation equipment should be immediately available for code blue calls.

4.6 Following a successful resuscitation of the patient, good communication between the coded department and intensive care units must be made prior to the transfer of the patient.

4.7 Start post ROSC management which should include therapeutic hypothermia unless contraindicated.

4.8 Following an unsuccessful resuscitation, interventions for the dead patient must be done and mortuary department must be notified.

4.9 Documentation :

    4.9.1 Time when Code Blue was announced.

    4.9.2 Time CPR was initiated.

    4.9.3 Time of arrival of the Code Blue Team and management done.

    4.9.4 Medication given.

    4.9.5 Time the CPR has ended.

    4.9.6 Observations made.

    4.9.7 Time of transfer and condition of patient upon transfer.

    4.9.8 CPR sheet should be reviewed and signed by Code Blue team leader.

    4.9.9 Regular review of CPR sheets for better patient care is important.

4.10 Members and functions of the code blue team:

4.11 **Code Blue Team leader (Team Leader is the Most Senior Physician in his/her specialty (Adult – Cardiologist or Anesthetist and Pediatrician). If not available (either Physician or any Healthcare Professional who is certified with ACLS/ PALS/NRP)** and is well – skilled, knowledgeable in performing the task).

4.12 **Anesthesiologist (Adult Patient)**

    4.12.1 Responsible for airway management.

    4.12.2 Ventilation (Bag Valve Mask).

    4.12.3 Intubate if needed and maintain patient airway.

    4.12.4 Establish and maintain IV access if none.

    4.12.5 For PICU and NICU (not part of the routine team, but should call if needed for intubation).

4.13 **Specialist and Residents**

    4.13.1 Perform chest compressions.

    4.13.2 Defibrillates the patient.

4.14 **Nurses Roles During Code Blue**

    4.14.1 **Nurse A (Senior):**

        4.14.1.1 Assist in maintaining the patient airway throughout the course of the event.

    4.14.2 **Nurse B (Medication Nurse)**

        4.14.2.1 Repeat backs the ordered medication by the physician and confirm it.

        4.14.2.2 Prepares and administer the ordered medication.

    4.14.3 **Nurse C (Head Nurse/ Shift In – Charge)**

        4.14.2.1 Record the patient's vitals and progress of condition.

        4.14.2.2 Document physician's order and intervention rendered throughout the course of code blue event.

        4.14.2.3 During and After the code blue, make sure that correct doctors order are carried out (medications and interventions).

    4.14.4 **Nurse D (Nursing Supervisor)**

        4.14.4.1 Facilitate the flow of the crowd during the code blue event.

      4.14.4.2 Coordinates with other departments (X-Ray, Pharmacy, Laboratory, Blood Bank and Security).

 4.15 **Security Guard**

   4.14.1 Should be there during the code blue event, to control the crowd.

 4.16 **X – RAY Technicians, Pharmacist, Laboratory Technicians, Blood Bank Technicians**

   4.16.1 Will be called if needed.

 4.17 The pharmacy is informed to refill the crash cart contents within one hour.

 4.18 The code event is reported to the CPR committee as per policy.

5. MATERIALS AND EQUIPMENT:

 5.1 **Crash Cart with: (according to ACLS standard)**

   5.1.1 Defibrillator

   5.1.2 Emergency Medications according to ACLS or PALS

   5.1.3 Oxygen and O_2 Devices

   5.1.4 Suction Machine with Suction Tube

   5.1.5 Cardiac Board (flat base board of a size suitable for supporting a human patient and having an overlying torso supporting board pivotally associated with a bottom end area of the base board).

   5.1.6 Cardiac Monitor, IV Access Including Interossous Access

   5.1.7 Airway Management Device Including Difficult Airway Management Options

6. RESPONSIBILITIES:

 6.1 Anesthesiologist

 6.2 Physician

 6.3 Nurse

7. APPENDICES:

 7.1 CPR Form

8. REFERENCES:

 8.1 SHA, ACLS and PALS Protocols

9. APPROVALS:

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KINGDOM OF SAUDI ARABIA

وزارة الصحة
Ministry of Health

Hospital: _____ : مستشفى

Region: _____ : المنطقة/المحافظة

Dept./Unit: _____ : القسم/الوحدة

MRN: | | | | | | | | | | | | رقم الملف الطبي:

Name: _____ : الاسـم

Nationality: _____ : الجنسية

Age: _____ العمر: يوم Days [ ] / شهر Months [ ] / سنة Years [ ]

Date of Birth: _____ / _____ / 14 _____ H _____ / _____ / 20 _____ : تاريخ الميلاد

Gender: [ ] Male [ ] Female الجنس

CARDIOPULMONARY RESUSCITATION REPORT FORM

WEIGHT: _____

HEIGHT: _____

DAYS IN ICU: _____

DIAGNOSIS: _____

DATE: _____

ARREST TIME: _____

UNIT / AREA: _____

BCLS Initiated at: _____

Code Team arrived at: _____

ACLS Team Leader: _____

CARDIAC ARREST | RESPIRATORY ARREST

WITNESSED: _____

| INTUBATION | Intubated Before: | Yes | No | Intubated During CPR: _____ Time: _____ | Yes | No |
| | | | | Tube Size: _____ Level: _____ | By whom: _____ |

Initial Monitored Rh

RESUSCITATION RECORD

TIME	RHYTHM	HR	RR	BP	DEFIB JOULES	Atropine Sulfate 1 mg	Adrenaline 1 mg	NaHCO3 8.4%	Calcium Gluconate 10%	Amiodarone (Loadingdose) 300 mg	Lidocaine (Loading dose) 1 - 1.5 mg/Kg	OTHER MEDS, PROCEDURES, IVs, LAB RESULTS, REMARKS

Place ECG Strip Recordings and Code Summary at the BACK

Time Started: _____

Time Ended: _____

Duration: _____

Survived: [ ] YES [ ] NO

Patient Transferred to: _____

RHYTHM CODES

SR	Sinus
JR	Junctional
SVT	Supra Venti Tach
VT	Vent. Tach
ASY	Asystole
1-2-3-HB	Heart Block

CODE TEAM RESPONDERS

DOCTORS	NURSES	RTs

Signature: _____ Job #: _____

Signature: _____ Job #: _____

Signature: _____ Job #: _____

MEDICATION NURSE: _____

RECORDER: _____

TEAM LEADER: _____

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