Hospital-wide	Patient Care
SUBJECT:	**CODE BLUE: ADULT CARDIAC- RESPIRATORY ARREST**
Reviewed:	9/02, 3/05
Revised:	4/87, 12/91, 12/95, 2/99, 4/07, 6/11, 2/14, 3/14, 2/17*, 2/18*, 11/19*
Approved:	Nursing Executive Committee 1/92, 1/96, 2/99, 5/07, 11/11 Nursing Practice Council 11/11, 8/14, 4/17 Management Council 2/12 System Management Team 3/14, 9/14 Medical Executive Committee 10/14 *Revised with no substantial changes

I. PURPOSE

To provide an organized, team approach for responding to medical emergencies and/or cardiopulmonary arrest.

II. POLICY

1. A Code Blue will be called on all adult patients or visitors if conditions indicate a need unless a "No Code" or DNR order has been written by a physician. To activate a Code Blue, dial 4999 and inform the operator that a Code Blue is indicated, the location, and/ or patient room number

2. The Code Blue Team is activated by designated Code Blue pagers in acute care, critical care, and other areas. An announcement will be made via the overhead public address system for Code Blue in public and outpatient areas (examples: hallways, physician offices, radiology, etc.).

3. The Critical Care RN will follow the same response assignment for a Code Blue as for a Rapid Response:
   o TSICU will respond to codes on 11E, 10E, 9E, 7E, and 5E
   o Neuro Critical Care will respond to codes on 6S, 7S, 6E and 8E
   o MCC will respond to codes on 12E, 5S (PCU), HDU, 4S, 4E, 3W, and L&D
   o CVICU will respond to codes on 9W, 8W, 7W, 4W, Cath Lab, CVR/EVR, and COU

4. Code Blue responses outside the above areas will be rotated between the three Critical Care Units:
   o TSICU will cover unassigned areas January 1st – March 31st
   o NCC will cover Unassigned areas April 1st – June 30th
   o MCC will cover unassigned areas July 1st – September 30th
   o CVICU will cover unassigned areas October 1st – December 31st.
   o Any temporary/surge area will have responders from the Critical Care Unit responsible or unassigned codes.

5. At 0700 each day a test page will be sent to the code blue pagers by LIFESTAR dispatch.

6. At the beginning of each shift, the Acute Care Team Leader will assign the following roles:
   o Code Certified Nursing Assistant
   o Runner RN
   o Recorder RN
   o Float RN

7. Each unit maintaining a code cart will ensure:
   o The integrity of the code cart will be checked daily during operating hours by licensed personnel, and appropriate documentation will be maintained on the Code Cart Check List.

8. Carts will be kept locked. The expiration dates of supplies and medications are listed on the cart exchange sheet. Central supply will be notified to exchange carts nearing expiration. For codes

that occur in non-patient care areas (lobbies, outside patient drop off areas, etc.) code carts are strategically placed.

9. Refer to the Code Cart Manual located on each cart for a listing of drugs, supplies, and code cart locations.

10. Once resuscitation is complete a code debriefing will be lead by the code team leader and a debriefing form completed.

11. One copy of the code record is placed in the patient's chart. A carbon copy of the code record and the debriefing form shall be sent to the Nursing Administrative Office.

12. The code cart is exchanged by Central Supply after completion of the code.

III. PROCEDURE

The most current American Heart Association (AHA) Basic Life Support (BLS) for Healthcare Providers and Advanced Cardiac Life Support (ACLS) recommendations will be followed. Lippincott's Nursing Procedures & Skills – Code Management.

FAMILY PRESENCE

In response to the increasing amount of published information supporting family presence during invasive procedures and resuscitation, and promoting the family-centered model of care, the practice of providing the family member/significant other with the option is appropriate under the following conditions:

1. The physician leader of the Code Blue response is agreeable and grants permission for family/significant other attendance during the resuscitation.

2. A designated staff member is assigned to be present with the family/significant other and to provide explanations and comfort before, during, and after the resuscitation event (may be a nurse from the clinical area, Nurse Manager, Nursing Supervisor, Team Leader, Chaplain, etc.).

3. There should be an announcement to the Code Blue Team that the family is entering the room and/or present.

4. If the family becomes dysfunctional and/or disruptive to the resuscitation efforts, they may be removed from the room. Security should be notified that the family/significant other will be attending the resuscitation, or activate a Code Green if necessary.

IV. REFERENCES

American Heart Association. (2015). *Guidelines for CPR & ECC*. Retrieved from https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/part-3-ethical-issues/?strue=1&id=5-1

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