PURPOSE: To define responsibilities and management of a Code Blue event in the adult and pediatric patient.

POLICY STATEMENT: A designated Code Blue Team will respond to Code Blue events on Sarasota Memorial Hospital (SMH) premises as defined by the following areas (including clinical and non-clinical areas): Waldemere Tower, Courtyard Tower, Northeast/Northwest, Central, South, Retter, East Tower, Critical Care Tower, Service Building, and the Inpatient Rehabilitation Pavilion. The Code Blue registered nurse (RN) from a designated area will respond to the Code Blue event and, in the absence of a physician, will assume the responsibility for definitive therapy as stated in the Advanced Cardiac Life support using American heart guidelines and Algorithms. All patients are FULL code status unless ordered otherwise by the physician.

EXCEPTIONS: A qualified RN from one of the following areas will respond and function as the Code Blue RN to Code Blue events in their respective areas: Critical Care; Cardiac Acute (CAC); Neonatal ICU (NICU); Pediatrics (PEDS); OR; PACU, and the ECC. Code management in each of these departments is an internal process.

DEFINITIONS:
1. Code Blue is the designated term used for cardiopulmonary arrest. It also encompasses the immediate pre-code situation for a critical, unstable patient who requires the intervention of a Code Blue team. A Pediatrics-Code Blue is the designated term used for a cardiopulmonary arrest in an infant or child.

2. A qualified RN/Code Blue RN is one who meets the following criteria:
   a. Is experienced and proficient in cardiac emergency procedures and ECG arrhythmia interpretation.
   b. Is ACLS trained for Adults.
   c. Is PALS trained for pediatrics.

3. Code Blue team members will include but are not limited to:
   a. Qualified RN/Code Blue RN
   b. Respiratory Team Leader/Respiratory therapists
   c. For pediatric codes outside of the Pediatric department, a PALS trained Pediatric nurse will also respond.
PROCEDURE:

1. The following are guidelines for performance during Code Blue events:
   a. Resuscitative efforts will be initiated immediately upon finding the patient according to the American Heart Association guidelines for Basic life support and continue until otherwise directed by the Code Blue RN/Qualified RN or the physician.
   b. The operator is notified via 3911 or via the STAT line of the Code Blue location and if a physician is present.
   c. The hospital operator will announce an overhead page and beep the Code Blue Team.
   d. The Code Blue cart/code blue pack with the emergency equipment will be brought to the patient’s location. If the Code Blue is in a non-clinical area, the Code Blue nurse will bring the Code Blue cart to the area along with the EZIO equipment.
   e. The Pediatric Code Blue nurse will bring the Broselow Cart.
   f. The nurse responsible for the care of the patient will be available to supply pertinent information to the Code Blue team and ensure that the attending physician has been notified.
   g. Safety precaution: When using the defibrillator it is recommended that hands-free defibrillation pads be used. If hands-free pads are not used, keep the paddles away from oxygen source and apply firm pressure to avoid sparks.

CODE BLUE RN

2. The Code Blue RN will have the following responsibilities:
   a. For adult codes the Adult Code Blue RN will lead the code blue using advanced cardiac life support guidelines as per American Heart Association Guidelines until a physician assumes the role of team leader.
   b. For adult codes, the Adult Code Blue RN will bring emergency equipment and Rapid Sequence Intubation (RSI) kit.
   c. IO access can be inserted by a physician, code blue nurse, rapid response nurse or intervention nurse trained in the technique. Refer to Nursing Procedure INV08.
   d. For pediatric codes the Pediatric Code Blue RN will lead the Code Blue using pediatric advanced life support guidelines until a physician assumes the role of team leader.
   e. The Code Blue RN or administrative supervisor or designee will provide assistance to the unit staff regarding...
documentation of the Code Blue event and rhythm strips. Code Blue documentation should be on the Cardio Pulmonary Resuscitation Record Form # 029018 Rev. 2/09.

f. Assist in clearing the room of any unnecessary personnel.
g. Ensure there is a working computer available at or in the room.

ADMINISTRATIVE SUPERVISOR or CHARGE RN

3. The administrative supervisor/Charge RN will have the following responsibilities:
   
a. Ensure communication and support has been provided to the family, including remaining with and supporting the patient’s support person if they choose to stay in the room during resuscitation efforts. Contact Spiritual Services as needed.
b. Ensure that documentation is in process.
c. Assist with or delegate other duties as needed.

RESPIRATORY CARE TEAM LEADER

4. The Respiratory Care team leader or designee who responds will be a therapist trained in intubation and will do the following:
   
a. Upon arrival, will assume responsibility for establishing a patent airway.
b. Will determine the need for and perform endotracheal intubation per SMH policies #01.PAT.36, Endotracheal Intubation in Pediatric/Neonatal Patient, # 01.RSP.02, Endotracheal Intubation in an Emergency (adolescent/adult) unless ordered otherwise by a physician.
c. Will direct Respiratory Care personnel in assisting with establishing and maintaining a patent airway and drawing arterial blood gases as needed.

RESPIRATORY CARE PERSONNEL

5. Respiratory Care personnel will do the following:
   
a. Will respond to the Code Blue and function under direction of the Respiratory Care team leader or designee.
b. If present before the Respiratory Care team leader arrives, respiratory therapist will assess and bag valve mask ventilate the patient with 100% oxygen if needed, or apply appropriate oxygen device. If a patient is intubated, respiratory therapist will ventilate via an endotracheal tube with bag and 100% oxygen.
c. Will assist the Respiratory Care team leader as needed during intubation.
d. Will draw arterial blood gases as directed by the Respiratory Care team leader or physician.

e. Will assist with Cardiopulmonary resuscitation as needed.

HEALTH UNIT COORDINATOR

6. The health unit coordinator will do the following:

a. Notify the operator of the code as instructed.

b. Notify the attending physician of the Code Blue, noting the time of the call.

c. Assist in obtaining any additional equipment or supplies.

d. Notify the operator when a physician arrives.

e. Maintain open communication between nurse’s station and patient room.

f. Facilitate delivery of lab specimens and results.

FOLLOWING THE CODE

7. THE ADMINISTRATIVE SUPERVISOR OR CODE BLUE RN WILL:

a. Ensure Code Blue documentation is complete and that selection of rhythm strips is appropriate and scanned in to the electronic medical record from the Code Blue event.

b. Opened RSI kit will be returned to the assigned Pyxis bin by Code Blue RN or given to a pharmacist for replacement.

c. Facilitate transfer arrangements to the special care unit as appropriate.

d. Ensure that if resuscitative efforts are successful, an ACLS trained nurse will remain with the patient until transfer to another unit has been completed when appropriate.

8. RESPIRATORY CARE TEAM LEADER WILL:

a. Assist with the transfer of the patient to a special care area or assign as needed.

b. Will ensure any appropriate respiratory care documentation is completed on the Cardio-Pulmonary Resuscitation Record.

9. HEALTH UNIT COORDINATOR will:

a. Place the Cardio-Pulmonary Resuscitation Record in the patient’s chart.

b. Will ensure that the Code Blue QI review sheet is sent to the department director for review and signature.

The department manager will review and sign the Code Blue QI Review Sheet and forward it to the Code Blue committee representative.
DOCUMENTATION:

1. **Narrative Notes:** Document the focus and any pertinent information.

2. **Cardiopulmonary Resuscitation Record** should be completed in its entirety.

3. **Code Blue QI Review Sheet (02-8046):** Document the information necessary to complete the form.

RESPONSIBILITY:

It is the responsibility of the director of Patient Care Services and/or department directors to ensure that this policy is understood and adhered to by all hospital staff.

REFERENCE(S):


- Pediatric Advanced Life Support Provider Manual (20). American Heart Association


- Sarasota Memorial Policy #01.RSP.02. Endotracheal Intubation in an Emergency. Sarasota, FL: Author.

AUTHOR(S):

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## APPROVALS:

Signatures indicate approval of the new or reviewed/revised policy.

<table>
<thead>
<tr>
<th>Committees/Sections/Departments:</th>
<th>Date</th>
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<tbody>
<tr>
<td>Critical Care Committee</td>
<td>7/18/17</td>
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<tr>
<td>Code Blue Committee</td>
<td>7/6/17</td>
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**Director/Responsible Owner:** Julie Polaszek, Director Cardiac Progressive and Neurology 7/20/17

**Vice President/Executive Director:** Connie Andersen, CNO 7/24/17

**Chief of Medical Operations:** (if clinical policy or appropriate) R. Stephen Taylor MD 7/27/17

**Chief of Staff:** (if clinical policy or appropriate)

**Medical Executive Committee:** (if clinical and review requested by CMO and COS)

**Chief Executive Officer:** David Verinder, CEO 8/14/17