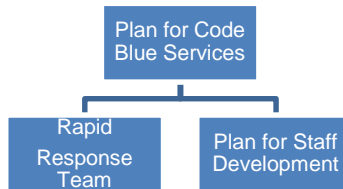




COHESIVE HEALTHCARE MANAGEMENT & CONSULTING
MANGUM REGIONAL MEDICAL CENTER

TITLE		
Code Blue Management		EMS-001
MANUAL	EFFECTIVE DATE	REVIEW DATE
Nursing	02/2020	
DEPARTMENT	REFERENCE	
Nursing		



SCOPE

This policy applies to all patients of Mangum Regional Medical Center.

PURPOSE

Code Blue is a process that includes all responses necessary to deal with sudden and life-threatening events affecting the cardiovascular, cerebrovascular, and pulmonary systems. The purpose of the Code Blue Management plan is to provide a framework for the provision of immediate basic life support and advanced cardiovascular life support.

DEFINITIONS

NA

POLICY

Mangum Regional Medical Center Hospital shall maintain the capability to provide basic life support and advanced cardiovascular life support services always. This capability will be evidenced by:

1. Maintaining resuscitative clinical equipment and supplies in a state of constant readiness.
2. Appropriate training and/or certification necessary to provide resuscitative services.
3. Designation of Code Blue Team members at the start of every shift with delineation of roles and responsibilities.
4. Administrative review of resuscitative services and outcome measures.

The Code Blue response is not limited to cardiopulmonary arrest where the patient is found pulseless and/or apneic. Code Blue response may also be viewed as a mechanism to mobilize

the equipment and personnel necessary to avert cardiopulmonary arrest by recognition of early warning signs of impending arrest and initiating appropriate interventions.

The hospital's resuscitative services must be integrated with all clinical services of the hospital such as rehab services, pharmacy services, pastoral services, and diagnostic services. The integration must be such that the hospital can immediately make available the full extent of its patient care resources to assess and render appropriate care for emergent patients. Integration includes:

1. Physical access to emergency equipment and supplies;
2. The immediate availability of services, equipment, personnel, and resources;
3. The provision of services, equipment, personnel, and resources is within timeframes that protect the health and safety of patients and is within acceptable standards of practice.

Resuscitative Services are provided for inpatients, emergency room patients, and “man-down” scenarios involving family members or visitors.

PROCEDURE

A. House Supervisor and/or Charge Nurse

1. Pre-event procedures:
 - a. Designates Code Blue Team members and documents on shift report;
 - b. Assigns roles to team members based on certification and competency;
 - c. Verifies the Crash Cart is in a state of readiness (i.e. locked, stocked, defibrillator charged and tested)
2. Code Blue procedure:
 - a. Primary care nurse or designee contacts physician;
 - b. Team Leader will lead ACLS interventions until medical provider arrives on scene
3. Post-code procedures:
 - a. Team Leader or House Supervisor and/or Charge Nurse assures Code Blue documentation and performance improvement audit is complete and accurate. Documentation includes posting ECG recordings of the initial rhythm, any rhythm changes, and post code rhythm;
 - b. If the resuscitation attempt was unsuccessful, in conjunction with the physician, determines if the Medical Examiner criteria for autopsy has been met. If the criterion is not met, the body may be prepared for family viewing. Follow the Deceased Patient Policy.

B. Code Blue Team

1. Arrives with Crash Cart;
2. Provide ACLS measures within scope of practice for potential/actual life-threatening situations;
3. Team roles:
 - a. Team Leader- directs Code Blue until the physician arrives on the scene, verifies code status;
 - b. Respiratory Therapist- manages airway & ventilation;
 - c. RN/LPN- Administers medications;
 - d. Clinical staff- performs chest compressions;

- e. RN/LPN- records interventions and times

Performance Improvement

- A. Resuscitative services are integrated into the hospital-wide quality management plan. All Code Blues and activation of the RRT is reported to the QA/PI committee, the Medical Executive Committee and the Governing Board.
- B. All Code Blues events will be reviewed by the Chief Clinical Officer (CCO) within 72 hours of the event.
- C. The purpose of the review procedure is to assess the effectiveness of resuscitative services and to identify opportunities for improvement.
- D. Performance improvement indicators:
 - Compliance with ACLS guidelines
 - Timeliness of services (response time)
 - Physician notification times
 - Physician response time
 - Accuracy and completeness of resuscitation documentation.

Competency Assessment

- A. The medical staff shall establish criteria, in accordance with State law and regulations and acceptable standards of practice, delineating the qualifications required for Code Blue Team members.
 - 1. All licensed nurses and Respiratory Care Practitioners are required to maintain certification in Basic Life Support (BLS) and Advance Cardiac Life Support (ACLS). All Registered Nurses and Respiratory Care Practitioners are required to maintain certification in PALS.
- B. The hospital, as a prudent practice, will conduct periodic assessments of the readiness and functionality of resuscitative services to anticipate the policies, procedures, staffing, training, and other resources that may be needed to address likely demands of the patient population served.
 - 1. All licensed nurses and Respiratory Care Practitioners are required to participate in Code Blue Drills;
 - 2. Code Blue Drills
 - a. Proficiency in managing cardiopulmonary arrest is a critical core competency for licensed clinical staff. Code Blue Drills are the primary mechanism for evaluating the readiness of resuscitative services prior to an actual arrest event. Code Blue Drills provide an interactive educational experience by simulating arrest scenarios and reinforces ACLS evidenced-based resuscitative guidelines.

- b. The goal of Code Blue Drills is to ensure the provision of resuscitative services that:
 - Improve cardiac arrest survival rates by rapid recognition and activation of the Code Blue team
 - Effectively treat cardiopulmonary arrest
 - Affords humane support when death is evident
- c. Schedule
 - Code Blue Drills will be conducted at a minimum of 2 per quarter. One will be conducted on the night shift (1900-0700) and one on the day shift (0700-1900). Frequency will be based on drill performance or other demonstrated needs.
- d. Evaluation
 - Evaluation will include response time, team dynamics, familiarity with crash cart supplies/equipment, and knowledge of clinical algorithms
 - Individual components as well as overall performance will be scored
 - Code Blue Drill performance will be tracked over time and will include personal performance improvement plans for identified deficiencies.

Oversight

- A. The hospital's resuscitative services are under the direction of the Medical Executive Committee in accordance with State law and acceptable standards of practice.
- B. The Quality Committee is the forum for reporting and reviewing all resuscitative events and activities.
- C. Ultimate responsibility for optimum care for all patients who are treated in this hospital rests with the Governing Body. The specific responsibility for this plan is delegated to the CCO, which acknowledges its responsibility for same in accordance with the hospital by-laws approved by the governing body.

REFERENCES

Reference Standards: Department of Health and Human Services, Centers for Medicare and Medicaid Services, Hospital Conditions of Participation: Federal Regulations. 42 CFR Part 482.55; American Heart Association. Guidelines 2011 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care: International Consensus on Science

ATTACHMENTS

EMS-002A Code Blue Record Form

EMS-002B Code Blue Resuscitation & Outcome Review Form

REVISIONS/UPDATES

Date	Brief Description of Revision/Change