

LOS ANGELES GENERAL MEDICAL CENTER POLICY

Subject: CARDIOPULMONARY RESUSCITATION- PEDIATRICS (CODE WHITE)	Original Issue Date: 2/19/16	Policy #: 912.1
	Supersedes: 2/19/16	Effective Date: 10/6/23
Policy Owner(s): Chair, CPR Committee Executive Sponsor(s): Chief Medical Officer		
Departments/Areas Consulted: Department of Emergency Medicine CPR Committee	Reviewed & approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: Chief Medical Officer Chief Executive Officer

PURPOSE

To ensure that a pediatric patient who sustains a cardiopulmonary arrest, respiratory arrest, and/or acute airway problem receives consistent and comparable resuscitation services.

Code White (also known as Pediatric Code Blue) is to be initiated immediately on an individual who is younger than eighteen years old found in cardiac arrest, respiratory arrest and/or acute airway problems.

(Exception: excludes infants who are in the (C3A)-Neonatal ICU, (C3B) - Labor and Delivery, (C3C) - OB/GYN and (C3G) – Nursery).

POLICY

The Los Angeles General Medical Center ensures provision of consistent and comparable resuscitation services for all its patients by:

- ❖ Training staff in appropriate resuscitation techniques
- ❖ Providing the equipment necessary to best resuscitate patients
- ❖ Reviewing patient outcomes in an organized, systematic fashion and providing feedback to care providers.

PROCEDURE

- In the event of a cardiac or respiratory arrest, employees shall activate the Code White system. (Note: Critical Care areas, emergency departments, and operating rooms shall manage their own cardiac arrests unless the Code Team is requested/summoned – in which case the DEM Code Response physician will assume medical control of the resuscitation.)
- Upon discovering a patient in presumed cardiac arrest, medical/ nursing personnel shall:
 1. Verify cardiac arrest (establish unresponsiveness, check for breathing and pulse)
 2. Start chest compressions.
 3. Call for help and retrieve the nearest AED/ Manual defibrillator.

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4. Turn on the AED place manual defibrillator on AED mode
5. Utilize the AED per AHA guidelines
6. Ensure crash cart/emergency equipment is brought to bedside.
 - o Note: When a Code White is called in an area without a crash cart, the cart in the nearest patient care area is accessed.
7. Attach end tidal CO2 detector (e.g., from the crash cart) to the bag-valve-mask or advanced airway device (supraglottic device or endotracheal tube).
8. Assist Code Blue Team, as requested.

CPR shall be started in all cases of cardiac arrest unless there is a valid order not to resuscitate. Any employee trained in cardiopulmonary resuscitation techniques may perform CPR.

Code White Team

The Code White Team is comprised of medical, nursing, and support personnel that respond to service requests made through calls to the emergency operator.

Code White Team is activated by dialing extension x111 on any hospital telephone or 323-409-1111 from a personal cell phone. Hospital operators are permitted to inquire if chest compressions have been started and an AED is being brought to the patient.

Code White Team members are as follows:

- Emergency Department (DEM) physician
- Pediatric chief resident, attending staff, or senior resident
- Pediatric Intensive care registered nurse
- Respiratory Therapist
- EKG Technician
- Patient Flow Manager /Nursing Supervisor
- Pharmacist

Note: The DEM physician shall act as director of the Code Team and supervisor of the code. In addition, the DEM physician shall assume responsibility for patient care and disposition until transfer to the primary service or critical care team. The DEM physician shall write a documentation note in the patient's health/medical record.

- Upon arrival of the Code White team, automated AED function will be changed to manual mode defibrillation.
- Registered Nurses assigned to critical care areas (e.g. PICU) or the emergency department, who are current in their PALS/ACLS training, shall as part of their response to a cardiac arrest, perform automated or manual defibrillation, as indicated, as per American Heart Association's PALS/ ACLS guidelines, without a physician's order.
 - Prior to defibrillation by the authorized Registered Nurse, rhythm strips shall be obtained and attached to the CQI form and medical record

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- The charge nurse in the area where the code event occurs shall ensure completion of the CPR Record and Code Blue Reporting Form and submits (Pediatric) Code Blue Reporting Form to the CPR committee. A CPR Record shall be completed for any patient receiving at least one chest compression or one defibrillation attempt and be signed by the physician running the resuscitation.
- In the event of a respiratory arrest or an acute airway problem at the Medical Center, the Airway Team can be activated by dialing extension x111. The DEM Code Response physician will assume control of airway management unless he/she delegates this to another team.
- The CPR committee will review and maintain records of all in-hospital cardiac arrest and non-OR/non-ED advanced airway management events occurring on the hospital premises and be chaired by a faculty member of the Department of Emergency Medicine and include at least one faculty member with formal (residency or fellowship) training in care for pediatric patients.
- Any assessment of the resuscitation performed by the CPR committee as well as any written review submitted to participants of the resuscitation shall be protected as a quality improvement activity and remain confidential.

PROCEDURE DOCUMENTATION

Facility/Area/Department Policy and Procedure Manuals
Nursing Services Policy Manual
Nursing Services Unit Structure Standards

REFERENCES

Joint Commission Standards: (Leadership)
Advanced Cardiac Life Support (ACLS) and Pediatric Advance Life Support (PALS), American Heart Association

REVISION DATE

February 19, 2016; October 6, 2023.