

HARBOR-UCLA MEDICAL CENTER

SUBJECT: ADULT CODE BLUE AND PEDIATRIC CODE WHITE TEAMS

POLICY NO. 389A

PURPOSE:

The purpose of the Code Team is to have a consistent and uniform response in a resuscitation by having personnel assigned responsibility to perform defined tasks. Code Blue will summon the Adult Code Team, whereas Code White will summon the Pediatric Code Team. To initiate and/or assist in the resuscitation of an adult or child who is in impending or actual cardiac and/or respiratory arrest. If the individual is readily identified as a pediatric patient, a Code White should be activated. Otherwise, a Code Blue should be called.

POLICY:

Harbor-UCLA Medical Center has separate Cardiopulmonary Resuscitation (CPR) code teams for adult and children.

- I. Composition of the Adult and Pediatric Code Teams:
 - A. The Adult Code Team is comprised of representatives from Medicine, the Airway Management Team (Anesthesiology or Emergency Medicine), Pharmacy, Respiratory Care, Nursing, Escort Services and EKG.
 - B. The Pediatric Code Team is comprised of representatives from Pediatrics, Anesthesiology, Nursing, Pharmacy, Respiratory Care and Escort Services.
- II. The code team responds to resuscitation of adults and children in the Hospital and PCDC buildings only. Members of the team will be summoned to the code by both beeper and the hospital's overhead paging system. All identified members of the code teams will be issued and carry code or Airway Management team beepers.

PROCEDURE:

- I. Cardiopulmonary Resuscitation (CPR) is initiated when a cardiac or respiratory arrest is recognized unless there is documentation that indicates otherwise (see Hospital Policy Number 321).

EFFECTIVE DATE: 3/04

SUPERSEDES:


REVISED: 7/06, 10/19, 9/20

REVIEWED: 7/06, 2/14, 10/19, 9/20

REVIEWED COMMITTEE: CPR Committee

APPROVED BY: 
 Anish Mahajan, MD
 Acting Chief Executive Officer


 Anish Mahajan, MD
 Chief Medical Officer


 Nancy Blake, PhD, RN, NEA-BC, FAAN
 Chief Nursing Officer

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1. Adult Code Team

- A. **Code Leader:** The authority to run the code resides with the Senior Medicine Resident (Third Call). As the leader of the code, the Senior Medicine Resident is responsible for supervising the other members rather than performing procedures or administering drugs. Interpretation of data and decisions are of primary importance.

The role of Code Leader may be delegated under the following circumstances: (1) the patient's primary physician (Resident 2 level or greater) is available and prefers to manage the resuscitation or (2) in the intensive care units, unit specialists (e.g., Attendings or Fellows) can take charge of the code or assign it to another member of the ICU team.

- B. **Ward Call Resident (second or third year):** The Ward Call Resident is to assist in the resuscitation as directed by the Code Leader. Responsibilities include performing procedures, administering medications, monitoring and interpreting the ECG, and assisting with documentation.
- C. **Airway Management Team/Anesthesia:** The Airway Management Team member for Code Blues or an Anesthesia Provider for Code Whites will respond to the resuscitation and will be responsible for establishing the airway and/or intubation. S/he may help with drug pharmacology and securing intravascular access, as requested.
- D. **Nursing:** The Administrative Nurse (carrying code beeper) will control the environment, supervise the unit nurses and delegate tasks, as necessary.

Duties of Nursing During the Resuscitation:

1. The area Nurse Manager/Charge Nurse or designee directs temporary relocation of other patients in the room and adjusts staff assignments.
2. Nursing staff prepares equipment for use and obtains additional equipment/supplies as needed.
3. Nursing staff apply ECG/defibrillator patches/electrodes. CPR and initial defibrillation with the Automated External Defibrillation (AED) may be done prior to arrival of the code team. AED may be initiated, as available, by an RN or LVN who has been trained in the procedure.
4. Nurses charge the defibrillator and defibrillate as ordered.
5. The RN is responsible for the preparation of medications and the mixing of IV solutions as requested by the physician. If a Pharmacist is present, s/he will assist the RN with making drips and drug dilutions.

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6. The RN may push IV medications during a code under the supervision of a physician.
 7. Nurses assist with defibrillation by ensuring patient preparation and age appropriate, functioning equipment is available.
 8. The RN who records information during the code will be responsible for documenting interventions and their time during the code.
 9. Nursing is responsible for exchanging the cardiac arrest cart immediately after the resuscitation.
 10. RN/House Supervisor ensures disposition is agreed upon prior to completion of the Code Blue/Code White procedure.
- E. **Pharmacy:** The Pharmacy will provide one representative who will help the Team with issues related to drug use, drug interaction, side effects and dosage. In addition, this individual will assist the RN with making drips and drug dilutions and obtaining medications.
- F. **Respiratory Care Practitioner:** Responsibilities include assisting with intubation, providing manual ventilation, monitoring the airway and obtaining required respiratory equipment. S/he will obtain blood gases (if certified) and assist with other tasks as needed. If more than one respiratory care practitioner responds, the practitioner on the Code Team will supervise the other practitioner.
- G. **ECG Technician:** The ECG Technician is responsible for bringing the appropriate cardiac monitoring equipment to the resuscitation. S/he will place the electrodes.
- H. **Transport Service:** Responsibilities include obtaining necessary additional supplies and equipment, transporting specimens to Laboratory and any other tasks that may be delegated by the Administrative or Charge Nurse.

2. Pediatric Code Team:

- A. **Code Leader:** The authority to direct the resuscitation resides with the "Code Leader". The Code Leader is responsible for supervising the other members of the team rather than performing procedures or administering drugs. The Code Leader assigns tasks, orders medications and has the overall responsibility for code documentation.

This role is assigned to:

The PICU resident shall respond to all Pediatric Code White calls. By default, the PICU resident will serve as Code Leader, but s/he can delegate the role to another physician (e.g., Pediatric Chief Resident, PICU attending or fellow, Pediatric Hospital Medicine attending, Pediatric ED attending or fellow, etc.) who is present at the code. This designation must be communicated clearly to the entire resuscitation team.

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- B. Ward Intern/Resident: Responsibilities may include performing chest compressions, obtaining history, assisting with intravenous access, administering medications and talking to the child's family members.
- C. Nursing: The following nursing personnel will respond to all Pediatric Codes:
1. House Supervisor
 2. PICU Code Nurse
 3. NICU Code Nurse
 4. Pediatric Ward Code Nurse

Nursing Roles and Responsibilities during the Resuscitation:

The House Supervisor:

1. Supervises the unit nurses and delegates tasks, as necessary.
2. Limits access to the resuscitation to required personnel.
3. Directs temporary relocation of other patients and adjusts staff assignments.

For Pediatric Codes that occur in the Delivery Room, Nursery or NICU:

NICU Code Nurse:

1. Assigns specific nursing responsibilities during the resuscitation.
2. Prepares medications and mixes IV solutions.

PICU Code Nurse:

1. Obtains crash cart, if necessary
2. Obtains vital signs
3. Applies defibrillator/multifunction patches
4. Charges the defibrillator and defibrillates as ordered
5. Assists in obtaining IV access
6. Administers medications
7. Charges paddles and defibrillates as ordered
8. Performs chest compressions if instructed to do so

Pediatric Ward Code Nurse:

1. Records information during the code and signs the Cardiopulmonary Resuscitation Record.

The ICU Service Line Charge Nurse may assume the role of any one of these nurses.

For Pediatric Codes that occur outside of the Delivery Room, Nursery or NICU:

PICU Code Nurse:

1. Assigns specific nursing responsibilities during the resuscitation.
2. Prepares medications and mixes IV solutions.

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NICU Code Nurse:

1. Obtains crash cart, if necessary.
2. Obtains vital signs.
3. Applies defibrillator/multifunction patches.
4. Charges the defibrillator and defibrillates as ordered.
5. Assists in obtaining IV access.
6. Administers medications.
7. Charges paddles and defibrillates as ordered.
8. Performs chest compressions if instructed to do so.

Pediatric Ward Code Nurse:

1. Records information during the code and signs the Cardiopulmonary Resuscitation Record.

The ICU Service Line Charge Nurse may assume the role of any one of these nurses.

Immediately after the resuscitation, nursing staff on the area where the code occurred is responsible for replenishing the cardiac arrest cart.

- D. Pharmacy: The Pharmacy will provide one representative who will help the Team with issues related to drug use, drug interaction, side effects and dosage. A Pediatric Pharmacist will respond when possible. In addition, this individual will assist the RN with making drips and drug dilutions and obtaining medications.
- E. Pediatric Care Practitioner: The Respiratory Care Practitioner assigned to the PICU will respond to the resuscitation. Responsibilities include assisting with intubation, providing manual ventilation, monitoring the airway, performing chest compressions and obtaining required respiratory equipment. S/he will assist in other tasks as needed. If more than one respiratory care practitioner responds to the code, the practitioner assigned to the Code Team will supervise the other practitioner.
- F. Anesthesia: The Anesthesia Provider assigned to the PACU will respond to the resuscitation during the day whereas the on-call individual will respond at all other times. The Anesthesia Provider will assist in establishing the airway and/or intubation. S/he may help with drug pharmacology and securing intravascular access, as requested.
- G. Escort Service: Responsibilities include obtaining necessary additional supplies and equipment, transporting specimens to Laboratory and any other tasks that may be delegated by the Nursing Supervisor, ICU Service line charge nurse, or PICU, NICU or Pediatric Ward Code nurse.

II. Documentation:

- A. The RN who records information during the code will ensure that all code respondents are identified on the Resuscitation Record. S/he will sign the Cardiopulmonary Resuscitation Record in the appropriate section.
- B. The Code Leader is responsible for documenting rhythm interpretation, as appropriate, and completing the Physician Summary Section of the CPR Record. S/he signs the Cardiopulmonary Resuscitation Record in the Physician Summary section.

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The original Cardiopulmonary Resuscitation Record (HH340,) including the rhythm strips obtained during the code (HH340A), are placed in the medical record. The duplicate is given to the Nurse Manager who reviews and forwards them to the Nursing Co-chair of Resuscitative Services.

Reviewed and Approved by:
Medical Executive Committee - 9/2020



Janine R. E. Vintch, M.D.
President, Professional Staff Association