RANCHO LOS AMIGOS
NATIONAL REHABILITATION CENTER

# ADMINISTRATIVE POLICY AND PROCEDURE



| **Subject:** | CODE BLUE/RAPID RESPONSE/CODE ASSIST | **Policy No.:** | B812 |
|---|---|---|---|
| Supersedes: | May 15, 2023 | Review Date: | September 20, 2023 |
| Origin Date: | January 1, 1991 | Revision Date: | September 20, 2023 |

**PURPOSE:**
To assist staff in recognizing patient signs and symptoms which may indicate deterioration in patient's clinical condition and to identify the need to call a code blue, code white, rapid response, or code assist. The code blue procedure is for adult victims of cardiopulmonary arrest, the code white procedure is for pediatric victims of cardiopulmonary arrest. The Rapid Response Team procedure is for Inpatients and the Code Assist is for outpatients who are deteriorating clinically (Attachment E).

**POLICY:**
The medical center maintains an effective and efficient medical emergency response system throughout the campus. This function is accomplished through an interdisciplinary CPR Committee which reports to the Critical Care Committee of the Medical Staff. All policies and procedures regarding medical emergency response within the medical center are approved and administered by the Critical Care Committee.

The Critical Care Committee is responsible for ensuring that Rancho Los Amigos emergency response plan is aligned with other relevant policies and procedures within the medical center and DHS, and that care is provided based on national standards in emergency care with the appropriate equipment.

**PROCEDURE:**

I. **GENERAL SYSTEM SUPPORT**

A. Education/Training of Hospital Staff

1. It is strongly recommended that licensed members of the code team (Physician, Licensed Independent Practitioner, RN, and RCP) maintain ACLS and PALS certification.
2. Training and competency of staff are the responsibility of each department.

B. Equipment and Supplies

1. Emergency Response Kit -An emergency response kit will be stored in the ICU medication room.
    a. If the kit is used or supplies/medications are expiring, the medication kit will be exchanged at the Inpatient Pharmacy for a new kit.
    b. Each department that contributes to the replenishment of the emergency response kit (Nursing, Pharmacy) will be responsible to complete the respective Emergency Response Kit list (Attachments A, B and C).
    c. A pharmacist will check the kit according to Attachment A, seal the kit and place the first date to expire label on the outside content list.
2. Crash Carts
    a. Crash carts are located in strategic locations throughout the medical center where qualified staff are available to operate and maintain the equipment (Attachment F).
    b. Depending on the location of the cart, departments are assigned responsibility for maintaining the cart with daily cart checks to ensure:

- Contents are complete, functional, and within expiration dates.
- Routine cleaning and maintenance are consistent with infection control procedures.
- External checks are documented by staff daily and internal checks are completed twice a month. **Exception:** ICU and PCU will complete and document external crash cart checks every shift.

c. After the use of the crash cart, the departments will be responsible for obtaining a crash cart replacement from the pharmacy within one hour. Unused supplies and medications will be returned to the appropriate areas. Refer to policy B869- Routine Cleaning and Crash Cart exchange.

d. Regular maintenance and electrical checks of the cart and related equipment, such as the defibrillator or AED, will be done by the Biomedical Engineering department staff.

e. The hospital CPR Committee will plan for the overall replacement of reusable equipment on the carts and submit formal budget requests to the Critical Care Committee for approval and inclusion in the annual Fixed Assets process.

f. If any changes are needed to the crash cart contents, recommendations will be submitted to the Critical Care Committee. This review will ensure compatibility with other equipment, community standards in emergency care, and compliance with other policies and procedures within the medical center.

g. In addition to the code team, staff will respond with a crash cart as assigned in Attachment G.

## II. CODE BLUE/CODE WHITE RESPONSE PROCEDURE

A. If an ACLS-certified RN is present, he/she may initiate interventions according to current American Heart Association (AHA) Advanced Cardiac Life Support (ACLS) algorithms until the physician arrives – refer to Attachment D – Standardized Procedure: ACLS RN Functions.

B. Pediatric Patients:

1. All inpatients 13 years old and below and those between14 and 21 years old who weigh 50kg or less will have a completed a Pediatric Emergency Drug Dosing Sheet in the patient's chart.
2. The admitting nurse generates the form and places it in the chart.
3. A code white is to be called for pediatric patients (0-17 years) in cardiac arrest
4. When a CODE WHITE is needed, the medical center operator will be called by dialing 544
5. The reporting staff member will provide the operator with the exact location of the code.
6. The Pediatric Emergency Drug Dosing Sheet will be reviewed and updated monthly if needed unless the child is undergoing a growth period warranting more frequent updating per physician order.
7. The Pediatric Emergency Drug Dosing Sheet is used as the primary dosing guide during a code white and the Broselow tape is used as the secondary guide, if needed.

C. When a CODE BLUE is needed, the code blue button will be activated if available or the medical center operator is to be called by dialing 544.

D. Basic Life Support will be provided by the first available trained employee(s).

E. Employees who have been trained to use an AED should activate the AED and follow the instructions, including shocking the patient if indicated.

F. The operator will overhead page the code blue/white response team with information as listed above. The overhead page will be preceded by a distinctive audible warning tone.

G. If the intercom system is down, the operator will contact the responding nursing units via telephone to ensure timely response with emergency equipment.

H. The Code Blue team will minimally consist of the following:

1. Department of Medicine:
   a. Intensivist
   b. Pediatrician for Code White

2. Department of Nursing:
    a. Area staff nurses as assigned
    b. Intensive Care Unit Registered Nurse
    c. Administrative Nursing Supervisor
    d. Transport team member (when available)
3. Respiratory Therapy Department
    a. RCP
4. Medical Center Police

    **Key Point:** Code Team will respond to all inpatient areas.
    Code Team and Paramedics may respond for visitors and employees.
    In the event an actual or suspected traumatic injury occurs, the code team will respond as well as the paramedics for employees, visitors or patients.

## III. RAPID RESPONSE AND CODE ASSIST RESPONSE PROCEDURES

A. Early warning signs that the Patient's condition may be deteriorating include but are not limited to:
1. Acute change in vital signs (pulse, blood pressure, respiratory rate)
2. Acute drop in blood oxygen level (O2 Saturation)
3. Acute change in mental function (level of consciousness)
4. Any staff member's significant concern about a patient's clinical status
5. Severe, uncontrolled bleeding
6. In pediatric patients under 5 years of age hypo-perfusion often presents with altered mental status, the patient feels clammy and he/she has capillary refill > 3 seconds. Blood pressure may be difficult to obtain

Age-specific vital sign parameters are summarized in the table below and the Rapid Response Team (RRT) or Code Assist should be activated for **acute** changes:

| Age | Heart Rate | Respiratory Rate | Systolic Blood Pressure | Oxygen Saturation |
|---|---|---|---|---|
| Adult | Less than 40<br>More than 130 | Less than 8<br>More than 28 | Less than 90 | Less than 90%* |
| Pre-teen/Adolescent<br>(over 10 years) | Less than 60<br>More than 120 | Less than 10<br>More than 25 | Less than 90<br>More than 140 | Less than 94%† |
| School Age<br>(6-10 years) | Less than 60<br>More than 120 | Less than 10<br>More than 25 | Less than 80<br>More than 120 | |
| Toddler/Preschooler<br>(1-5 years) | Less than 60<br>More than 160 | Less than 14<br>More than 30 | Less than 90<br>More than 110 | |
| Infant<br>(0-1 year) | Less than 90<br>More than 160 | Less than 30<br>More than 50 | Less than 70<br>More than 100 | Less than 94% |

* Despite oxygen.
† Despite supplemental oxygen therapy or the patient requires a non-rebreather mask.

B. Role of the Rapid Response/Code Assist Team:
1. Assess
2. Stabilize
3. Assist with communication
4. Educate and support
5. Assist with transfer, if necessary

    **Note:** The Rapid Response/Code Assist Teams are not intended to take the place of the Code Blue Team or urgent/stat consultations. Refer to attachment E for details on team members and equipment.

6. When a medical, nursing, or other clinical staff identifies a person whose clinical condition may be deteriorating, they will activate a Rapid Response or a Code Assist by dialing 544:
7. Rapid Response is reserved for inpatients and a Code Assist may be called for outpatients, visitors, and staff.
    a. The caller will indicate to the operator that it is a Rapid Response or Code Assist and the specific location will be provided. The caller will also indicate if the victim is a pediatric patient.
    b. The telephone operator will announce the Rapid Response or Code Assist and the specific location using the overhead page system. The operator will also indicate if the victim is a pediatric patient in the announcement.
    c. If the inpatient is in a location other than the assigned unit, the primary physician/licensed independent practitioner and assigned RN will respond to the location. The RN or designee will bring the patient's medical record.
8. If the patient's primary physician is present, following the assessment of the patient's condition, the primary physician in collaboration with the Rapid Response or Code Assist Team will decide who is responsible for further patient care.
9. If the patient's primary physician is not present, the Rapid Response physician or Code Assist team will make the decision as to who will be responsible for further patient care.
10. Documentation:
    a. The provider will document the occurrence, assessment, and actions taken in the medical record.
    b. An RN will document the event details on the Rapid Response CPR Report form and will complete the appropriate evaluation and debriefing form.
    c. The RN recorder will secure all rhythm strips and will ensure they are filed in the patient's medical record with the Rapid Response CPR Report form.
    d. The evaluation and the Rapid Response CPR Report forms can be found on each crash cart. They are also available on the Rancho Intranet and can be printed for use.

C. Monitoring and Evaluation
1. All codes will be logged by the medical center operator on duty including date, time, and exact location. This log will be maintained by the medical center operator for one year.
2. A copy of this log will be sent to the Director, Quality Resource Management/Risk Management on a monthly basis.
3. The hospital Critical Care Committee will provide monitoring and evaluation of code response effectiveness.
4. Each department with Code Response responsibilities may choose to evaluate their department's Code Response effectiveness. This evaluation should be shared with the hospital's CPR and Critical Care Committees.
5. The Critical Care Committee will be notified of ongoing concerns and request for policy or procedural changes.

Approved by Critical Care Committee

**ATTACHMENTS:**

Attachment A –Emergency Response Kit – Medications
Attachment B –Emergency Response Kit – Checklist
Attachment C – Emergency Response Kit – Equipment Log
Attachment D – Standardized Procedure ACLS Registered Nurse Functions
Attachment E – Rapid Response/Code Assist Team vs. Code Blue Team
Attachment F – Crash Cart Locations
Attachment G – Medical Emergency Response
Attachment H – STEMI Protocol

Attachment A

## EMERGENCY RESPONSE MEDICATIONS LIST

| **Box 1 Content** | | | | **Box 2 Content** | | | |
|---|---|---|---|---|---|---|---|
| **Medication** | **Date** | **Initial** | **Exp. Date** | **Medication** | **Date** | **Initial** | **Exp. Date** |
| Albuterol 2.5mg/3mL (3) | | | | Atropine 1mg/10mL Prefilled Syringe (1) | | | |
| Chewable Aspirin 81mg Tab (4) | | | | Dextrose 50% 50mL, 25gm/50mL (1) | | | |
| Diphenhydramine (Benadryl) 50mg/mL (1) | | | | Epinephrine 1mg/10mL Prefilled Syringe (2) | | | |
| Diphenhydramine [Benadryl] 25mg/10mL UD Liq Cup (2) | | | | Epinephrine Auto-Injector 0.3mg [Epi Pen] (2) | | | |
| Epinephrine Auto-Injector 0.15mg [Epi Pen Jr] (2) | | | | Glucagon Inj. Kit 1mg (1) | | | |
| Flumazenil 0.5mg/5mL Inj. (2) | | | | Labetalol Inj. 20mg/4mL (1) | | | |
| Ipratropium 0.5mg/2.5mL (3) | | | | LORazepam [Ativan] 2mg/mL [WestWard ONLY] (2) | | | |
| Metoprolol Inj. 5mg/5mL (2) | | | | Lubricating Jelly (1) | | | |
| Midazolam [Versed] Inj. 5mg/5mL (2) | | | | MethlylPREDNiSolone [SOLU-Medrol] 125mg (1) | | | |
| Naloxone 0.4mg/mL (3) | | | | Norepinephrine 4mg/4mL (1 vial) | | | |
| Nitroglycerin 0.4mg tab (1 bottle) | | | | Oral Glucose Gel 15gm/tube (1) | | | |
| 0.9% NaCl 10mL Flushes (4) | | | | | | | |
| 0.9% NaCl 500mL (1)* | | | | | | | |

| **FDTE Label** | Date | Pharmacist Signature/Comments |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Note: * → located outside Box 1

Attachment B

## EMERGENCY RESPONSE KIT - CHECK LIST

**YEAR**________ **UNIT** _________

(Retain this form for one year)

**INSTRUCTIONS:**

1. Complete external lock check every shift.
2. If the lock # is different from the lock # written on the FDTE label, exchange for a new medication kit at pharmacy. Ensure notation is completed in comment section.
3. Report broken or replace missing equipment as needed and make a notation in comment section.
4. For outdated medications, exchange for a new medication kit at pharmacy.
5. Signature need only appear once in the signature column.

| | 1 | | 2 | | 3 | | 4 | |
|---|---|---|---|---|---|---|---|---|
| Date | NOC | DAY | NOC | DAY | NOC | DAY | NOC | DAY |
| Time | | | | | | | | |
| Lock on kit (place number in box) | | | | | | | | |
| First date of expired item | | | | | | | | |
| **Initials** | | | | | | | | |

| | 5 | | 6 | | 7 | |
|---|---|---|---|---|---|---|
| Date | NOC | DAY | NOC | DAY | NOC | DAY |
| Time | | | | | | |
| Lock on kit (place number in box) | | | | | | |
| First date of expiration | | | | | | |
| **Initials** | | | | | | |

| Initial | Signature | **Initial** | **Signature** | Initial | Signature |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

**Comments:**________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

12/2012, 5/2019

Attachment C

## EMERGENCY RESPONSE KIT EQUIPMENT LOG

Instructions:

1. Check contents on the 15th and 30th of every month.
2. Retain this form for one year

*Items without an expiration date must be disposed of within 3 years from the manufacturer's date

| Date | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| LMA – Adult (Exp. Date) | | | | | | | | | |
| LMA – Child (Exp. Date) | | | | | | | | | |
| Bag-valve-mask Adult (Exp. Date) | | | | | | | | | |
| Bag-valve-mask Child (Exp. Date) | | | | | | | | | |
| Angio Catheters #20g (2) #22g (2) (Exp. Date) | | | | | | | | | |
| 10mL Syringes (2) | | | | | | | | | |
| Needles #18 g (2) #21g (1) #20 g (2) (Exp. Date) | | | | | | | | | |
| IV Start Kit (2) (Exp. Date) | | | | | | | | | |
| Extension Set (1) (Exp. Date) | | | | | | | | | |
| Alcohol Wipes (10) | | | | | | | | | |
| EZIO Kit – Needle Set (Exp. Date) | | | | | | | | | |
| EZIO Kit – EZ – Stabilizer (Exp. Date) | | | | | | | | | |
| Gloves | | | | | | | | | |
| Pen light | | | | | | | | | |
| AAA Batteries | | | | | | | | | |
| Primary tubing (Exp. Date) | | | | | | | | | |
| Blood Pressure Cuff | | | | | | | | | |
| Stethoscope | | | | | | | | | |
| Lab Tubes (First to expire) | | | | | | | | | |
| 4X4s (Fist to expire) | | | | | | | | | |
| Initials | | | | | | | | | |

| Comments: |
|---|
| |

| Initials | Signature/Title | Initials | Signature/Title | Initials | Signature/Title |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

Attachment D

**Standardized Procedure**
**ACLS Registered Nurse (RN) Functions**

**Purpose**
To provide prompt and effective medical care to patients in pulseless arrest or those who are quickly deteriorating.

**Policy Statements**
This standardized procedure has been established by the Critical Care Committee for use during medical emergency response in Rancho Los Amigos National Rehabilitation Center. It is based on guidelines developed by the American Heart Association (AHA) in partnership with the International Liaison Committee on Resuscitation (ILCOR).

This standardized procedure was reviewed and approved by the Critical Care Committee, Pharmacy and Therapeutics Committee, ICU/PCU Collaborative Council, Nursing Executive Council, Medical Executive Council and the Executive Council. Reviews and revisions to the content will be conducted as needed but at a minimum of every three years.

**ACLS RN Training and Education**
Valid California License as a Registered Nurse – Refer to Nursing Policy A325- License/Certification Verification Renewal
Current BLS Certification - proof of which will be maintained in the education folder
Current ACLS Certification – proof of which will be maintained in the education folder. ACLS RNs are evaluated and deemed competent during their ACLS recertification course every 2 years.

**ACLS RN Functions**
The following functions by the ACLS registered nurse are limited to situations in which a physician is not present and any delay in treatment could lead to permanent damage or patient death.

If an ACLS certified RN is present, he/she may initiate interventions following the current AHA algorithms until the physician arrives.

The ACLS nurse will perform or direct others in the following:

1. High quality BLS
2. Application of electrodes and monitor
3. Defibrillation
4. Establishing IV/IO access
5. Administration of IVP cardiac medications
   **Key Point:** IV infusions will be initiated under the direction of a physician

**Records**
The CPR Rapid Response form will reflect the detailed information of the code sequence and will be placed in the medical record.

A Code Blue or a Rapid Response evaluation will be completed for each event and reviewed by the CPR committee.

Attachment E

**Rapid Response, Code Assist Team and Code Blue Team**

<table>
<tr><th></th><th>Rapid Response</th><th>Code Assist</th><th>Code Blue/Code White</th></tr>
<tr><td>PURPOSE</td><td>Respond to inpatients who are deteriorating clinically<br>Early warning signs include:<br>• Acute change in V/S<br>• Acute decrease in O2 Sat.<br>• Acute change in LOC<br>• Staff have significant concerns about patient’s clinical status.</td><td>Respond to outpatients/visitors/staff who are deteriorating clinically<br>Early warning signs include:<br>• Acute change in V/S<br>• Acute decrease in O2 Sat.<br>• Acute change in LOC<br>• Staff have significant concerns about patient’s clinical status.</td><td>• Provide basic life support<br>• Provide advanced cardiac life support</td></tr>
<tr><td>PROCEDURES</td><td colspan="2">Dial 544<br>Provide operator with location<br>Inform the operator if it is a pediatric patient<br>Team will:<br>• Assess<br>• Stabilize<br>• Assist with communication<br>• Education and Support<br>• Assist with transport if necessary<br><br>Team will determine patient disposition as appropriate:<br>• Admission<br>• Discharge<br>• Clinic follow up<br>• Paramedics<br>• Medical Alert Center (MAC) Transfer to ED</td><td>Initiate CPR Activate the code blue button or Dial 544<br>Provide the operator with location<br>Inform the operator if it is a code white – pediatric patients (0-17 years old)<br>RN Team Leader - Directs each team member to his/her duty.<br>Physician - directs the code response.<br>Team will determine if paramedics are needed</td></tr>
<tr><td>TEAM<br>(Regular Hours)<br>0800-1630</td><td>Intensivist<br>ICU RN<br>RCP<br>ANS<br>Unit nurses as assigned<br>Transport<br>Note: Pediatrician for pediatric patients</td><td>ICU RN<br>ANS<br>Area nurses as assigned<br>Transport<br>*Intensivist is available as needed*<br>Note: Pediatrician and RCP for pediatrics</td><td>Intensivist<br>ICU RN<br>Area RN as assigned<br>ANS<br>RCP<br>Transport<br>Note: Pediatrician for Code White</td></tr>
<tr><td>TEAM<br>(After Hours)<br>1630-0800 & weekends and holidays</td><td>Intensivist<br>ICU RN<br>RCP<br>ANS<br>Unit nurses as assigned</td><td>ICU RN<br>ANS<br>Area nurses as assigned<br>*Intensivist is available as needed<br>Note: Intensivist and RCP for pediatrics</td><td>Intensivist<br>ICU RN<br>Area RN as assigned<br>ANS<br>RCP</td></tr>
<tr><td>EQUIPMENT</td><td>Clinical Areas<br>Crash Cart<br>Emergency Response Kit<br>Glucometer<br>Non-Clinical Areas<br>Crash Cart from assigned area<br>Emergency Response kit<br>Glucometer<br>Portable Defibrillator<br>*HB exception – see attachment G Area C</td><td>Clinical Areas<br>Crash Cart<br>Emergency Response Kit<br>Glucometer<br>Non-Clinical Areas<br>Emergency Response kit<br>Glucometer<br>Portable Defibrillator</td><td>Clinical Areas<br>Crash Cart<br>Emergency Response Kit<br>Glucometer<br>Non-Clinical Areas<br>Crash Cart from assigned area<br>Emergency Response kit<br>Glucometer<br>Portable Defibrillator<br>*HB exception – see attachment G Area C</td></tr>
</table>

December 2017, May 2019, February 2020, July 2023

Attachment F

**Crash Cart Location**

| Unit/Area |
| --- |
| **JPI Building** |
| 1 North |
| 1 South |
| JPI 1st Floor Therapy Gym |
| 2 North |
| 2 South |
| JPI 2nd Floor Therapy Gym |
| 3 North |
| 3 South |
| 3 West (2) |
| JPI 3rd Floor Therapy Gym |
| Radiology (2) |
| Recovery Room |
| Operating Room |
| **Outpatient Building** |
| ENT |
| 1st Floor Physical Therapy |
| Urology Clinic |
| Dental Clinic |
| 2nd Floor Therapy |
| Central Clinic 1 |
| Central Clinic 3 |
| Cardio Diagnostics |
| **Non-Clinical Areas** |
| Wellness Center |
| Support Services Building (SSB) |

Attachment G

**MEDICAL EMERGENCY RESPONSE**

**Area A:** All Inpatient Units
**Area B:** Out-patient Building, JPI Building (non-patient care areas)
**Area C:** Outside the buildings or areas distant to patient care units (e.g. 500 Building, Warehouse, Wellness Center, SSA,
Harriman Building)
Code Blue and Rapid Response Team Members: MD, ICU RN, RCP, Area Nurses as assigned, Transport Team member and Administrative Nursing Supervisor (ANS)

**Area A**

Note: A minimum of one RN, in addition to the Code Team, will respond to each code in a patient care area. A minimum of one RN from 1 North will respond to Radiology.

| Area | Crash Cart Location | Back up crash cart location |
|---|---|---|
| 1 North | 1 North | 1 South |
| 1 South | 1 South | 1 North |
| 2 North | 2 North | 2 South |
| 2 South | 2 South | 2 North |
| 3 North | 3 North | 3 South |
| 3 South | 3 South | 3 North |
| 3 West | 3 West | NA |
| 1st Floor Therapy | Therapy Gym | 1 South |
| 2nd Floor Therapy | Therapy Gym | 2 South |
| 3rd Floor Therapy | Therapy Gym | 3 South |
| Radiology | Radiology | Radiology |

**Area B**

**Key Point:** For emergencies in the office areas of the JPI building (first, second, and third floors), one RN from the South side will respond with a crash cart.
**AFTER HOURS RESPONSE:** A crash cart from the designated location for the areas assigned will be retrieved.

| Basement | | |
|---|---|---|
| **Area** | **Crash cart location** | **Backup crash cart location** |
| All basement areas | 1 North | NA |

In addition to the Code Team, Clinic RN will respond to each area of the OPB. Crash cart(s) as specified below.

| OPB First Floor | | |
|---|---|---|
| **Area** | **Crash cart location** | **Back up crash cart** |
| Physical Therapy | Physical Therapy | ENT Clinic |
| Day Rehabilitation | Physical Therapy | ENT Clinic |
| Occupational Therapy | Physical Therapy | ENT Clinic |
| Pharmacy | ENT Clinic | Physical Therapy |
| ENT/Ophthalmology | ENT Clinic | Physical Therapy |
| Audiology | ENT Clinic | Physical Therapy |
| Speech Therapy | Physical Therapy | ENT Clinic |

| | | |
|---|---|---|
| Driving Program | Physical Therapy | ENT Clinic |
| Café | ENT Clinic | Physical Therapy |
| Cashier | ENT Clinic | Physical Therapy |
| Conference Rooms | ENT Clinic | Physical Therapy |
| Gift Shop | ENT Clinic | Physical Therapy |
| Meditation Room | ENT Clinic | Physical Therapy |
| Member Services | ENT Clinic | Physical Therapy |
| Resource Center | ENT Clinic | Physical Therapy |

| **OPB Second Floor** | | |
|---|---|---|
| **Area** | **Crash cart location** | **Backup crash cart location** |
| Urology/Gynecology | Urology | Dental Clinic |
| Clinic Administration Offices | Urology | Dental Clinic |
| Dental Clinic | Dental Clinic | Urology |
| Cardiac Rehabilitation | Dental Clinic | Physical Therapy |
| Clinical Social Work | Dental Clinic | Physical Therapy |
| Occupational Therapy | Dental Clinic | Physical Therapy |
| Physical Therapy | Dental Clinic | Physical Therapy |
| Psychology | Dental Clinic | Physical Therapy |
| Speech Therapy | Dental Clinic | Physical Therapy |
| Vocational Services | Dental Clinic | Physical Therapy |

| **OPB Third Floor** | | |
|---|---|---|
| **Area** | **Crash cart location** | **Backup crash cart location** |
| Shared Offices | Cardio Diagnostics | Clinic 3 |
| Central Clinic 1 | Clinic 1 | Clinic 3 |
| Central Clinic 2 | Clinic 3 | Clinic 1 |
| Central Clinic 3 | Clinic 3 | Cardio Diagnostics |
| Central Clinic 4 | Clinic 1 | Clinic 3 |
| Central Clinic 5 | Cardio Diagnostics | Clinic 3 |
| Cardio Diagnostics (Cardiopulmonary) | Cardio Diagnostics | Clinic 3 |
| Pediatric Clinic | Clinic 3 | Clinic 1 |
| Blood Draw | Clinic 3 | Clinic 1 |
| Administration Office | Clinic 1 | Clinic 3 |
| Staging Area | Clinic 1 | Clinic 3 |

**Area C**

**AFTER-HOURS RESPONSE:**

- Nurses from 1S will bring their crash cart to the site of the emergency (Employee Health and Case Management will be inaccessible.)
- A crash cart will be brought from the designated location by a code team member when responding to areas assigned to clinic.
- For Code Assist in non-clinical areas a crash cart will not be available – Emergency response kit, glucometer, and portable defibrillator will be brought by ICU RN.

| Non-Clinical Areas | | |
|---|---|---|
| **AREA** | **Responder – RN from:** | **Crash Cart Location** |
| 100 building | 1 South | 1 South |
| Parking Lot C and Trailers | 1 South | |
| Harriman Building | 1 North | NA* |
| 500 Building and Parking lot D | 1 South | |
| Wellness Center | Clinic | Wellness Center – Room WC-116 |
| Don Knabe Plaza | Clinic | ENT |
| Parking Structure | Clinic | ENT |
| SSB | Clinic | Service Support Building-- Room 1005 |
| Central Utility Plant and Warehouse | Clinic | Service Support Building-- Room 1005 |

*There is no crash cart in the Harriman Building, AEDs are readily available on-site and the emergency response kit from the ICU will be used as needed upon arrival.

Attachment H

**ACUTE ST-ELEVATION MYOCARDIAL INFARCTION**
**RANCHO LOS AMIGOS INPATIENT OR OUTPATIENT WORKFLOW**

1. Decision to activate Emergency Medical Services (EMS):
   - Patient presentation and EKG consistent with an acute ST-elevation myocardial infarction (STEMI):
     - The clinical provider needs to activate EMS by dialing 522 (paramedics). As time is myocardium, if the presentation is clear the decision to activate EMS can be made by the credentialed clinician without formal consultation with a cardiologist or intensivist.
   - If the presentation is unclear, the provider should have a STAT consultation with a cardiologist or intensivist.

2. Acute management of STEMI while awaiting EMS personnel:
   - If no contraindication, the patient should be given aspirin 162 to 325 mg chewable STAT.
   - If no contraindication, the patient can be started on unfractionated heparin 50 to 70 units/kg IV bolus. This should not delay or interfere with EMS transport.
   - Supplemental oxygen should be given if the patient is hypoxic.
   - Antianginal (nitroglycerin, morphine, beta-blocker) may be considered in the absence of contraindications or cardiogenic shock.
   - Even if the case is clearly STEMI and EMS has been activated, a cardiologist or intensivist should be consulted to assist in the management of the patient while awaiting EMS transport.

3. Fibrinolytic therapy
   - Guidelines recommend that fibrinolytic therapy be given when a delay is anticipated in performing primary PCI within 120 minutes of first medical contact.
   - Therefore, if EMS does not arrive at RLA by 30 minutes from the initial EMS call, or if there is an anticipated delay in ambulance docking at the receiving PCI-capable facility (such as that seen during the 2020 winter COVID surge), the RLA cardiologist or intensivist can initiate fibrinolytic therapy.
   - Available fibrinolytic agents[1]:
     a. Alteplase (tPA):
        - bolus 15 mg
        - then infusion 0.75 mg/kg for 30 minutes (maximum 50 mg)
        - then 0.5 mg/kg (maximum 35 mg) over the next 60 min
        - total dose not to exceed 100 mg
     
     b. Tenecteplase (TNK): single IV weight-based bolus
        - 30 mg for weight <60 kg
        - 35 mg for 60-69 kg
        - 40 mg for 70-79 kg
        - 45 mg for 80-89 kg
        - 50 mg for $\geq$ 90 kg

[1] 2013 ACCF/AHA STEMI Guidelines. JACC Vol. 61, No. 4, 2013:e78-140