



Rancho Los Amigos National Rehabilitation Center

DEPARTMENT OF PEDIATRICS POLICY AND PROCEDURE

SUBJECT: MEDICAL EMERGENCIES
CODE WHITE

Policy No.: P120
Supersedes: 09/2016
Revision Date: 12/2019
Page: 1 of 2

PURPOSE:

To assist the 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 white or rapid response.

POLICY:

1. The Department of Pediatrics complies with the hospital Administrative Policy and Procedure B812 Medical Emergency Response.
2. Pediatric staff physicians will respond to any emergency situation regarding an infant, child, or adolescent to join and coordinate the efforts of the emergency code team as delineated in the above policy. Training in BLS (Basic Life Support), ACLS (Advanced Cardiac Life Support), and PALS (Pediatric Advanced Life Support) is encouraged for all physicians. The Department of Pediatrics maintains a current copy of the BLS, ACLS, and PALS recommendations
3. All patients 13 years old and below and all pediatric patients between the ages of 14 and 21 years old who weigh 50 kg or less will have a completed Pediatric Emergency Drug Dosing Sheet available in the patient's paper lite chart. The admitting nurse generates the form and places it in the chart. 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. 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.
4. Access to Pediatric Emergency Drug Dosing Sheet is available in ORCHID as follows:
 - a. Log onto ORCHID
 - b. Select Patient
 - c. Check Micromedex
 - d. Click on other tools
 - e. Click Calculators
 - f. Select ACLS/PALS Guidelines
 - g. Type patient's weight in kilograms (Kg) then submit
 - h. Type patient's name and then print.
 - i. File the printed dosing sheet in the paper lite chart.

PROCEDURE:

1. **Rapid Response** will be activated when early warning signs that patient’s condition is deteriorating such as but not limited to:
 - a. Acute change in vital signs
 - b. Acute drop in blood oxygen level (O2 Saturation)
 - c. Acute change in level of consciousness

Key Point: In Pediatric patients less than 5 years of age, hypo- perfusion often presents with altered mental status, the patient feel clammy and he/she has capillary refill greater than 3 seconds. Blood pressure may be difficult to obtain.

Age- specific vital signs are summarized in the Table Below. Rapid response team should be activated for acute changes.

Age	Heart Rate	Respiratory Rate	Systolic BP	Oxygen Saturation
Toddler/Preschooler (1-5 years)	Less than 60 More than 160	Less than 14 More than 30	Less than 90 More than 110	Less than 94%
School Age (6-10)	Less than 60 More than 120	Less than 10 More than 25	Less than 80 More than 120	Less than 94%
Pre-teen/Adolescent (over 10 years)	Less than 60 More than 120	Less than 10 More than 25	Less than 90 More than 140	Less than 94%

2. **Code White** will be activated immediately on an individual who is younger than 18 years old and found in cardiac arrest, respiratory arrest and/or acute airway problems and seizures.
3. The Department of Pediatrics adhere to Rancho Los Amigos National Rehabilitation Center (RLANRC)Administrative Policy and Procedure B812 Medical Emergency Response for documentation, monitoring and evaluation.
4. Once pediatric patient is identified with deteriorating medical condition, the patient will be initially transferred to ICU for a higher level of care and Pediatrician will refer the patient to transfer back to referring facility for additional higher level of care as appropriate.

References: RLANRC Administrative Policy B812 Medical Emergency Response
 American Academy of Pediatrics: Pediatric Clinical Practice Guidelines and Policies 19th Edition page794
 Department of Health Services (DHS) Policy 905.000 Emergency Codes
 Department Of Nursing Policy and Procedure C155

Revised By: Melanie Sarino MD, April Macabuhay BSN, RN, CBIS

Approved By: Critical Care Committee 01/14/20

Approved By: Barry Jordan MD

