



TITLE:	Code Blue – Adult/Paediatric		
Manual/Policy #:	Emergency Codes and Procedures Manual 11.0 Code Blue	Division:	AGH/ FVM/LCPS
Original Issue:	Not Applicable	Issued by:	Interim VP Patient/Resident Services and CNE
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1. POLICY STATEMENT:

A “Code Blue” is the standardized signal used to indicate any acute medical emergency (i.e. respiratory distress, reduced function due to arrhythmia, cardiac arrest, obstetrical emergencies or status epilepticus). Every individual over 28 days old whose vital signs are not life sustaining or unobtainable is a candidate for resuscitation unless there has been written patient care wishes to withhold treatment. For patients less than 28 days please see Code Pink.

Personal protective equipment including mask, eye protection, gloves and gown (if there is a potential for uniform contamination) must be worn for all Code Blue.

Any patient, visitor or staff found unresponsive within Almonte General Hospital (AGH) will be resuscitated as per this policy.

Any patient, visitor or staff found unresponsive in Fairview Manor (FVM), outside the buildings or in the parking lot will have CPR initiated, if appropriate and 911 called to transport the patient to AGH Emergency Department.

2. SCOPE:

The code blue team will include: the first responder, an RN/RPN on the unit, an ED nurse and the emergency physician. Other staff may be asked to relieve for CPR if trained, act as a runner for supplies or provide support to family or other staff.

3. GUIDING PRINCIPLES:

- A standardized emergency response benefits patients’, visitors and staff during a Code Blue situation.
- Goals of care will be respected when attending to a medical emergency
- Defines parameters about when to activate a Code Blue.
- Outlines expectations of staff prior to and during a Code Blue.
- The roles and responsibilities of specific staff will be defined during a Code Blue.

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4. DEFINITIONS (If applicable):

None

5. PROCEDURE and RESPONSIBILITIES OF CODE TEAM:

The **first responder** is the staff member who discovers an unresponsive individual.

They will:

- Call for help – press Code Button if available or call out to other staff
- Stay with the individual but do not move them until they have been assessed by a health care professional
- Administer assistance to the level of their expertise and start CPR if trained
 - Verify unresponsiveness, absence of respirations or absence of pulse

The **second responder** should be a staff member trained in BLS or ACLS.

They will:

- Call Code Blue if no one else is available. On the nearest AGH telephone dial 60 (or 60# on a wireless phone), call Code Blue with the exact location three times.
- Bring the crash cart to the Code location
- The first two tasks may be delegated to another responder
- Monitor and assist with CPR if required
- Ensure there is a patent intravenous IV and start a 2nd IV if able
- Assign tasks as needed - i.e. recorder, family support and individual privacy, obtain equipment or clear items out of the way
- Apply AED pads and analyze for shockable rhythm (may delegate task if possible)

Other staff present will assist as required and as directed by the first responder.

The **third & fourth responders** will be the ED nurse/doctor who will take over management of the Code Blue.

The nurse will:

- Start an IV if not already in place
- Administer medication
- Assist with respiratory management or intubation
- Follow approved algorithms of care

The ED physician will:

- Manage treatment
- Order medications as needed and/or intubate.
- Signs the Code Blue record on completion
- Notifies the emergency contact or POA
- Completes the death certificate if applicable
- Contact Trillium Gift of Life about a potential donor

The **recorder** can be any member of the health care team and will document all treatments, medications, ECG findings and other information on the Code Blue/Arrest record. Names of all staff involved in the Code Blue will be recorded and signatures obtained where necessary.

All responders will stay in the arrest area unless you are retrieving equipment or the code leader has given you permission to leave.



It is the responsibility of the unit to contact the MRP following completion of the Code.

Following a successful code the ED nurse will remain with the patient until transfer of the patient to ED or to a critical care facility.

Crash Cart location and Coverage

The following units have a crash cart with a monitor and/ or AED:

- ED
- MS
- OBS – Pediatric only

Any code on the main level of the hospital will have the crash cart brought to that location from ED. Any code on the second floor including the Link or in the cafeteria will have the crash cart brought to that location by Med/Surg. It is the responsibility of each unit to check the cart to make sure there is an unopened medication package and that all equipment is available. Crash carts will be checked weekly in ED and on OBS. Crash carts will be checked monthly on Med/Surg.

All crash carts should be plugged in at all times except when being transported. The defibrillator and suction machine must be checked every 24 hours by staff on the unit where the crash cart is located. The charge nurse on the unit that had the Code Blue is responsible for the checking and restocking of the crash cart.

6. REFERENCES (If applicable):

Grey Bruce Health Services, Quality of Care and Contingency Planning Committee (Feb 2014). *Corporate Code Blue – Medical Emergency Policy, VI - 10*

Queensway Carleton Hospital, Clinical Practice Committee (January 2017). *Code Blue Policy, Number: B-108*

Saskatoon Health Region, Code Blue Committee (January 2018). *CODE BLUE – Adult/Pediatric, I.D. Number: 1012*

7. APPENDICES (If applicable):

Appendix A – Code Blue/Arrest Record

Evaluation

This policy will be reviewed every 4 years.



Almonte General Hospital
Code Blue/Arrest Record Hospital Pt Other (visitor, staff, etc): _____

Date: _____

Attach Patient Sticker

Pre Hospital Care

Witnessed: Yes No BLS ACLS: IV _____ Meds _____
 Rhythm on Arrival of MD: _____ CPR on arrival: Yes No Defib _____ ETT _____ Assisted Vent Device _____

Code Blue Care

Time	Breathing					Pulse														Comments: peripheral/central line placement, IO, chest tube, response	
	Spontaneous	Assisted	Airway Assist Devices	Size of ETT	ETCO ²	Spontaneous	Assisted	BP	Rhythm	Joules	Amiodarone Dose + IV or IO	Atropine Dose + IV or IO	Epinephrine Dose + IV or IO	Lidocaine Dose + IV or IO	Vasopressin Dose + IV or IO	IV Solution & Amount		Dopamine	Norepinephrine		

Code Ended at: _____ Status: Survived – ROC Advanced Directives (No CPR) Expired – Efforts terminated, no ROC
 Transferred to: _____ Family: Present Notified at: _____ MRP notified at: _____

Recorder Name/Signature: _____ Provider Name/Signature: _____
 Other Code team members: _____

Code Blue Debrief Tool

Date of Code: _____

Date of Debrief: _____

What Worked Well?	
What Didn't Work Well?	
Improvement Opportunities	
Were all team members wearing appropriate PPE?	
Was Everyone Clear On Their Role?	
Comments:	