I. **Purpose:**

Define the guidelines for staff response and equipment to cardiopulmonary emergencies at the University Hospitals and Clinics.

II. **Policy:**

In the event of a cardiopulmonary emergency, the status of “Code Blue” for an adult in distress or “Code 13” for a child in distress will activate the appropriate team by the following procedure.

III. **Procedure:**

1. When a cardiopulmonary emergency occurs, the health care worker present or first to arrive will begin Basic Life Support (BLS) and call for help.

2. The individual reporting the emergency will dial the operator using the cardiopulmonary emergency extension (4-1111). They will give the appropriate code name, building, and unit location as well as the room number.

3. The operator will notify the appropriate code team. In the event of a Code 13 the Pediatric Chief Resident will be notified of the emergency immediately. The PICU and PED Attending Physicians will be notified through their respective units.

**Code Blue pagers will be tested every day at 7:00 a.m.**

Code 13 pagers will tested every day at 7:15 a.m. The operator will test all code pagers and document those
III. Procedure: (cont'd)

who respond. Individuals who do not respond to the code test will be notified through their department. The operator will document the response or lack of response on a code testing response sheet. This sheet will be sent to the Code Committee for review.

4. Code Team Members will include the following disciplines:

   Code Blue
   Medicine Resident (minimum second year resident)
   Medicine Intern
   Administrative House Supervisor or Nurse Manager
   Electrocardiogram (EKG) Technician
   Respiratory Care

   Code 13
   PICU Nurse
   PED Nurse
   PICU Resident
   Ward Intern
   Respiratory Care Practitioner

5. The leader of the code team will always be the pediatric or medicine resident on call unless the primary service attending physician/resident is present and chooses to take on the leadership role. In the case of Code 13 the in house PICU Attending Physician or Emergency Room attending physician will provide faculty level support to the code team as needed.

6. The attending physician on record will always be notified as soon as possible. This is the responsibility of the physician but may be delegated to a nurse.

7. All code team members having direct patient contact will be certified in basic life support. The leader will have current Advance Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) certification as appropriate.

8. A defibrillator will be present and functional at all codes. Defibrillation may be performed per physician's order by any team member with documented competency in the use of the defibrillator.

9. Patient care areas will have a complete and functional code cart and airway kit(s) that are easily accessible. The defibrillator's functionality, code cart expiration, airway bags' expiration date and cart seal will be documented one time daily during the hours of operation for the area. All documentation will be written in a
III. Procedure: (cont'd)

notebook kept with the crash cart. Documentation will be performed by the staff of the patient care area in which the cart resides.

10. Code Blue or Code 13 as appropriate will be called overhead by the operator for the Adult, Batson and Wiser and Critical Care Hospitals and the Research Wing. This includes public non patient care areas in these buildings such as cafeterias, gift shops, waiting rooms, etc.

Codes occurring outside of the above mentioned areas but on the grounds of UMC will call “9-911#”. Code Blue and Code 13 team response zone ends beyond the Research Wing. Areas beginning at the Guyton Building will call 9-911#. Campus Police should be notified regarding the code location. Campus Police will meet and escort the 911 team to the appropriate area.

11. The code team leader in conjunction with the attending physician will make decisions regarding continued patient care. If the patient requires continued ventilation, the patient must be transferred to the appropriate care area.

12. The code team leader will order discontinuation of resuscitation measures if efforts are deemed unsuccessful and/or futile. The primary service will be notified.

13. The family of the patient will be informed by the social worker or physician. If the family is not present, the social worker or physician will attempt to locate family members by telephone.

14. A critique form will be completed by the Administrative House Supervisor/Nurse Manager or charge nurse at the end of each code. The critique form will be signed by the team leader and forwarded to the Performance Improvement Department.